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Dean of the Faculty of Dentistry at the RCSI, John Marley, on his life and career so far

For full details turn to page 18



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Editor's desk

with Bruce Oxley



Time to reflect

The summer months, as Paul O'Dwyer reflects in his column on page 17, can be a good time to reflect on the year so far and to take stock of where you are personally and professionally.

That well-deserved break to sunnier climes should primarily be used to recharge the batteries and spend quality time with your families. However, while work shouldn't be the first thing on your mind at this time, for practice owners and those who run their own businesses, it

can be difficult, if not impossible, to switch off completely.

With emails available on smartphones and smart watches, we are never truly disconnected, as was the case in years gone by when the only way to get news on holiday was through two-day old newspapers when you were buying your postcards in the Costa del Sol.

But, if you can switch off from the day-to-day and let your colleagues or locum run the practice in your absence, you can attempt to start

looking at the bigger picture. Or at least try to.

In a busy practice, there is never any time to sit back and reflect, or even plan. If you are able, and of course willing, why not use your time away to decide what is important to you and how you can do more of the things you enjoy in your work? ■



Bruce Oxley is editor of Ireland's Dental magazine. To contact Bruce, email bruce@connectcommunications.co.uk

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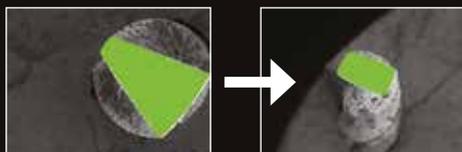
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Opinion

with Tommy O'Malley



Wake up like Bernie

Will there be enough places at Irish universities for Irish students if the anticipated upsurge in overseas students comes to pass?

The funding crisis in third-level education is hitting the headlines for reasons that would have been almost unimaginable just a few years ago. Brexit has led to a rush for Irish passports and Trump's election in the US has sent shockwaves through international relations. These two factors have led to increased applications to Irish universities, which in turn has led to concerns about capacity in the very near future. Already, underfunded institutions are finding it hard to maintain quality in the face of government underfunding.

The concern for many Irish parents is that because Irish universities are almost beginning to rely on the monies provided by international students to function, their own children will find it increasingly difficult to get places on their preferred courses because they are being filled by such "money no object" students. The universities, on the one hand, deny that international students close off places to Irish students and yet, on the other, some say that they may have to close places to Irish students to preserve quality. Maybe UCD president Professor Andrew Deeks was scaremongering when he came



out and said just this. Building capacity would be fine *if* proper funding was to be found. But I find it objectionable that the general tone is to go down the student loan route.

The strategy floated by the government, of course, is the introduction of student loans, based on systems like those in the UK and, even more controversially, those in the US. Even a seasoned politician like Bernie Sanders in the US was, until recently, unaware that a dental student could run up a student loan of \$400,000 before qualifying. Granted, he had been aware of doctors running up loans of \$300,000. Do we really want a university system funded by student loans that will still rely on "foreign investment"?

What annoys some people is that Irish

medical and dental schools are training international students in Ireland who, on graduation, leave with no input to the long-term health gain of the population. This applies equally to many Irish students. It is becoming increasingly obvious that the cost of recruiting international healthcare workers, and probably dentists in the future, is going to become prohibitive and a better solution to staff shortage crises is needed. The cost is prohibitive in terms of quality of candidates taking up work and of social cohesion. Do we want to continue to export our best and brightest?

The obvious answer is to find places at university for students who want to study in Ireland on the courses they will enjoy, pay the equivalent of international wages on offer to graduates of all levels, put management structures in place to bring work practices into the 21st century and make the prospect of setting up home in Ireland the attainable goal that it should be for the next generation.

The return on investment in such a structured health system would far outweigh the costs of continuing down the road of failing healthcare, stuttering university education and forced emigration of our disillusioned graduates. ■

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Complaints down but success rate goes up

DIY dentistry and dental tourism show increase but main issues for complaints service still revolve around fees

There has been a worrying rise in complaints surrounding DIY orthodontics, according to the latest annual report from the Dental Complaints Resolution Service (DCRS).

The publication also highlights an increase in “dental tourists” going abroad for treatment according to Michael Kilcoyne, facilitator of the DCRS. He said: “We wouldn’t recommend that people get ‘cheap’ work done overseas as patients are left with absolutely no recourse if something goes wrong. Similarly, we would advise people to steer clear of websites that send people aligners in the post after they use an at-home ‘evaluation kit’ and which they claim people can then fit



themselves. This is very worrying and the DCRS has already seen one case relating to these kits.”

The fifth annual report of the DCRS showed that the service handled 102 complaints in 2016, a decrease on 2015, which saw 134, and 2014 with 158. Michael said: “The drop to 102 last year is welcome and may well reflect a trend towards greater engagement between dentists and patients. Complaints regarding non-display of fees in reception areas

and dentists charging higher prices than those shown on the practices website have increased. It is important that pricing is displayed and that the prices are kept up to date.”

He also reported that the service is now solving more cases than ever. He said: “The service is now building on the experience of the last five years and is solving a higher percentage of cases than before. In 2015 we resolved 33 per cent of the 134 complaints during the year, but last year the figure rose to 57 per cent.

“Communication between dentists and patients is the most effective tool available for complaints resolution and we always insist that the parties engage with one another first and try to resolve the issue without outside intervention.”

The main areas of complaints were fees with 23 complaints and clinical issues (22), followed by communication with 13 cases. In most cases the resolution involved a refund of fees, retreatment or remedial treatment elsewhere.

RCSI’s new €80m academic facility to open in autumn

The Royal College of Surgeons in Ireland (RCSI) has unveiled a new €80 million academic and education building in Dublin city centre.

The York Street facility, which overlooks the main RCSI building, will be officially opened this autumn. The 120,000 sq ft development spans 10 floors and will comprise a surgical and clinical training suite containing a flexible wet lab, mock operating theatre, clinical training wards, standardised patients rooms and task training rooms.

It will also include a 540-seat auditorium, a library spanning three floors with 500 study spaces and a sports hall and fitness suite, and has been designed to be both energy efficient and environmentally responsible.

The Dental Faculty plans on utilising the new building for its future educational programmes,



but its upcoming Postgraduate Dental Education Programme on 21 October, 18 November and 9 December will continue in the Albert Theatre, as will the faculty’s ASM on 3 and 4 November.

This will also be the venue for the Intensive Revision Course on 16 September and for the Specialty Paediatric Dentistry Programme on 23 September and 25 November.

For more details on the ASM, visit asm2017.ie and for all other events, visit www.facultyofdentistry.ie

Oral cancer talks at DDUH

More than 70 delegates attended an evening of lectures on oropharyngeal cancer and the human papilloma virus (HPV) at Dublin Dental University Hospital (DDUH) recently.

The evening was chaired by Professor Leo Stassen, chair of oral and maxillofacial surgery at Trinity College Dublin (TCD), and the CEO of the Dublin Dental University Hospital, David Barry, was also in attendance.

The speakers included TCD PhD student Imogen Sharkey, who spoke about ‘ECHO: Epidemiology of HPV in Oral Cancer in Ireland’, and Paul Lennon, from the department of otolaryngology, head and neck surgery at St James’s Hospital (SJH), Dublin, who introduced the topic of ‘Oropharyngeal Cancer and HPV: A tale of two diseases’.

Dr Esther O’Regan, consultant in oral and maxillofacial pathology at SJH and DDUH, spoke on ‘Histopathology and HPV testing’, while Dr Cliona Grant, consultant medical oncologist at SJH, discussed ‘The role of chemotherapy in oropharyngeal cancer’.

Household spend on dentistry plummets

Dentists express surprise and concern that family spending on dental care has more than halved in the last five years

The Irish Dental Association has expressed its shock at new figures from the Central Statistics Office (CSO) that show a 57 per cent decrease in dental spend by Irish families in the last five years.

The CSO's household budget survey reported that the total annual spend on dentist visits per household stood at €84.53 in 2015, down from €197 in 2010 and just above the €74 it was in 2000.

The chief executive of the IDA, Fintan Hourihan, said that it is impossible for a family to maintain good dental health at this level of expenditure and called on the Taoiseach to set up a cross-departmental body to discuss a response. He said: "We are seriously concerned about the impact of cuts in household spending on citizens' dental health. While this may be caused by the economic collapse and cuts of €500 million in state supports for dental treatments, these figures indicate Irish people are not prioritising their dental care and that needs to change. This is not an optional expense. Prevention is cheaper than cure and if we

don't address the issue now we are simply storing up problems for the future."

The association believes that private out-of-pocket expense or insurance payments make up more than 80 per cent of current spending on dental care. This is against a backdrop of more than €500 million in cuts to publicly funded dental schemes.

"This is a perfect storm," said Hourihan. "Household spending on dental care has more than halved over the last five years and, at the same time, the state has cut dental supports to patients by €500m. We know there are huge issues out there because dentists are seeing it in their surgeries. The state will simply have to take a lead."



Never brush your teeth again



A revolutionary new "fully automatic" toothbrush that can brush your teeth in just 10 seconds has been launched on Kickstarter – and was fully funded within an hour.

The Amabrush was launched on 5 July in San Francisco and reached its \$50,000 target in less than 60 minutes. When the campaign ended on 5 August, the project had more than 25,000 backers who have all pledged a total of more than \$3 million.

The new toothbrush was designed and developed by a team of biotech engineers and healthcare experts including Dr Hady Hariran from the Medical University of Dentistry in Vienna. Founder and CEO Marvin Musialek said he wants to "simplify the toothbrushing routine many people are annoyed with". He continued: "Amabrush is the biggest game changer since the toothbrush itself. We will never have to brush our teeth again."

To find out more, visit www.amabrush.com

Identex 2017 announces line-up

Two-day Dublin conference is organised by the IDTA in association with the IDA

The annual Identex trade show and conference will take place on 15 and 16 September at the Citywest Hotel in Co Dublin.

The organisers, the Irish Dental Trade Association (IDTA), will welcome more than 30 exhibitors to the event which will also feature a lecture programme organised again by the Irish Dental Association (IDA).

Delegates will be able to choose from a range of lectures and hands-on sessions including a full-day 'Medical Emergencies and BLS Workshop' on Friday and Saturday from 10am until 4pm. The Friday will also see a four-hour hands-on course from Dr Ian Cline on 'Current Concepts in Posterior Composites' from 2pm until 6pm and repeated on Saturday at 10am to 2pm.

Professor Edward Lynch will also be presenting at the event, on Friday between 2pm and 4pm, providing 'Clinical tips to help dentists provide better, faster, more effective, easier and more profitable dentistry'.

The Saturday will also see Dr Richard Lee Kin present a lecture on 'The management of Periodontal disease in general dental practice' from 11am until 12noon.

For more information and to book your place, visit www.dentist.ie

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Irish hospitals join forces with UK organisation

New representative body launched to give dental hospitals a stronger voice

The dental hospitals in Cork and Dublin have joined together with colleagues across the Irish sea to form the Association of Dental Hospitals (ADH) and provide a voice for the sector.

The membership is made up of 18 dental hospitals or academic clinical facilities, all of which deliver a mixture of clinical service, teaching and research. This new association will now come under the same umbrella as the Dental Schools Council and Association of UK University Hospitals, among other organisations. The aim is

that the new organisation will provide a stronger voice for dental hospitals and facilitate closer working, both between dental hospitals and with partners across other sectors and areas of healthcare.

Dr Avril Macpherson, chair of the ADH and clinical director at Liverpool University Dental Hospital, said: "The Association of Dental Hospitals allows not only for greater collaboration between dental hospitals, but also provides an opportunity for colleagues to learn from each other. One of the ways

we have been doing this for the past five years has been through a Clinical Effectiveness meeting, held annually in Manchester, where problems and solutions in clinical practice at dental hospitals are shared. We are delighted to have the means to cooperate at a national level and make use of the membership's significant breadth of knowledge.

"As chair, I look forward to working with my colleagues to improve the delivery of care, provide excellent teaching for the future of our workforce and ensure we build an environment that nurtures innovation and research. I also look forward to increasing dialogue with

colleagues across the sector so that together we can continue to improve the dental health and wellbeing of the public."

For more information, visit the new ADH website at www.dentalhospitals.org.uk

Dr Avril Macpherson



Last year's winner Dr Una McAuliffe (centre) with Ms Patricia Gilsean O'Neill of the DHF (right) and Ms Rose Bradley Molloy, chair OHPRG Ireland

Applications sought for oral health bursary

Projects urged to apply for research group award

Dental professionals and dental teams are being encouraged to apply for a €1,500 bursary to promote the communication of oral health promotion projects across Ireland.

The 2017 bursary is organised by the Oral Health Promotion Research Group (OHPRG), Ireland and, this year, is sponsored by the

Dental Health Foundation.

Applications are being welcomed from individuals or teams and should describe a recent or planned oral health promotion project in which they have been involved.

Previously submitted applications are encouraged to review and reapply.

Applicants from the Health Services Executive must have the permission of their line manager to submit the proposal and the submission must bear

the signature of their line manager.

The deadline for applications is 5pm on Friday 1 September. The winning applicant will be notified no later than 8 September.

For information and to apply, email m.harding@ucc.ie
The OHPRG conference will take place at the Ashling Hotel in Dublin on 14 September.
To book, email oralhealthpromotionresearchgrp@gmail.com

Quality Plan bought by Wesleyan

Northern Irish dental plan provider Quality Plan has been bought by Birmingham-based financial mutual The Wesleyan Group.

The group already owns Practice Plan and DPAS and provides a range of personal and commercial services to the dental profession.

Craig Errington, Wesleyan chief executive, said the acquisition strengthens the group's market position and opens up new opportunities in Ireland.

He said: "The acquisition of Quality Plan is a key milestone in Wesleyan's ambitious growth strategy. This is the perfect strategic fit for us and we can further strengthen our position as the provider of choice to our specialist customers."

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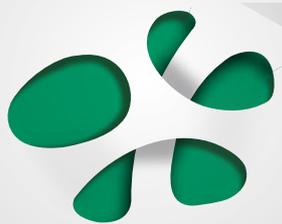


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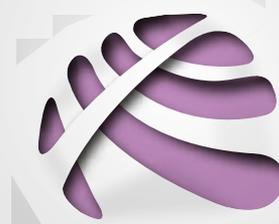
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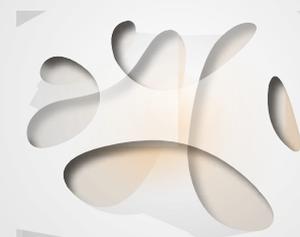
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Government urged to act to avoid further crisis

The Irish Dental Association has written to the Taoiseach and other government ministers urging an urgent cross-departmental approach to dealing with what it describes as an “oral health crisis”.

The association has said that the recent report from the Central Statistics Office (CSO) only serves to underline the dire need for an emergency plan to counter the impact of state cuts to dental schemes.

The report by the CSO showed that the number of dental treatments provided to medical card patients fell by 16 per cent in the years 2013 to 2016, even though the number of eligible patients increased between 2009 and 2016. The IDA has also expressed concern that the number of extractions, fillings and dentures provided “significantly outnumber” preventive treatments.

ID calls for action to deal with ‘intolerable burden’ on Public Dental Service caused by health scheme cutbacks

In 2009, after the global financial crisis, entitlements under the PRSI Dental Treatment Benefit Scheme were cut back significantly. Subsidised gum cleaning, fillings, extractions, root canal treatments, X-rays and denture work were dropped and workers were only eligible for a free examination.

A year later the Dental Treatment Services Scheme medical card was also scaled back and entitlements to cleaning, gum cleaning and X-rays were suspended, root canal treatment could only be performed on an emergency basis and only on front teeth, denture work was only allowed on an emergency basis and

people could only have two fillings per year. However, unlimited extractions could still be performed.

A spokesman for the IDA said: “Separately, we know that, while the under 16 population has increased by 20 per cent over the past decade to 1.1 million, the number of dentists in the Public Dental Service charged with looking after their oral health has dropped by 20 per cent due to recruitment restrictions. Staff shortages, clinic closures and a lack of policy and direction by the HSE are putting an intolerable burden on the Public Dental Service and are undermining its ability to provide an effective service.”

A vision of the future

The UK’s biggest dental trade show will be unveiling the “Dental Practice of the Future” at the NEC in Birmingham later this year. The BDIA Dental Showcase 2017, from 19 to 21 October, will attract thousands of dental professionals from across the UK and Ireland.

Now owned and run by George Warman Publications, part of the Mark Allen Group, the event will be showcasing its vision of the future of dental practices including a reception area, patient information zone and a full working surgery. The surgery will have seating for delegates at keynote presentations and demonstrations.

A programme of CPD lectures in the Dental Update Theatre, chaired by Professor Trevor Burke, will focus on the day-to-day reality of working in a practice, covering a range of pertinent subjects including restorative dentistry, innovations in digital dentistry and the One Visit Crown to name a few.

For more information and to register for the BDIA Dental Showcase 2017, visit www.dentalshowcase.com

Irish hygienists take to the world stage



Catherine (left) and Sviatlana with Dr David Walker, University of Sydney

Representatives from the Irish Dental Hygienists Association (IDHA) travelled to Italy recently to take part in an international oral health strategy meeting.

Catherine Waldron and Sviatlana Anischuck attended the Social Responsibility Conference in Florence and took part in a Global Oral Health Strategy Session alongside world leaders in social responsibility and 20 representatives from the International Federation of Dental Hygienists.

Donna Paton, president of the IDHA, said: “We were proud to be represented by two of our members

at this global event. Our association now has a mission to design a social responsibility oral health programme in Ireland over the next two years, which will ultimately involve our members volunteering their time and expertise.

“The programme will be designed, implemented and evaluated based on evidence from successful international projects. It needs to be self-funding. It is likely that our programme will focus on two of the most underserved populations in relation to preventive oral health, young children and institutionalised older people.”

Specialist centres to merge



Colm Davitt

Dental Care Ireland's expansion continues with acquisition of periodontal practice

Dublin-based MK Perio is to merge with the Northumberland Institute of Dental Medicine (NIDM) after becoming the latest acquisition by Dental Care Ireland.

Dr Maher Kemmoona, owner of MK Perio, will join the specialist team at NIDM, operating from the clinic in Ballsbridge, Dublin 4.

Colm Davitt, chief executive of Dental Care Ireland, said: "The

Northumberland Institute has been a leading light in specialist dental care and training in Ireland for over 30 years. The addition of MK Perio to the practice will further enhance its offering and expand our overall specialist team. It reflects Dental Care Ireland's commitment to working with long-established, trusted and high-quality dental practices."

Dr Anne O'Donoghue, founder and principal dental surgeon at NIDM, said: "Our vision at NIDM is to be a centre of excellence for Irish dentistry. Quality of service is paramount and our highly qualified specialist team, coupled with the latest technology, is what sets us apart. Dr Kemmoona brings a wealth of experience to the practice and we look forward to welcoming him on board."

Dr Kemmoona said: "The merger is an ideal opportunity to draw on the synergies between our two practices."

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 Crowne Plaza, Glasgow
 To find out more, visit www.bda.org/bdascottishdental

14-16 September
British Orthodontic Conference 2017
 Manchester
 Visit www.bos.org.uk/BOC-Manchester-2017

15-16 September
Identex
 Citywest Hotel, Dublin
 Find out more at www.idta.eu

22 September
Complete Composites - Professor Brian Millar
 DoubleTree West, Dundee
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Lindsay Society Annual Conference
 Portsmouth
 Find out more at bda.org/museum/lindsay-society

19-21 October
BDIA Dental Showcase
 NEC Birmingham
 See www.dentalshowcase.com for details.

3 November
Royal College of Physicians and Surgeons of Glasgow
 Mouth Cancer Conference
 To find out more, visit rcpsg.ac.uk/events/orcan

3-4 November
Orthodontic Society of Ireland Autumn Meeting
 Dublin
 For more information, visit www.orthodontics.ie

3-4 November
BSDHT Oral Health Conference and Exhibition 2017
 HIC Harrogate International Centre
 Visit www.bsht.org.uk to find out more.

9-11 November
BACD Annual Conference 2017
 London
 To find out more, visit www.bacd.com

26-29 November
Greater New York Dental Meeting 2017
 New York
 For more info, visit www.gnydm.com

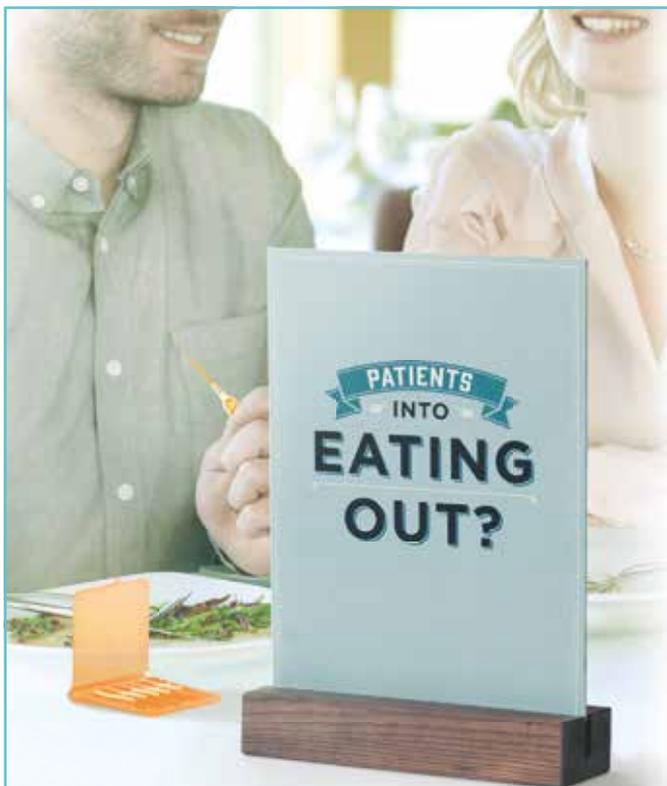
8 December
British Society for Disability and Oral Health Winter Conference
 Royal College of Physicians, London
 Find out more at bda.org/events

6-8 February 2018
AEEDC Conference and Arab Dental Exhibition
 Dubai
 Visit www.aeedc.com

20 April 2018
Osteology UK
 Royal College of Physicians, London
 Visit www.osteology-uk.org

27 April 2018
Scottish Dental Awards 2018
 Hilton Glasgow
 Visit www.sdawards.co.uk for more.

27-28 April 2018
Scottish Dental Show 2018
 Braehead Arena, Glasgow
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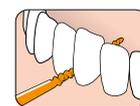
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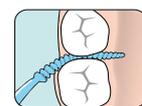
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*Frequency of use increases the likelihood of habit formation (Lally et al 2010).

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Word of mouth

with Dr Paul O'Dwyer



Paperwork and holidays

Do you spend your summer break worrying about work?
Paul suggests turning this into a positive and focusing
your energies on improving your practice

As we near the end of the summer season, it is always useful to look back and approach the coming September like a new school year.

We have all (hopefully...) taken holidays from practice and there are countless things to think about. Occasionally, it is difficult to schedule everyone off at the same time and, in some instances, it is better to have someone around who knows how things work – usually the head nurse or receptionist!

In thinking about locums for summer cover, I used to insist on getting new graduates into my practice and usually they had a Tipperary connection. I am happy to report that all these locums over the years are still in touch, and in some cases our paths have crossed again professionally.

Established practices are loathe to hand over the reins to an unknown, and with good reason. We have spent years building our patient base, goodwill and, importantly, our professional reputation. To have a new, perhaps less experienced, pair of hands on our patients is enough to keep us up at night – even in sunny Greece.

However, the value of a good long break from practice is essential. And, in some cases, it is helpful to have not just a new pair of hands but, importantly, a new pair of eyes on our practices. I personally learned more from new trends in materials, new codes of best practice and new “ways of working”, all from new graduates who worked in my own single-handed practice in Tipperary.

This helped to foster good communication with the teaching schools and a strong sense of collegiality within the profession – which might otherwise not have been available to me.

Also, it can provide a very useful auditing exercise when it comes to totting up the locum's fees. This can help you to more accurately examine your patient flow, laboratory turn around and also gross yields per day. All useful food for thought

as the Greek holiday credit card bills arrive in and the cold November nights loom large.

Summer breaks are also a chance to reflect and amend processes in regard to paperwork – the “unseen enemy of clinical practice” as a colleague of mine puts it!

With the proposed changes to PRSI and DTSS systems mooted recently, it is an opportune time to better examine how we do business with third-party contractors and more carefully examine throughput of claims, acceptance and payment etc. We can use the summer downtime to better hone our protocols in this regard. Some downtime can also be useful in reviewing our materials, stock taking, CPD and CPR requirements.

We will have long enough in the dark Irish winters to think about next year's Spanish holiday or Greek Island Odyssey.

“To have a new, perhaps less experienced pair of hands on our patients is enough to keep us up at night - even if it is in sunny Greece”

Marley's post

Dr **John Marley**, dean of the Faculty of Dentistry at the Royal College of Surgeons in Ireland (RCSI) outlines his past, gives his hopes for the future and highlights the forthcoming Annual Scientific Meeting (ASM)

Belfast consultant oral surgeon, Dr John Marley, who was recently elected 18th dean of the Faculty of Dentistry at the RCSI, is clear about his aims. He wants a dynamic and responsive faculty that meets the needs of members and fellows, and puts patients first.

A graduate of Queen's University, Dr Marley assumed his role earlier this year, succeeding Dr John Walsh. He spoke to *Ireland's Dental* magazine about his career so far, his hopes for the future and what to expect from the faculty's upcoming ASM

Why did you decide to study dentistry in the first place?

I would love to say that I always wanted to be a dentist, but that wasn't the case. I was really quite frightened of dentists as a child.

Actually, my mum and dad ran a funeral director business, as well as a pub, so at an early age I used to help my dad prepare the coffins and work behind the bar. I suppose you could say I was already used to working with my hands (albeit with bigger drills) and managing people under the influence of an anaesthetic!

Most of my siblings were teachers, and I think that environment triggered my own interest in teaching and learning. I drifted into dentistry, as a lot of my generation of dentists did, on the advice of

careers teachers. I was quickly captivated by the idea of oral surgery though, its immediacy was appealing and because it required an understanding of so many other aspects: systemic disease, microbiology, pharmacology, orofacial pathology and psychology. What's more, I really liked the interaction with patients in that environment.

Tell us about your work history

I qualified at Queen's University Belfast in 1988 after an intercalated year studying medical microbiology. After a junior house officer post in Belfast, I applied for a Yorkshire Cancer Research Campaign studentship and moved to Leeds in 1989 to study for my PhD at the Leeds Dental Institute. I also worked part-time in general practice in Northern Ireland and England for three years, so I know the pressures and rewards general dental practice brings.

In 1992, I finished my PhD studies developing predictive molecular markers for oral cancer progression through cDNA library construction and screening. In my supervisor, Phil Robinson, I had a dedicated and hardworking guide and friend who had given up industrial research and took a cut in pay to follow his passion for academic research. We felt we were working at the forefront in this field at the time. Sadly, Phil

passed away all too early from cancer. I will always remember his Yorkshire-inspired attitude. He was a true rational sceptic and I miss him.

After finishing my PhD, I applied for a lecturer's post back in Queen's University Dental School.

Fortuitously, at that time there was a recognised need for academics in oral surgery. Through the pragmatism and far-sightedness of the leaders in OMFS at the time, it was acknowledged there was a need to train a small consultant academic cadre to be based in dental schools. After my fellowship in the RCS (Eng), I was appointed to a specialist training programme in oral surgery. I took my Intercollegiate Specialty Fellowship Examination (ISFE) examination in 1999 and became a consultant in 2000.

I was lucky to be exposed to many things during that time, training as I was towards the end of the 'Troubles'. I got great experience in established and new methods of surgery, which helped my day-to-day management of patients. I am

Continued »

"The FoD's function as a provider of learning... should always have the patient at its heart"





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From previous page »

grateful to all my trainers of the time who were generous and patient with me. In particular, I have to single out my friend and colleague, Gerry Cowan, for his wisdom, help and humour. I learnt very quickly that you have to have a good sense of humour in what can be a stressful job.

I was certainly busy, but never bored, because I also had to undertake my lecturer duties. I learnt a lot about time management and people skills, listening, teaching and learning from my senior colleagues and very bright students!

Later, I returned to St James University Hospital, Molecular Medicine Unit in Leeds for a six-month post-doctoral research attachment. At the same time I met my good friend Raj Patel in Sheffield when I completed the Sheffield 18-month one-to-one course in implantology.

Raj subsequently became our mentor in Belfast and, along with Simon Killough, has helped us build on the hard work of past dean Sean Sheridan to develop our multidisciplinary implant service.

I was appointed Associate Head of School for Teaching in 2003 and continued my learning journey, working in the senior management team with responsibility for curriculum development and programme provision, and preparing for external QA visits, including by the GDC.

It seemed natural to bring these skills to the postgraduate arena as NI Training Programme Director for Oral Surgery, and RCS (Eng) Speciality Advisor for Oral Surgery. I was also appointed by the Department of Health as the dental representative on our NI Postgraduate Deanery where I contributed to oversight of postgraduate training in medicine and dentistry.

I strongly believe you should grab with both hands every opportunity to learn from others, especially in other units

and in areas you might not expect to be relevant. Focus is really important, but you have to be careful it does not blind you to opportunity.

I was invited to be an external examiner for several dental schools during this time, including Leeds, London, Aberdeen, Cardiff and Dublin. I met and learnt from so many great people on the way.

Similarly, I was the Belfast academic representative for the BDA, and got to see the workings of our professional association at close quarters, including the challenges it faced with contract changes at the time.

In 2016 I graduated from the Institute of Health Improvement, Quality Improvement (QI) Advisors Programme and would recommend this to all my dental colleagues. There are many free open forums from which to learn, including collaboration with the American Dental Association (ADA). I have also worked with the NI simulation network using high fidelity mannequins in undergraduate teaching for medical emergencies, which is really exciting.

How did you become dean?

I can only do the job through the support of wife and family and my colleagues in Belfast. I am also really lucky to have the firm foundation I have in the Faculty of Dentistry (FoD), built through the hard work of the recent past deans, John Walsh, Gerry Kearns, PJ Byrne and Sean Sheridan, as well as the CEO Peter Cowan, board members and administrative team.

I had been doing a fair amount of work with our sister colleges prior to my association with RCSI.

I was a member of the Oral

“It is vitally important that we continue to listen to our membership, so we can continually improve what we do as a faculty”

THE ANNUAL SCIENTIFIC MEETING

3-4 November 2017, RCSI.

(For booking information, visit asm2017.ie)

This year's ASM will look at the risk of clinical practice as informed by the current data held by the Defence Organisations in the UK and Ireland and how we can limit risk in these areas.

As members of the dental team we face risk in our working lives. We can't escape it. The sources of this risk and the effects on our working practice are varied and not solely confined to the techniques of clinical practice we use but touch our relationships with patients and colleagues.

Early recognition and adopting processes and procedures help limit the risk of harm to the patient and our team. They also mean that, for the most part, individuals are not to blame when something goes wrong, but system errors usually are.

Dr John Marley, dean of the Faculty of Dentistry at RCSI, said: "I am increasingly fascinated by complex working systems and how these can allow unintentional catastrophic events to occur through an accumulation and eventual alignment of latent or silent failures to produce actual harm to patients or team members.

"In addition, our scientific committee thought it would be interesting to explore the contributors to this complex world such as team and patient communication / interaction, work environment issues, work processes, situational awareness, and the adverse effects on us as practitioners if we get it wrong.

"We also wanted to help colleagues to prepare for the occasion where they might have to deal with litigation or present themselves to the Dental Council."

There is a constellation of great speakers with a fantastic breadth of experience from home and abroad and it is a highly recommended event for all members of the dental team.



Continued »

Digital Symposium 2017



Understanding the digital workflow in the modern practice

Wednesday 6th September, Talbot Hotel, Stillorgan Rd, Woodland, Dublin, 5.30 - 9pm

Friday 8th September, The Connacht Hotel, Old Dublin Rd, Galway 1.30 - 5pm

Course Schedule

Talk 1: **Complete Digital Work Flow** -

CBCT, impression scanning to implant guide – Steve Reid, Digital Imaging Specialist, Planmeca UK.

Steve will demonstrate how easy it is with your digital scans to go from implant planning to guide making.

Talk 2: **3D Dentistry In Practice** –

Dr. Alastair Woods, Deansgrange Dental Clinic, will give a personal account of the digital work flow in his practice which will include a discussion on the benefits of scanning, CAD/CAM and 3D printing technology.

Talk 3: **The Clinical Uses Of Cone Beam CT** –

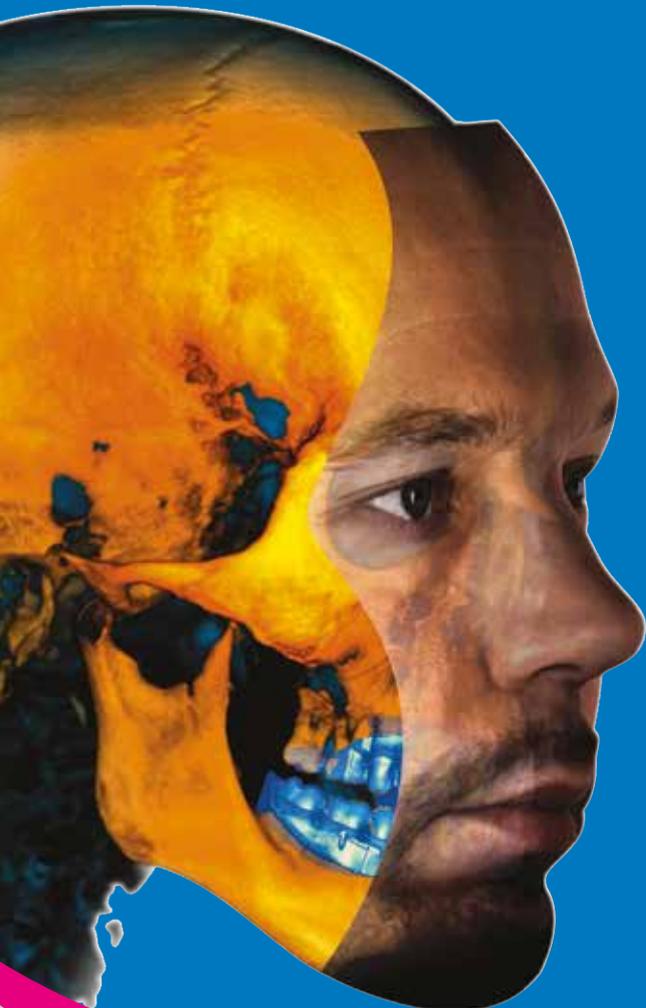
Dr. Brendan Fanning, Apollonia Dental Clinic, will make reference to the Justification process of the EC Guidelines in Radiation Protection. Attendees will learn about appropriate referral and the need for further education in interpretation and optimisation of patient dose.

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Experts will be on hand to demonstrate the latest technologies available. Learn how to scan and design your own crowns/3D implant guides and discuss the options of preparing in-house or sending to a lab.

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Dr. Alastair Woods, B.D.Sc

Dr Alastair Woods qualified from Trinity College in 2004, followed by 8 years in a large practice in Eyre Square, Galway. With a main area of interest in dental implantology, he is now in private practice in Deansgrange, Co. Dublin. Dr Woods runs a modern multi-room clinic that has embraced digital technology to its fullest, including intra-oral cameras, phosphor plate sensors, Cone Beam CT, CAD CAM, Intra-Oral Scanning and 3D Printing. Dr. Woods merges

all of these technologies together to produce in-house fabrication of everything from orthodontic models to implant surgical guides.



Dr. Brendan Fanning, B.D.Sc, M.Sc.

Dental and Maxillofacial radiology University of London 2007. F.I.C.D.

Dr. Fanning has a dental radiology practice in Dublin and a general dental practice in Ashford, Co. Wicklow .

He is a member of IADMFR (International academy of Dentomaxillary Radiology), EADMFR (European) and BSDMFR (British). He has published articles on Justification and Optimisation in Dental Radiology in J.I.D.A.

and has presented papers at BSDMFR, EADMFR, and at the IDA conference and the national IDA roadshow.

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George Walsh's window in the Albert Theatre at the RCSI

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Surgery Specialty Advisory Board in RCS Edinburgh and examined in the Intercollegiate Fellowship Specialty Examination (ISFE) in Oral Surgery on behalf of the Glasgow College. This is how I got to meet past dean Gerry Kearns for the first time and where my connection with RCSI grew.

A few years ago, I got involved in the RCS (Eng) Education Leadership Programme for surgeons and was subsequently appointed a member of their faculty. I felt very honoured, but a bit daunted as the only dentist on faculty!

I was an examiner for the Tricollegiate Examination in Oral Surgery at the RCS (Eng), the examination required for entry to the specialist list in oral surgery in the UK, before I took over as chair of the board of examiners there.

Around the same time, I was examining for the FoD at the RCSI for a few years for Fellowship of the Faculty (FFD) and then ISFE, and was deeply honoured to be proposed for an FFD *a eundem* by the board.

The last few years seem to have flown. I was elected to the RCSI FoD board for a second time in 2014 and subsequently

elected vice dean and then dean, taking up my post in February of this year.

It is a great honour and great responsibility to be in a position to help with the development journey for all dental team members, whether it be accreditation through examinations or postgraduate education provided from a wide range of experts in their respective fields.

We are so excited that the college has invested more than €80 million in the development of a modern, practical and sophisticated facility at 26 York Street. The 120,000 square foot development, spanning 10 floors, will comprise, among other aspects, a world-class surgical and clinical training suite containing a flexible wet lab, mock operating theatre, simulation, IT and library facilities. I would like to see our Faculty make as much use of these state-of-the-art facilities as possible.

I consider our commitment to postgraduate education as one of the pillars of what we do. Both through taught courses and our ongoing development of online resources and connectivity with our members and fellows. In turn, I think it is vitally important that we continue to listen to our membership, so we can continually improve

what we do as a Faculty. With our new IT system this should be increasingly easier.

What does the future hold for the FoD under your direction?

In the new building in York Street, Dublin, there is a remarkable artwork installation that consists of clay bullae 'time capsules', each representing a specific student.

Every capsule contains an etched metal scroll outlining the personal ambitions of a 2017 graduating student as they become healthcare professionals, enabled through their education with RCSI. The clay symbolises RCSI as the custodian of education, supporting and protecting the ambitions of students from the start of their professional journey and throughout their careers.

The installation will remain intact until a 40-year reunion in 2057 when the time capsules will be opened, revealing the career and life reflections that each had when graduating in 2017. I wonder what the class of 2017 have in store for them?

The FoD has a similar role to play in nurturing the development of our current and future postgraduate Members and Fellows through education provision, validation through examination, and

guidance on training to allow them to become the best they can be.

We have seen from recent events that you can't be certain about anything. Mark Twain summed it up well when he said: "It ain't what you don't know that gets you into trouble. It's what you know for sure that just ain't so."

The Faculty must continue to be dynamic and responsive to the needs of our Members and Fellows in Ireland and abroad. I would hope to be in a position, during my time as Dean, to help oversee the expansion of our online education repertoire and develop hands-on courses as well as simulation-based training, utilising the College's state-of-the-art facilities.

You still have to look for a touchstone though, in a complex and challenging world. I believe I see it in George Walsh's beautiful, middle stained glass window in the Albert Theatre at the RCSI, where the inscription from the Hippocratic oath reads: "The regime I adopt shall be for the benefit of the patients."

This sums up what should continue to be at the centre of all we do. The FoD's function as a provider of learning, and advisor on training and quality assessment through examination, should always have the patient at its heart. ■

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Recognising achievements

Irish dentist picks up top prize at Scottish awards ceremony and explains that the win was tinged with a little sadness

When Cork graduate Ciara Sutherland realised she had a number of missed calls from her practice manager on her day off, she feared the worst. Busy looking after her two-year-old son Conall at home in Edinburgh, she immediately thought that there had been an emergency with one of her patients.

As it turned out, it was nothing of the sort and the news was much better than expected – she had been nominated for the Dentist of the Year award at the Scottish Dental Awards 2017. And, a few weeks later her name was read out at the star-studded ceremony in Glasgow and she became the youngest winner of the award in the event's short history.

Ciara said: "When I saw I had three missed calls from my boss, my first thought was that something catastrophic had happened to one of my patients. Even when I'm at home, I'm always thinking of my patients, always hoping that their recent deep filling isn't sore, their aligner isn't irritating them or their root treatment isn't too tender. Maybe it's this constant concern, and perhaps

sometimes excessive worry, is what won it for me. I think my patients know that I care so much."

After qualifying from Cork in 2008, Ciara and a few of her classmates decided against moving to London like so many of their predecessors and instead moved to Edinburgh in search of work. Ciara's first job was in Bathgate, West Lothian, and she fondly remembers the warm welcome the practice principal gave her. She said: "I'll never forget how welcoming and helpful my first boss was – a cheery Highlander named Dr Don Macleod, who was, incidentally, intent on finding me a Scottish laddie so that I would stick around!"

She joined City Health Clinic in the centre of Edinburgh in 2012 and lives in the Scottish capital with her husband Dave, a sheep farmer, and their young son. Ciara has a special interest in cosmetic dentistry including invisible adult braces, teeth whitening and advanced stain removal. She is also recognised for her ability to reassure the most nervous dental patients visiting her practice for complex treatments.

She explained that the element of her job that she most enjoys is the people, as

simple as that. She said: "I have been at City Health Clinic almost six years and I feel I have a great relationship with my patients. I know them all really well. I actually look forward to having them back and hearing about how the wedding went, how the holiday was, what the grandchild was named and so on.

"Clinically I am a big fan of minimally invasive dentistry and love the difference that just a little Align, Bleach and Bond can make."

As well as being a particular favourite of brides (and grooms) to be who are looking to improve their smile for their wedding day photography, Ciara is also undertaking training for cosmetic facial work. This will include wrinkle relaxation, prevention injections and fillers.

Shock and sadness

The Scottish Dental Awards 2017 were held at the Glasgow Hilton in May with 500 guests enjoying a star-studded dinner and ceremony. Hosted by comedian and radio personality Des Clarke,

Continued »



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the event was in its sixth year and featured 16 awards from DCP Star and the Style Award up to Practice of the Year, Dentist of the Year and the prestigious Scottish Dental Lifetime Achievement Award.

Ciara, whose practice was also up for the Dental Team Award, explained that when her name was read out her initial surprise and delight proved to be bittersweet. She said: "When my name was read out I was in absolute shock. I really didn't expect it but was so thrilled. It was also tinged with some sadness. My dad passed away two years ago and, having supported me through it all, all the exams and study and challenges, it made me sad that he was not here to see the recognition. I know he would have been very proud."

However, despite these reflections, her friends, family and colleagues on both sides of the Irish Sea have been delighted at news of her award. She said: "My family in Ireland were thrilled and being in the local Cork newspaper was of course the pinnacle. My husband Dave along with all my work colleagues seemed so proud that night. City Health Clinic was shortlisted for the Dental Team Award and we really do have a great team spirit. We are all genuinely great friends at the clinic and I feel the patients pick up on that warm atmosphere.

"My patients were also so happy. It was so nice to hear them tell me that it was 'well deserved'."

The judges revealed that Dr Sutherland was the "outstanding choice" for Dentist of the Year. Their comments included: "We were impressed with the amount of postgraduate training and further education Ciara had amassed in her career so far. While clearly a driven and ambitious individual, her nomination also managed to convey her ability to provide a calm and gentle environment for her patients."

A number of patient and colleague testimonials were submitted to the panel as part of Ciara's nomination and the judges all agreed that: "It is clear that Dr Sutherland is held in high esteem by patients and colleagues alike. Her professionalism, outstanding patient care and attention to detail are clear. She has also built up a reputation for real warmth and depth of feeling in the way she helps patients through each stage of their treatment."

Recognising achievements

While there are many dental professionals who don't put too much stock in industry awards, Ciara believes that they can play



Ciara with husband Dave

"I am so thrilled. I love my job - and it's so great to hear that my patients actually look forward to their visits"

an important role in modern dentistry. She said: "I think sometimes we can all get bogged down with excessive worry and stress about our patients. It is so nice to take stock, take a deep breath and realise that you are appreciated. The awards are a fantastic way of recognising that all that hard work does pay off.

"Dentistry, like every job, has its challenges and there will be days that are really tough but it can all turn around so quickly when you see the gratitude and appreciation your patients express and there's nothing like that feel-good factor of helping people."

And, for all those dentists and teams pondering entering an awards competition, she said: "Go for it, there is nothing to be lost. It's a confidence boost that we all deserve and could all do with. If nothing else it's a great excuse for you and your team to get glammed up and enjoy a great night out together!"

Looking back on the whole event, Ciara is still delighted with her achievement and it has only made her more motivated at work. She also believes that her award is great proof that it is possible to have a family and a successful career in dentistry. She said: "I'm so thrilled. I love my job - and it's so great to hear that my patients actually look forward to their visits to the dentist.

"Whether I'm working with a bride-to-be to get her perfect smile, helping a nervous patient or planning more complicated treatments, I really like that I get to know everyone in the chair. I'm delighted to see that by simply being kind to your patients, you can gain recognition.

"It's also such a boost to get this award now, just a year after being back from maternity leave. It proves that being a mum of a toddler is totally compatible with progressing a career." ■



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Risk management in children's dentistry

Dr Rose-Marie Daly looks at potential areas of risk for dental practices and public dental clinics that provide dentistry for children in Ireland

Professional standards of dental care for children are progressing rapidly. This change reflects ongoing clinical research, continued development of guidelines, new patterns of reimbursement through insurance products, diminished funding in the Public Dental Service (PDS), increased parental expectations, the influence of social media, advancements in legal standards for the protection of constitutional and international legal rights of children in healthcare and growing access to paediatric dentists (PD).

This paper will present the unique Irish context in which dentistry for children is changing and how this relates to the

law in terms of potential complaints. Three risk-prone clinical scenarios, where treatment planning and clinical care can be demanding and complex will be outlined. Points for discussion at the treatment planning stages for the management of this risk will be enumerated. The paper will evaluate our ethical, legal and contractual obligations in relation to paediatric dentistry.

How is paediatric dentistry changing in an Irish context?

In recent years, the number of PD in Ireland who have undergone postgraduate specialist training has grown significantly. Many PD provide both primary and specialist care in contrast with other comparable

specialties. Increased uptake of dental insurance products has facilitated better access to PD and, additionally, health insurance now usually covers most of the associated medical costs of treatment under general anaesthetic. This shift in access and affordability has had a very positive impact on the number of Irish children receiving high quality dental care.

Together with greater online connectedness and access to improved standards of clinical care, this pattern is gradually influencing societal attitudes towards dentistry for children. Furthermore, parents are continually researching and learning about what is

Continued »

Paediatric dentistry

From previous page »

achievable through modern specialised care. This trend will continue to augment the demand for paediatric dental care and this presents new and dynamic challenges for practitioners. The time is ripe to reflect upon how these changes may influence risk management for child patients.

Perspectives on standards of dental care naturally change over time. Traditionally, the standard of care has been determined according to the Bolam test: A clinician does not breach the legal standard of care if the practice is supported by a reasonable body of similar professionals. In Ireland, the landmark case of *Dunne v the National Maternity Hospital*¹ set out the law on the appropriate standard of medical care. It was stated that “if a medical practitioner charged with negligence defends his conduct by establishing that he followed a practice which was general, and which was approved by his colleagues of similar specialisation and skill, he cannot escape liability if in reply the plaintiff establishes that such practice has inherent defects which ought to be obvious to any person giving the matter due consideration”². Much of the guidance on dental management of children comes from PD.

Untreated decay in primary teeth (two to eight years)

The case of untreated caries in the primary dentition illustrates this point.

Untreated primary caries causes tangible harms to children³ and is a major cause of preventable general anaesthesia⁴. Poor oral health seriously impacts on children’s general health and quality of life⁶. The weight of available evidence suggests that leaving untreated dental decay is not in a child’s best interest⁷.

This is very relevant to practitioners in the PDS. While the common practice of not restoring primary teeth might be covered by employer indemnity due to the fulfilment of a contractual obligation, the potential for a complaint to the Dental Council or fitness to practice hearing is not. Thus, unless there is a specific clinical indication not to restore, parents of children with decayed primary teeth should be given the option of comprehensive dental care including space maintenance as necessary⁸. For young children, this may often mean a referral to a PD.

Helpful discussion points for managing potential complaints regarding primary caries:

- All guidelines recommend first visits start at 12 months
- Discuss feeding practices, age-appropriate fluoride use, hygiene practices, caries risk, pacifier use and recall at the first infant visit
- When decay is present in young children, rapid progression of disease should be anticipated
- Primary caries frequently leads to

Continued »

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- pain, sepsis and reduced quality of life especially in very young children
- Primary caries can and should be treated
- If X-rays are not possible, inform the parents more decay may be present between molars
- If advanced restorative or behavioural management out with the skill of a general dentist is required, refer early to a PD.

Molar-incisor-hypomineralisation (MIH) (six to nine years)

MIH is a relatively common developmental condition. It presents some real clinical challenges and the management of expectations is essential for risk limitation.

Helpful discussion points when treatment planning for MIH:

- The tendency for rapid caries progression in affected molars
- Risk of post eruptive breakdown
- Risk of enforced extraction of affected teeth causing unfavourable orthodontic outcomes
- Dental anxiety secondary to hypersensitivity and hyperalgesia
- Difficulty with placement of quality fissure sealants due to hypersensitivity
- Frequent restoration failure due to unpredictable bonding to defective enamel

- Specific timing requirements for extractions if appropriate
- The need for integrated orthodontic planning.

MIH can be especially demanding clinically when all these factors are combined, leading to unnecessary pain and anxiety for the patient, disappointment on behalf of the parents and unfavourable clinical outcomes with long-term implications.

Early and thorough discussion of these potential problems will greatly assist in the reduction of the risk of complaints⁹.

Trauma to adult teeth in growing patients (seven to 15 years)

Trauma to developing adult teeth is an area of risk where clinical management is complicated by the growth of facial bones and associated structures and because of the potentially serious long term implications of treatment decisions.

Parents can become unhappy due to the length of time treatment takes and also when a poor prognosis is hard to avoid. It is valuable to set time aside initially to discuss the time scale for treatment, the likely prognosis, all potential injury complications and the option of a specialist referral.

Tips for questions in risk management:

- Ask if the complexity of this case

is suitable for my level of skill and training in dental trauma?

- Is the diagnosis consistent with the results from the clinical evaluation, special tests and radiographic findings?
- Has the prognosis been clearly outlined?
- Have the potential complications of the injury (e.g. ankylosis and its clinical implications) been explained?
- Has the timeframe for the treatment been clearly discussed?
- Do the treatment options offered reflect current guidelines?¹⁰

Summary

Our domestic laws are increasingly recognising the rights of children in healthcare¹¹. While guidance is lacking in relation to when children should be referred to PD, the Dental Council of Ireland recommends that “if you do not have the necessary skills to carry out a recommended treatment, you should refer the patient to another dental healthcare professional who does”.

Irrespective of long standing practices such as not restoring primary teeth, our ethical obligations towards our patients must be guided by the available scientific evidence and current clinical guidelines. We must be mindful of changing expectations to allow us to justify a course of clinical action by reference to wider, socially accepted norms and values¹². ■

ABOUT THE AUTHOR

Dr. Rose-Marie Daly, BDS NUI, MFD RCSI, M Dent Sci (Paeds), M Paed Dent RCS Edin, FFD RCSI (Paeds), LL.M, is a native of county Laois. She began her studies in dentistry at University College Cork. Following several years working in hospital, community and general dental practice she went on to complete her specialist training in Paediatric Dentistry at the Leeds Dental Institute in the UK. Here she graduated with distinction and was awarded prizes from the British Society of Paediatric Dentistry and the European Academy of Paediatric Dentistry for her masters research in dental caries and glycaemic index.

Dr Daly was awarded a fellowship in Paediatric Dentistry from the Royal College of Surgeons of Ireland and has a specialist membership in Paediatric Dentistry from the Royal College of Surgeons of Edinburgh. She has a Masters of Law specialising in Medical Ethics awarded by the University of Edinburgh. She achieved a distinction for her research evaluating oral health care for Irish preschool children in relation to the United Nations Convention on the Rights of the Child. She worked as a Consultant in Paediatric Dentistry for more than seven years at the Bon Secours Hospital in Tralee, Co Kerry, before moving to Dublin to establish Northern Cross Dentistry for Children.

Dr Daly is a passionate advocate for children's oral health in Ireland. She has published many articles in the media and in peer reviewed scientific journals on this topic and lectures regularly on Paediatric Dentistry. She is past chair of the Public Affairs and Public Relations Committee of the Irish Dental Association and is a scientific reviewer for the *International Journal of Paediatric Dentistry* and the *European Archives of Paediatric Dentistry*. She is also past President of the Kerry Branch of the Irish Dental Association.



Treatment of severe wear cases

Professor [Paul Tipton](#) describes the diagnostic work that is involved in a full mouth reconstruction at an increased vertical dimension



Fig 1



Fig 2

Prosthodontists are often called upon to reconstruct the occlusion in patients with severe wear. There may be a multitude of issues to address in such cases, including attrition, abrasion, and erosion – all of which contribute to uneven wear and compensatory eruption throughout the arches. There may also be incisal wear and/or interproximal wear and, as a result, the occlusal plane may need levelling and lengthening for enhanced aesthetics and to allow correction and control of the occlusal relationship.

The aesthetic and functional requirements include a decision of the occlusal scheme to be used followed by determination of the incisal edge positions at rest, the occlusal plane, vertical dimension to work to anterior guidance, lip support etc. All this is achieved by the diagnostic wax-up. This article describes the diagnostic work required for the full

mouth reconstruction at an increased vertical dimension.

Treatment planning

All comprehensive treatment planning should begin with an occlusal aesthetic evaluation. Evaluation of the face is essential in determining the ideal aesthetic orientation of the teeth from both a horizontal and vertical perspective. The horizontal reference planes will help the clinician align the occlusal plane and the soft tissue levels along with other related aesthetic determinants. The horizontal reference planes should be evaluated from two perspectives: the frontal and the sagittal.

The frontal perspective is assessed by having the patient look out into the horizon and choosing the ideally leveled plane. The most commonly used horizontal reference planes include inter-pupillary line and inter-commissural line (Figure 1). Intra-oral photographs are also

key at this stage (Figures 1 and 2). The following steps are essential to fulfilling the correct diagnosis.

Step 1: Mounted study casts

This is achieved by taking accurate alginate impressions of upper and lower jaws in rim-lock trays, facebow recording and jaw registration around RAP. The technician can now mount the study casts in a semi-adjustable articulator (Figure 3).

Step 2: Vertical dimension

The first treatment planning decision is what vertical dimension to work at. This can be established by the use of a wax squash bite placed into the patient's mouth. As the patient is manipulated into RAP the lower teeth indent the wax bite. This can be removed, chilled in iced water and replaced as the patient and clinician now assess profile and facial aesthetics. In this way, changes in vertical dimension can be transferred early to the

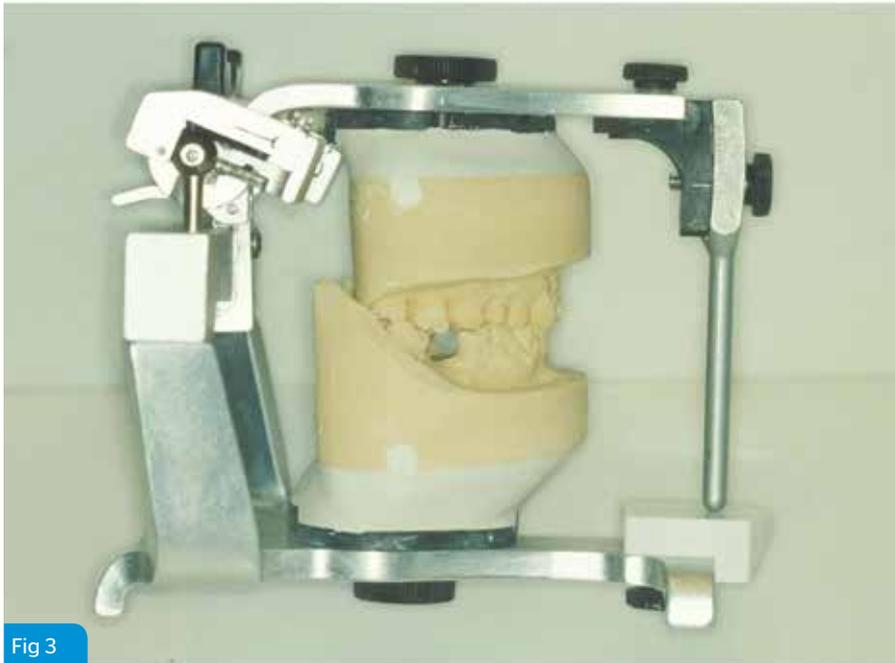


Fig 3



Fig 4



Fig 5



Fig 6



Fig 7



Fig 8

technician on the articulated casts and the initial new occlusal plane assessed via an elastic band (Figure 4). Once mounted, the degree of over-eruption of either arch can be assessed (Figure 5) and casts adjusted (Figure 6).

Step 3: Lower incisal edge position

The incisal edge position, incisal plane and occlusal plane are the three most important aesthetic determinants in the development of the treatment plan. These determinants enable the clinician to transfer information throughout the treatment, and are related in specific ways to other aesthetic criteria. The first step in determining the position of the teeth is evaluation of the lower incisal edge position with the lips at rest (Figure 7).

Tooth exposure is considered to be in the 0mm to 3mm range dependent on age. To achieve the correct position, the edges of the lower anterior teeth need to be shortened or lengthened by

“The incisal edge position, incisal plane and occlusal plane are the three most important aesthetic determinants in the treatment plan”

either removing stone or adding wax. For example, if crown lengthening is indicated on teeth that were previously ideally proportioned, the incisal edge length can be reduced. Establishing the correct amount of lower tooth exposure dependent upon the age of the patient at rest should be the goal. Once the final lower incisal edge position is determined, the lower occlusal plane is evaluated.

Step 4: Curve of Spee

For this the PMS method is used to establish the anatomically average curves of Spee and Monson, of the radius of a 4 inch

circle. This is done using a Boyles plane analyser (Figure 8). For this, three reference points are required. One has already been established and that is the position of the lower incisal edge position as per the aesthetic requirements of the patient dependent upon age. The amount of wax added to the lower incisors or amount of stone removed from the lower incisors on the mounted study casts is established by using the lip as the reference plane and calculating where the lower incisal edges are and where they should be. This new

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- Grooves and box preps for bridges
- Two handed tooth preparation
- Temporisation procedures
- New materials



Fig 9



Fig 10

From previous page »

level is transferred to the technician so that his starting point for the wax-up is the two lower incisors. The two posterior reference points are the retro-molar pads, which have been shown not to change during life/tooth loss etc. There is a certain amount of flexibility when establishing these two reference points as being half-way and two-thirds of the way up the retro-molar pads.

The lower occlusal plane is established by the Boyles plane analyser resting on the waxed-up or adjusted lower incisors and the two posterior reference points on the retro-molar pads. Any over-erupted teeth are ground down and any teeth not touching are waxed-up to the analyser. This creates the ideal lower occlusal plane.

The lower incisal plane should be levelled to the chosen horizontal reference plane (the inter-commissural line, inter-pupillary line etc), and evaluated from the frontal perspective while the patient is smiling. The next step is to evaluate the occlusal plane from a sagittal view of the patient's smile.

Step 5: Upper incisal edge position

Next, the upper incisal edge position should be established. This is done by aesthetics and phonetics, especially the F and V sounds to establish the labio-lingual position. Aesthetically, the incisal edge position is evaluated in relationship to the upper lip at rest. Age is again used as a guide, and it is common that the range

of incisal edge show may be between 1mm and 5mm. The horizontal anterior planes, inter-pupillary line and inter-commissural lines are again used to establish the correct positions.

The midline position of the upper incisors can be taken from several anatomical landmarks such as the facial midline, nasal midline, lip midline etc. Studies suggest the closest anatomical landmark is the most important - i.e. the midline of the upper lip. Technicians and clinicians should also realise the extent to which they can change midlines without reverting to root canal therapy - approximately 1.5mm to 2mm depending upon the size of the teeth. However, special tooth preparation techniques (beveling the interproximal margin one side) are required to allow for this change. Even then soft tissue problems may occur as the gingival zeniths will move.

Step 6: Establishing anterior guidance

Any space between the lower incisal edges and the palatal aspects of the upper anterior teeth is now closed by waxing the palatal aspects of the upper palatal aspect down to contact the lower incisal edges to gain an incisal and canine stop in the intercuspal positions. Adequate anterior guidance is a complex function directly related to the form of the teeth, and thus to the vertical and horizontal overlap of the incisors and canines.

Anterior guidance is influenced by



Fig 11

the proprioception of those teeth, which provides feedback to the masticatory muscles and influences the entire masticatory system. Unlike the posterior determinants, such as the slope of the articular eminence, the vertical and horizontal overlap of the anterior teeth are - to variable degrees - amenable to modification. However, any modifications of the anterior teeth must satisfy not only the aesthetics and phonetics, but also the overall function. If the disclusive angle is

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Fig 12



Fig 13

From previous page »

“The diagnostics and treatment planning protocols were used to establish the ideal end result”

too steep, temporomandibular joint or muscular discomfort may result.

Step 7: Maxillary occlusal surfaces

Once the mandibular teeth are ideal in shape and form, wax is added to the maxillary posterior occlusal surfaces to occlude against the mandibular occlusal surfaces in the correct relationship. Correct occlusal shape and form and ridge and groove direction, depth of fossae and height of cusps are now established at the set vertical dimension dependent upon the choice of articulator, facebow and articulator setting devise; checkbite, cadrax, pantograph (Figure 9).

Step 8: Refine the occlusion

The occlusal surfaces can be corrected to perfect the occlusal relationship and to idealise the aesthetic contours by the further addition or subtraction of wax. The final contours of the central incisors should be determined first, followed by the lateral incisors and canines, since the symmetry of these teeth is not as critical as the central incisors.

Step 9: Restoration

The final restorations can be seen in Figure 10. The step-by-step procedures in the restoration will be discussed during the following case study.

Case study

Mr O was referred to me from Birmingham for a full mouth reconstruction (Figures

11,12). On examination, there was marked amounts of wear present and loss of vertical dimension. Mounted study casts were taken and the vertical dimension – to which the final restorations were to be fabricated – assessed as per the previous discussion. The diagnostics and treatment planning protocols discussed in this paper were used to establish the ideal aesthetic and functional end result, so that the diagnostic waxing, prep guides and prototypes were produced.

Reconstruction then followed along established guidelines of initially an occlusion splint to establish the correct RAP prior to starting tooth preparation procedures. All teeth were initially prototyped, starting with upper and lower anteriors, then one side followed by another side three visits in one week.

Once the prototypes had been in place for a period of time to establish the correct occlusion, function and aesthetics and the patient was comfortable, sections of prototypes were removed, definitive preps, impressions, occlusal records and facebow were taken and final restorations fabricated and fitted. Again, upper and lower anterior crowns were fabricated and fitted first to establish and copy (via a custom-made incisal guidance table) the established anterior guidance. This was followed by one side then another.

The final result can be seen in Figures 13 and 14. Finally, a post-restorative splint was made for night-time use. ■



Fig 14

ABOUT THE AUTHOR

Professor Paul Tipton is professor of restorative and cosmetic dentistry at the City of London Dental School and a highly respected specialist in prosthodontics. He has published more than 100 scientific articles in the dental press on aspects of restorative and cosmetic dentistry and is clinical director at Tipton Training Ltd with academies in Manchester, London, Dublin and Dubai.

After gaining his master's degree in conservative dentistry in 1989, he was awarded the diploma in general dental practice by the Royal College of Surgeons four years later and received specialist status in prosthodontics in 1999 from the GDC. An ex-professional cricketer with Lancashire County Cricket Club, he is an ex-president of the British Academy of Implant Dentistry (BAID) currently the President of the British Academy of Restorative Dentistry (BARD). He takes referrals for advanced restorative dentistry, implant prosthodontics and cosmetic dentistry from the T Clinic in Manchester, London and Dublin. Professor Tipton is also hosting his restorative courses at the T Clinic in Dublin, to find out more, call +353 1 414 0936 or email info@dentalclinic.co

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Practice profile

D6 Dental

With support from the outgoing principal, new husband-and-wife team stamp their distinctive mark on practice in Rathgar community

Taking over a practice that has been at the heart of a local community for more than three decades may seem like a daunting prospect. However, Dr Jamie Maguire was able to call on 30 years of knowledge and expertise in the form of the outgoing practice principal of D6 Dental in Rathgar, Dr Tony Connellan.

Jamie qualified from Cork in 1999 before moving to the UK for a number of years to work in practice. After a locum spell in Co Monaghan, Jamie returned to the UK to work in Newcastle Dental Hospital for three years, and has since gained a diploma in conscious sedation. He also carries implant placement having completed the inaugural Newcastle Dental Hospital certificate in implant training programme, and uses Southern Implants in practice. Jamie and his wife Muireann later moved to Glasgow in 2006 where Muireann underwent specialist orthodontic training.

In May 2014, the couple felt the time was right, with two young children, to return to Ireland and fulfil their ambition to own and run their own practice. Jamie explained that he was introduced to Tony by a mutual colleague Niall Jennings. Jamie and Tony's 'meet and greet' chat turned into a two-hour meeting. He said: "We shared a similar outlook on patients and we started negotiations for me to take over with him staying on as an associate for a number of years. We asked Niall to assist us with these negotiations in which he played a key role."

Jamie explained that Tony, who only retired in May, was a great support and helped with the transition. He said: "To be honest,



it might not suit everybody; some people want to get in and get a clean break. But, from my point of view, working with a colleague who knows the patients, and has known some of them for more than 30 years, has been really useful. He's been great to bounce ideas off and have that support."

First stage of refurbishment

Jamie and Muireann naturally wanted to start putting their mark on the practice and this began with the hanging of a number of prints from Jamie's uncle Brian Maguire, a well-known Irish artist. They then embarked on a phased programme of refurbishment. The first stage of the project, which has just been completed, was Jamie's surgery itself. The old surgery, while still in working order, was in need of a refresh, both in terms of the equipment and décor.

Jamie contacted a few companies to quote for work, which was to

include a new chair, cabinetry, flooring, and redecoration. The company that he decided to go with were the dentally experienced JCI Design and Build Ltd.

JCI is run by Cormac Jennings, who is an experienced interior designer with a masters in quantity surveying, and Ken Conway. Jamie gave a brief of what he was looking for and Cormac came back with a design that managed to marry his vision of a modern and bright appearance with energy saving equipment and centralised air conditioning, while preserving the crown and rosette mouldings, dado rails and sash windows with wooden shutters.

Cormac and his team installed a new floating plasterboard ceiling with a large 500mm gap around the perimeter so that the crown mouldings are highlighted by the new LED strip lighting. In

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the middle of the new ceiling a 900mm circle was cut out so that the original rosette moulding could be viewed from any position. New flush mounted Ansel energy-saving LED lights were installed to provide an improved daylight effect as well as a ducted air conditioning system with new 'hush' sound reduction technology.

Cormac said: "To give the surgery a more modern but airy atmosphere we painted the walls in a warm pastel grey tone called Skimming Stone. We used a contrasting colour called Mole's Breath on the entrance feature wall and spray painted the new custom cabinetry in Ammonite - all from Farrow and Ball.

"A lot of time and detailing went into the planning and design of the new custom dental cabinetry. It was essential to give the correct amount of space around the new chair for both the dentist and nurse but also have all the essential items close at hand. We installed new Rio slip-rated SimpLay Grey Country Oak vinyl floor. This helped tie

in all the rest of the colours and give the surgery a cool clean crisp finish throughout."

A new A-dec 400 chair was sourced and installed by DMI, with Jamie saying: "Tony had A-dec chairs in the surgery for the last 30 years and they've always been very reliable so it made sense to me to carry on with them."

Jamie spoke to a colleague in Dublin who uses a nurse's rear delivery system where the suction and a separate mobile treatment table is attached to the cabinetry behind the chair, and Jamie was impressed with what he saw. Jamie explained: "It allows us to do very close support dentistry in a four-handed fashion. From a cross-infection point of view, you have a very clear demarcation of the contaminated dirty area, and so far it has worked well."

High praise

The surgery refurbishment took

Continued »



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We are delighted to have been chosen to work with **D6 Dental** and their new project. We wish them all the very best for the future

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"We are delighted to work closely with D6 Dental Practice and wish them all the very best for the future."



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just under three weeks to complete and Jamie explained that it came in exactly on time and on budget. He said: “We got to meet all the tradesmen and professionals before we started anything and it was all pre-costed with a timetable of work provided before we started.

“In terms of the surgery refurbishment, we were told what they were going to do and how much it was going to be and it was all managed, which took an awful lot of the stress and worry out of it for me. At the end of the day, we said we needed to be open on a specific day and we were ready to go as planned.”

Jamie explained that, as a busy general practice, it was important that they stayed open during the surgery refurbishment and the phased approach to updating the whole practice will continue in that same vein. He said: “When you are in a busy practice it’s just not practical to shut the whole building down for three weeks, so we are doing it in a phased approach.”

The next phases of the refurbishment are expected to be the reception area and waiting room, to commence soon. The practice is about to launch a new website that gives the option of online booking for regular appointments and emergencies as well as giving information on the staff.

As well as Muireann, who provides Invisalign and conventional orthodontics, Dr Marian Kelly, a long-standing associate, and a new associate, Dr Maria O'Brien, Jamie is delighted with the existing team who have all helped with the transition over the last two years.

He said: “Our hygienist Jillian Friel has been here for some time, and you see the benefits of long term hygienist care, as patients have been attending her regularly. We also have great support staff in Adrienne, Louise and Pamela – they are a pleasure to work with, very patient-centred and they contribute to making a very pleasant environment.



“We also have a new dentist; Dr Maria O'Brien as well, who is a Cork graduate, she has great empathy with patients and is continuously updating her skill set. She has a very high satisfaction rate with her patients.” ■



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HDMS appointed Anthos dealer

Italy's leading producer of dental units appoints HDMS as equipment distributor for Ireland

Versatile solutions, modern practical design, excellent service and close collaboration with dental professionals make Anthos a brand of global reach. Their mission is to seek out solutions and develop products that boost the dentist's ability to make accurate diagnoses and provide effective treatment for pathologies of the oral cavity.

Anthos, Italy's leading producer of dental units, provides products designed to ensure all dentists have a model that suits their individual working style. For more than 60 years now, an extensive product range, outstanding design, officially recognised quality and excellent performance have made this brand a popular choice with dentists worldwide.

Anthos is for professionals looking not only for dental equipment, but also a functional instrument whose value fits well with the economic aspects of their business activity.

Anthos offers a sound point of reference for dentists all over the world, providing practical solutions and limitless opportunities. Because Anthos has always been the choice of those who choose the future.

Paul Hogan from HDMS spoke of his delight at securing the Anthos dealership for Ireland: "We are delighted to be able to offer the Anthos range which includes dental chairs, sterilisation, radiology and imaging, multimedia and instruments.

"Anthos is a perfect fit to incorporate with our current range. With the different chair options and high-class technology, we feel these chairs will make a big impact in the Irish market."

Paul explains that, as well as dental chairs, Anthos design and manufacture a high-class range of vacuum B Class autoclaves and X-ray units.

He said: "With capacities of 17 and 22 litres respectively, the Anthos A17 and A22 autoclaves are built to last, designed to give an ultra-reliable helping hand to dental surgeries aiming to simplify daily workflows.

"Offering the cutting-edge performance dentists have come to expect from Anthos, these sterilisers employ tried-and-tested systems and materials of only the very highest quality."

The radiology systems from Anthos is the MYRAY range with some of the very best intraoral and OPG units in the marketplace.

For example the RXDC, HyperSphere is noted as one of the best DC X-ray units within its field.

Innovative design, revolutionary ergonomics, advanced technology, the RXDC HyperSphere technology can, thanks to the full-swivel ball joint, reach any position with ease. With the wireless remote controller, the multi-mode option and the 28 adjustment levels according to sensor sensitivity, RXDC HyperSphere technology offers full adaptability to any operating requirements.



A constant potential head tube (8 mA) with a tiny focal spot (0.4 mm at 30 cm) produces optimal images under all circumstances. Built with high quality materials, the device comes with comprehensive equipment. Versatile and easy to install, this X-ray unit offers dependability in every situation.

Finally, Paul said: "The dental industry in Ireland is much improved and we find ourselves with increased business from new dentists wanting to start up and current clients renovating and adding on additions to their surgeries." ■

If you are interested in any of these products, contact Paul and his team on +353 (0)91 582608 +353 (0)87 8702619, email info@hdms.ie or visit www.hdms.ie



ABOVE: The Anthos L9 Classe chair and the RXDC HyperSphere X-ray unit



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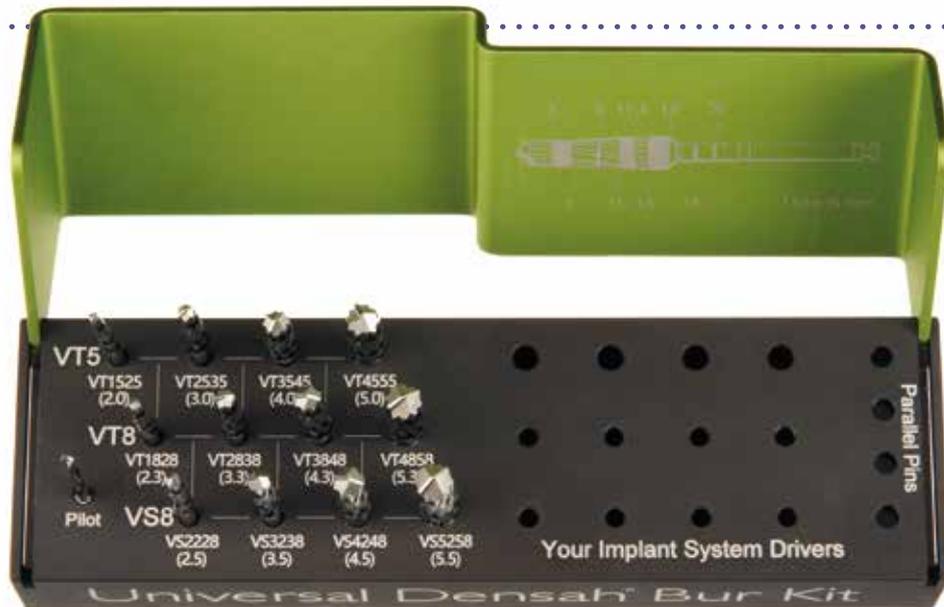
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A complete revelation

Dentist **John Cadden** talks about his experiences with the osseodensification drills from Versah

Following in the footsteps of his father and grandfather, John graduated from Dundee Dental Hospital in 1980, working in the family practices in Glasgow, Tobermory and Langholm before moving to Coatbridge in 2008. John completed his MFGDP in 2005 and is trained in the placement of dental implants, the delivery of dermal fillers and non-surgical facial rejuvenation techniques.

He recently attended a Versah course in London, and this is what he had to say: "I attended the Versah course in May 2017. Having received my Versah kit previously, I felt it looked straightforward to use. However, I gained a lot more information by attending the course that I was previously unaware of, such as the speed at which to use the drills and how bone reacts to drills and pressure under different circumstances. I would probably recommend anyone contemplating using these drills to go on at least one course as there is quite a lot to understand. As we all know, the bone, if insulted, can rapidly disappear so anything we can do to minimise trauma to the bone is welcome.

"The staff present were very friendly and helpful. The format was theory in the morning and practical in the afternoon. Due to the manageable numbers attending the course, it was pleasantly informal. This also lent itself to intervening with pertinent questions which enhanced

the whole learning experience. In the afternoon, we used the drills on porcine bone; this enabled us to use the burs on bone of varying densities, something not a lot of courses feature.

"A case I was using the Versah drills on recently was a lady who had been indecisive about having an upper lateral implant placed. Due to a time lapse since having her tooth extracted, she had lost a fair amount of labial bone and there was quite a concavity, of which normally I might have used a ridge expansion kit or used some bone augmentation. There was quite a narrow space between the central incisor and the canine. Ridge expansion would have been quite tricky here, as on the palatal aspect the space between the two teams tended to narrow, leaving bone augmentation as the most likely method.

"Using the Versah burs I was able to prepare my osteotomy and simultaneously expand the bone buccally, thereby reducing the concavity on the labial surface of the bone and enabling me to place the implant at the same time, probably in a fraction of the time it would've taken me to place any augmentation and do a ridge expansion.

"The course I attended was held within easy walking distance from Euston station and there was a lovely lunch and coffee/snacks available during the day. I would definitely recommend the course.

"The kit is very easy to use and is laid out in the box in a very logical manner.

Despite the burs looking very straightforward to use, I cannot recommend strongly enough what an advantage it was to actually attend the course and see how the burs work in conjunction with the properties of the bone, something that would be difficult to explain without a visual display. In my opinion, the burs are a complete revelation, but like everything that's new, it becomes easier with experience." ■



The next course will take place on 30 September in Belfast at the Mount Business and Conference Centre. More information can be found at versah.co.uk/training



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The COLTENE team will be exhibiting at the BDIA Dental Showcase on stand L20 giving delegates more information about the wide range of products they have to offer. This includes the full range of internationally renowned restorative materials, such as BRILLIANT EverGlow and Fill-Up!, as well as the latest endodontic products that COLTENE has developed in cooperation with dentists. These advanced products include the HyFlex EDM NiTi files, which – as the 5th generation of COLTENE's root canal files – exhibits vital properties for endodontic success.

COLTENE will also be showcasing the new Biosonic UC150 Ultrasonic Cleaning system, which features a 5.7 litre tank capacity and a low noise level of 63dB.

Be sure to visit the stand at the NEC in October; you certainly wouldn't want to miss out!

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SPRINGER NATURE

VSS Academy comes to Dublin

Series of intensive full-day workshops will run from February to December 2018

The VSS Academy Certificate in Implant Dentistry comes to Dublin led by Dr Fadi Barrak and featuring visiting lecturers, in association with Quintess Denta.

The course consists of a series of 10 full-day intensive workshops comprising morning lectures and afternoon group discussions, case studies, practical demonstrations and hands-on sessions.

The course will run in Dublin from February to December 2018. The course fee is GBP £6,130 (+ VAT). Successful completion of the course leads to the award of the VSS Academy Certificate in Implant Dentistry and full attendance also provides 80 hours of verifiable CPD.

The course takes you through the basics to the advanced; from practical workshop sessions practising implant placement on mandible models, to pig's heads, cadavers and finally to placing implants in real patients under the supervision of a VSS-approved trainer or your existing mentor.

The course also includes a place on the "Introduction to Implant Treatment Co-ordination" for your treatment co-ordinator, implant nurse or practice manager. This runs in parallel with Module 4 on 18 May 2018.

In an exciting development, the course has also been accepted as Approved Prior Experiential Learning for the Preston UCLan MSc in Dental Implantology. This means that anyone

who completes and passes the course and 15 mentored implant cases can achieve direct entry into the third year of the MSc. Participants will also need to complete a seven-day module in literature review and research and pay half of the year two fees.

This course is one of many in a calendar of events Quintess Denta have planned. Rob Oretti is coming to Belfast Castle on 23 September to discuss how to get the best and most predictable implant outcomes for you and your patients.

Contemporary Endodontics will run its two-day course to "Update and Enhance your Endodontic Skills" in Belfast on 29-30 September.

Ian Dunn will run his one-day course on "All things Perio and Crown Lengthening" in two cities over two days. This course will run in Dublin on Friday 3 November and Belfast on 4 November.

If you would like more information on any course or to reserve a place, please contact enda@quintessdenta.com, call us on 01-6918870 (Ireland) / 028-6862 8966 (UK) or visit the courses page on our website www.quintessdenta.com

Dr Fadi Barrak
BDS, MBBS, FDSRCS
(Eng), DiplImpDent
RCS (Ed), FHEA

IN ASSOCIATION
WITH



VSSAcademy
continuing dental education



VSS COURSE CONTENT

Module 1: Patient assessment and treatment planning
23 Feb 2018

Practical workshop: Treatment planning cases and discussion.

Module 2: Basic sciences for Implant Dentistry
23 March 2018

Practical workshop: Gowning up and surgical set-up

Module 3: Surgical skills for Implant Dentistry
20 April 2018

Practical workshop: Flap design and suturing

Module 4: Implant Design and Biometrics
18 May 2018

Practical workshop: Stent design and implant placement

Module 5: Bone defects and management
22 June 2018

Practical workshop: Use of bone substitute and membranes

Module 6: Restoring Implants
20th July 2018

Practical workshop: Impression techniques and use of restorative components

Module 7: Occlusion – basic principles
14 September 2018

Practical workshop: Correct use of articulators, centric relation, occlusal prescription

Module 8: Grafting procedures
12th October 2018

Practical workshop: Sinus lift technique – lateral and crestal approaches

Module 9: CBCT theory and practice
9 November 2018

Practical workshop: Training session on CBCT and case discussions

Module 10: Complications and their management and OSCE-style
10 December 2018

Practical workshop: Communication skills, presentations and OSCE exam preparation.



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This course, led by Dr Fadi Barrak with visiting lecturers, in association with Quintess Denta consists of a series of 10 full day intensive workshops comprising morning lectures and afternoon group discussions, case studies, practical demonstrations and hands-on sessions. Anyone who completes and passes the course and 15 mentored implant cases can achieve direct entry into the 3rd year of the MSc in Dental Implantology at Preston UCLan.



Course Summary

Date: 23 Feb 2018 - 10 December 2018

CPD Hours: 80

Location: Dublin area

Fee: £6,130* (+ VAT)

** equivalent in Euros at daily exchange rate*

For more details or to enrol please Call +44 7801 583539

Email: courses@vssacademy.co.uk or

Visit: vssacademy.co.uk/cidi

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Course 1

Maxillofacial Orthopaedics

Friday 24th - Sunday 26th November - *Birmingham*



Course 3

Comprehensive Bimler Elite Cephalometric Analysis

Monday 27th - Wednesday 29th November - *Birmingham*



"Smile TRU" Advanced seminar

Thursday 30th November - *Birmingham*

Smile TRU

Course 6

Diagnosis and treatment of T.M.D. Patients

Friday 1st - Sunday 3rd December - *Birmingham*



Register online at www.tripledentallabs.com

For further information on any above courses please contact
John Marchant on +44 (0)121 7020450 or email john@tripledentallabs.com