IDA
irish dental association

JIDA
Journal of the Irish Dental Association
Iris Cumainn Déadach na hÉireann

Volume 70 Number 4
August/September 2024

Plaque to basics

Optimal plaque control methods for patients with fixed orthodontic appliances

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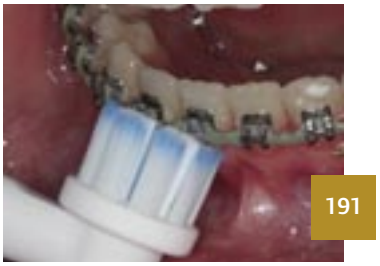

Are you aware of your patients' caries risk factors?

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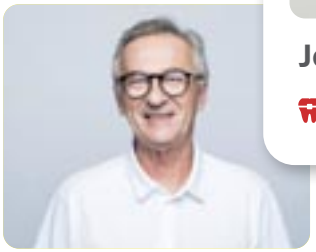

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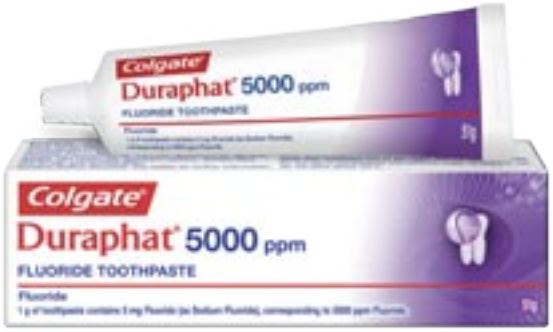
Assess their caries risk, and consider recommending high fluoride to increase caries control[1]



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EDITORIAL

Dr Cristiane da Mata
Honorary Editor

Creating a responsive *Journal*

The editorial team at the *JIDA* wants to hear from dental students and younger dentists.

I am writing this editorial as I sit by a pool in Brazil approaching the end of my summer holidays and reflecting on the transitions ahead. This is a poignant time for all of us. For students, both young and seasoned, it marks the beginning of a new academic year – an opportunity to absorb knowledge, forge new paths, and grow intellectually. Concurrently, for those immersed in professional pursuits, it serves as a reminder of the importance of periodic breaks to recharge one's batteries, foster creativity, and sustain long-term productivity. I hope you all have had the opportunity to stop this summer to soak up some sun (or rain), read a book, or simply do nothing for a while.

A new academic year

For students embarking on a new academic journey, anticipation mingles with apprehension. It's a time marked by excitement for new possibilities, challenges, and the chance to expand horizons. Dental students in particular face a rigorous curriculum that demands both theoretical knowledge and practical skills. As they prepare to greet a new academic year, they stand poised to embrace the complexities of oral healthcare with diligence and empathy, ensuring that they are well equipped to meet the needs of their patients.

I would like to encourage dental students to take some time in their busy schedules in dental school to engage with the Association and in particular with the *Journal*. I would love to hear from you: what would you like to see covered in the *Journal*; what topics may be of interest to you and your fellow dental students? It is our aim to work towards a *Journal* that can respond more and more to the needs and aspirations of this young generation of professional colleagues, especially as we welcome the youngest ever President of the IDA, and for this to happen your involvement is much needed and appreciated. To communicate directly with me, please email journaleditor@irishdentalassoc.ie. I am looking forward to hearing from you.

Scientific content

This edition features interesting pieces in the area of orthodontics. Firstly, I would like to commend to you the article on the various oral hygiene methods available and recommended for patients undergoing orthodontic treatment. This article summarises the best available evidence for plaque control methods to assist clinicians in educating patients regarding oral hygiene methods during fixed appliance therapy.

This is particularly relevant, as navigating the array of oral hygiene products available today can indeed be overwhelming for both patients and dentists. From traditional toothbrushes and toothpaste to electric brushes, mouthwashes, dental floss, and specialised tools like interdental brushes and tongue scrapers, the options seem endless.

By educating patients about proper use and the benefits of different products, oral health professionals empower individuals to make confident decisions that contribute to optimal oral health outcomes.

While this variety underscores the importance of personalised oral care, it also highlights the need for informed decision-making. Dental professionals play a crucial role in guiding patients through this abundance of choice, recommending products based on individual needs. For orthodontic patients in particular, keeping optimal levels of oral hygiene is crucial, and the correct choice of product can help in achieving this goal. By educating patients about proper use and the benefits of different products, oral health professionals empower individuals to make confident decisions that contribute to optimal oral health outcomes.

The peer-reviewed article is also in the area of orthodontics, but focuses on bringing patients' views to light regarding interproximal reduction (IPR), which is becoming a popular alternative to extractions.

This study highlights the importance of patient-based research, particularly in fields like dentistry where patient comfort and outcomes are paramount. Designing studies and interventions that genuinely reflect patient needs and perspectives not only enhances the relevance and effectiveness of treatments but also fosters patient trust and engagement. By incorporating patient voices from inception to implementation, researchers can uncover insights that traditional methodologies might overlook, ensuring that healthcare solutions are not only scientifically rigorous but also patient centred. This collaborative approach not only validates patient experiences but also empowers them as active participants in their own care, ultimately leading to more compassionate and responsive healthcare systems.

Finally, Dr Laura O'Sullivan has written a very informative piece to help practitioners manage fractured tuberosity, which can be a complication of upper molar extractions. She takes readers through the signs of a fractured tuberosity and the available treatment options, in a very concise and clear manner. Definitely worth a read!

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Christina Guildea

Confident Smile Makeover Specialist Ireland (NI & ROI)

086 7739440 **christina.guildea@henryschein.ie**

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Alex Murphy

Endodontic Sales Specialist

086 2042750 **alex.murphy@henryschein.ie**

As the Endodontic Product Sales Specialist at Henry Schein Ireland, my role is to provide the dental practice team solutions based on their endodontic requirements. I believe that you cannot always decide without first seeing firsthand the products and I am happy to arrange product demonstrations. I can also provide training support if required to ensure that you get the most out of our products and feel fully supported every step of the way.

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Laurence Flynn

Fast Track Sales Specialist

086 0332129 **laurence.flynn@henryschein.ie**

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Dr Rory Boyd
IDA President

Caring for ourselves

As dentistry in Ireland enters a phase of change, it's more important than ever that we take care of our own physical and mental health.

A recent article in *The Irish Times* highlighted increasing levels of stress and burnout among healthcare professionals. In its annual report for 2023, the Practitioner Health Matters Programme (PHMP), which provides appropriate care and support for doctors, dentists and pharmacists in Ireland who may have mental health issues such as stress, anxiety or burnout, or who may have a substance misuse problem, noted a 48% increase in new presentations to the Programme in the five years since 2018.

The predominant issues affecting health professionals included anxiety, depression and burnout, with some practitioners who sought support from the service having "reached such a level of distress that they are contemplating suicide".

The stresses of dentistry

The number of dentists seeking help from the PHMP remains very low, with only three dentists (2.8% of the total) contacting the service during 2023. We should not, however, assume that this means all is well with our profession, as the anecdotal evidence tells a different story.

Dentistry is a stressful profession. Dentists in independent practice often work alone or in small practices, and we often speak of how isolating that can be. The stresses that we face can also change over time. During Covid, dentists were concerned about infection control, about caring for their patients, and were also burdened with financial worries as lockdowns impacted on their business. We have come full circle since that time to a point where dentists in Ireland are unprecedentedly busy, and our profession has never been more vibrant, but this brings its own sources of stress.

Most practitioners have long waiting lists, and many are working every hour they can to look after their patients. The workforce crisis in our profession only compounds these issues, and it isn't going anywhere soon. In fact, with a growing population, and additional dental graduate numbers several years away, these sources of stress are likely to be with us for some time.

It's no surprise therefore that many dentists are suffering from fatigue, anxiety and burnout, and it is very concerning that so few are seeking help. The levels of stress are themselves adding to the workforce issues as dentists choose to leave the profession due to stress and burnout. I myself am aware of colleagues who have ceased to practise as dentists and are now working as dental hygienists because they see this as a less stressful way to use their skills.

We are potentially in a time of great change for Irish dentistry, and our workforce issues alone will take some time to solve. It's really important that we are mindful of our physical and mental health throughout our careers. I would urge colleagues who feel they need help (or who are aware of a colleague who is in difficulty) to contact the PHMP (see panel), where they can receive free and confidential advice.

It may be a cliché, but how can we hope to care for our patients if we can't care for ourselves?

Change is coming

The Association recently met with the Department of Health to discuss the proposed implementation plan for Smile agus Sláinte, the national oral health policy. You can read an excerpt from the presentation given by our CEO, Fintan Hourihan, on page 169. We have also launched a new position paper, 'Towards a better oral healthcare service for children and special care patients', which sets out our views on what is needed in terms of reform of public health dentistry, and you can read the detail of that paper in our members' news section.

Given that Smile agus Sláinte was launched in 2019, with very little progress on implementation since that date, and given our past experiences with the Department and the HSE, we are wary of getting overexcited at the prospect of long-awaited reform. However, it does seem that things are finally happening.

The year ahead will be very significant; a three-year programme of reform is imminent and the Association will have an important role to play in representing the interests of our members in this process. Rest assured that we will do this to the best of our ability, and will keep members informed of developments as they happen.

Practitioner Health Matters

The Practitioner Health Matters Programme (PHMP) offers a strictly confidential service to doctors, dentists and pharmacists, and welcomes contact from any individual whether you are the person in need of help, a family member, a colleague or a friend.

It is fully independent and separate from the regulatory bodies and employers. It has been endorsed by Memorandum of Understanding by the relevant professional councils and is supported by representative organisations and training bodies.

To make an enquiry or to seek support, please email confidential@practitionerhealth.ie or call 085-760 1274.

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Awards Ceremony
Saturday
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2024

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ADVOCACY AND CAMPAIGNS UPDATE

Fintan Hourihan
IDA CEO

Time to end neglect of oral health in Ireland

An IDA delegation met with the Department of Health on July 26 to discuss the implementation of Smile agus Sláinte. Below is an edited version of CEO Fintan Hourihan's address to the meeting.

We see this meeting as potentially an important landmark in improving the provision of oral healthcare in Ireland. We welcome the focus on prevention and oral health promotion, and your recognition of the need to urgently address capacity problems that pose potentially the biggest challenge to reform. Likewise, we look forward to seeing badly needed investment in our dental schools, urgent changes in the regulation of dentistry, and a focus on marginalised groups, among many other reforms.

A wealth of experience

We believe that we bring a wealth of experience and expertise as the representative body for dentists, but also as the chief advocates for patients in Ireland. We hope that we can participate in the reforms process as a critical friend and trusted technical adviser. Over the last three years, the IDA has invested significant time in a series of position papers. Our new position paper 'Towards a better oral healthcare service for children and special care patients', follows our paper 'Towards Sustainable National Oral Health Services: Delivering the WHO Oral Healthcare Strategy for Ireland' from earlier this year, and our 2022 paper 'Improving Access to Dental Care for Medical Card Patients'. There is in fact considerable congruence between our recommendations for change and those identified in the national oral health policy. The 'what' is important, but the 'how' of reform is even more important.

What the WHO policy has recommended, but which has been conspicuously absent until now, is a political and financial commitment to integrating oral health into general health, but also a commitment to proceeding with win-win partnerships between the State and the dental profession. The key enablers of this are firstly, building trust, secondly, bringing the people with you whom you wish to deliver change and, thirdly, proceeding with an open mind.

Implementation issues

As regards the Implementation Plan, the "transformation of public services" and new models of care for adults are predicated on transformation of private practice. How likely is this? We do not share your assumptions around the capacity or willingness of private practice to sign up for significant amounts of extra State-contracted work. In our latest survey of private practice dentists from earlier this year:

- one-third of dentists said they are currently not taking on any new child patients;
- nine in ten private practice dentists believe that the State should prioritise rebuilding and resourcing the HSE public dental service rather than proceeding with a scheme whereby private dentists would be contracted to treat children under seven;
- three-quarters of private practice dentists said that they do not have the capacity to take on new patients; and,
- 85% said that they would not be able to sign up to a State contract to treat children.

We cannot overlook the collapse in the public dental service when we consider your proposals to shift towards a new model of care within the HSE. More broadly, we are concerned that the safety net features of the current public dental service screening programme (albeit grossly understaffed) may well be lost.

Apart from the obvious industrial relations issues that would arise for our members in the public service who agreed to work very different roles to those now being suggested, the free market is not going to sort this problem of children not being seen until it is too late. Lessons need to be learned from other disastrous experiments to shift vital services from the public sector.

With respect to dental care for adults, you need to look at the experience with the DTSS. Before there can be talks regarding replacement of the DTSS we need a framework agreement to remove the threat of legal sanction against the IDA and its representatives, we need to agree locum arrangements for our dental representatives, and we need an independent chair for talks. Your approach to the DTSS crisis will be the litmus test as regards the viability of the reform programme.

Future engagement

We believe that there needs to be an independently chaired or co-chaired oversight group as well as an implementation body.

The branch of dentistry that requires the most urgent attention is the public dental service, where numbers of dentists and team members have fallen by almost 25% as patient numbers rise by an equivalent amount.

Capacity and the shortage of dentists, nurses and hygienists is the single greatest challenge facing access to dental care right now. Where is the urgency in addressing this crisis beyond announcing extra dental school places?

The single greatest transformation required is in your attitude to organised dentistry and especially to dentists in independent practice. Without that there is no prospect of meaningful reforms.

If you continue to ignore our views as the representatives of dentists and those whom you wish or expect to deliver major reforms, then you should only expect one outcome. Policy by diktat has never worked in healthcare and will certainly not work for dentistry. We are offering to engage positively with you as trusted advisers and look forward to hearing your considered response to our position.

Starting Dentistry in Ireland

This full-day seminar, which takes place on Friday, September 13, is a must for all new graduates, those new to Ireland, or those returning to Ireland.

The seminar will focus on areas relevant to those starting off in their professional dental journey in Ireland, including dealing with difficult patients, treatment planning, pension planning, tax issues, and employment law issues. Leading experts will present on the day, along with established dentists who will talk about their journey thus far in the profession.

For the full programme, go to www.dentist.ie or our social media platforms.

HSE Dental Surgeons Seminar returns to Athlone

The annual HSE Seminar returns to the beautiful town of Athlone on the Shannon on Thursday and Friday, October 10 and 11 next. The Raddison Hotel will be the venue for this two-day event, which is open to all dentists to attend. This event is an ideal opportunity for those working in the HSE dental service to meet with colleagues and friends, and gain relevant CPD/education over the two days. An excellent line-up of speakers has been arranged and we hope that a good turnout of those employed in the HSE dental service will attend, including team members.

To book the Radisson Hotel at €130 and €150 (twin/double), please call the hotel directly on 0906-442600, quoting IDA seminar 2024. Please book before August 31.

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** Sustained plaque reduction above the gumline with continual twice daily use for 12 weeks after a dental cleaning. Flossing was performed by a dental hygienist.

Scan for clinical studies

1. Milleman J, et al. Journal of Dental Hygiene. 2022;96(3):21-34.
2. Bosma ML, et al. Journal of Dental Hygiene. 2022;96(3):8-20.

UK-LI-2200277

Colgate Caring Dental Awards 2024

On Saturday, November 23, the InterContinental Hotel in Dublin is the place to be for the Colgate Awards 2024. Don't miss this spectacular event where we celebrate everything good and positive about the dental profession.

Why not spoil your dental team members and treat them to a night in this stunning five-star venue?
Make sure to display your posters in your practice and post your social media material, which is sent from the IDA to all practices. Remember we now have various categories for awards:

- Special Case Award;
- Treatment of a Child Award; and,
- Young Dentist of the Year.

Along with our usual awards:

- Dental Team of the Year;
- Four regional Dentists of the year; and,
- Colgate Caring Dentist of the Year 2024

Put the date in your diary now
Saturday, November 23, InterContinental Hotel, Dublin.
See you all there!

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2024/2025

Education/CPD autumn programme

Webinars

The CPD/education programme will recommence in early September. The IDA will continue with our webinars from September – our first webinar will be in conjunction with Mouth Cancer Awareness Day, on Wednesday, September 18. Webinars will continue on the last Wednesday of each month at 8.00pm, and the majority of our webinars will be available to watch afterwards from our CPD library.

CPD calendar of events

The IDA is delighted to bring to you our calendar of events for September to December. We have a packed agenda for the autumn, kick starting in early September. If you haven't completed a registered BLS/ILS (for those offering sedation) course in the last three years, now is the time to register for one. We have courses in Dublin and Cork for both BLS and ILS.

SEPTEMBER 2024	
Thursday, September 5	Munster Region meeting, Rochestown Park Hotel, Cork
Friday, September 13	Starting Dentistry in Ireland seminar, Hilton Hotel Charlemont
Friday, September 13	Finance in Dentistry, Hilton Hotel Charlemont
Friday, September 13	ILS course, Dublin
Saturday, September 14	BLS course, Dublin
Wednesday, September 18	Mouth cancer webinar, 8.00pm
Friday, September 20	Hands-on endodontics course, Limerick
Thursday, September 26	Eastern Region meeting, Hilton Hotel Charlemont, Dublin, 6.45pm
Thursday, September 26	South Eastern Region meeting, Viking Hotel, Waterford, 7.30pm
Friday and Saturday, September 27-28	Hands-on composites course with Dr Andrew Chandrapal, Cork – SOLD OUT

OCTOBER 2024	
Thursday and Friday, October 10-11	HSE Seminar, Radission Hotel, Athlone
Friday, October 11	ILS course, Cork
Saturday, October 12	BLS course, Cork
Thursday, October 17	Munster Region meeting, Rochestown Park Hotel, Cork
Thursday, October 17	South East Region meeting, Hotel Minella, Clonmel, 7.30pm
Friday, October 18	Bioclear Method hands-on course with Dr Claire Burgess, Cork
Saturday, October 19	Bioclear Method hands-on course with Dr Claire Burgess, Cork
Thursday, October 24	Eastern Region meeting, Hilton Hotel Charlemont, Dublin, 6.45pm
Wednesday, October 30	Webinar, 8.00pm

NOVEMBER 2024	
Friday and Saturday, November 15-16	Ceramics hands-on course with Dr Jason Smithson, Dublin – SOLD OUT
Thursday, November 21	South Eastern Region meeting, Lyrath Estate, Kilkenny, 7.30pm
Saturday, November 23	Colgate Caring Dental Awards 2024, InterContinental Hotel, Dublin
Wednesday, November 27	Webinar, 8.00pm
Thursday, November 28	Eastern Region meeting, Hilton Hotel Charlemont, Dublin, 6.45pm

DECEMBER 2024	
Wednesday, December 11	Webinar, 8.00pm

TO BOOK THESE EVENTS, GO TO WWW.DENTIST.IE AND CLICK ON BOOK CPD.
FOR ANY QUERIES, PLEASE CONTACT AOIFE@IRISHDENTALASSOC.IE.

IDA at the Department

A delegation from the IDA met with representatives of the Department of Health on July 26 to discuss the proposed implementation of Smile agus Sláinte, the national oral health policy. From left: IDA President Dr Rory Boyd; incoming President of the HSE Dental Surgeons Group Dr Maura Cuffe; IDA CEO Fintan Hourihan; and, IDA President-Elect Dr Will Rymer.

Show Me the Money

A day-long seminar on finance in dentistry will take place on Friday, September 13, in Dublin (alongside the Starting Dentistry in Ireland seminar), and will cover all things finance in dentistry – pension planning, income protection, selling/buying a practice, getting your house in order before selling, how to get finance, etc. This is an event not to be missed to learn from well-known speakers in the area of finance.

To book and to see the full programme, go to www.dentist.ie.

Annual Conference 2025 – Kilkenny

2025 sees us return to the Marble City of Kilkenny from May 15-17. The beautiful Lyrath Estate will be the venue for our three-day event.

This year we are delighted to bring to you a dedicated programme on facial aesthetics on Friday, May 16. Delegates can choose to attend either of the two usual programmes, or the facial aesthetics programme.

Our pre-Conference day will take place on Thursday, May 15, with hands-on courses in endodontics, composites, facial aesthetics, sleep disorders, and periodontics. We will also have a pre-Conference course designed specifically for dental hygienists.

All the usual fun and social events will be included in the three days, including golf, a special Thursday night social event in Kilkenny City, our annual dinner on Friday night, and much much more.

MY FAVOURITE PIECE OF EQUIPMENT

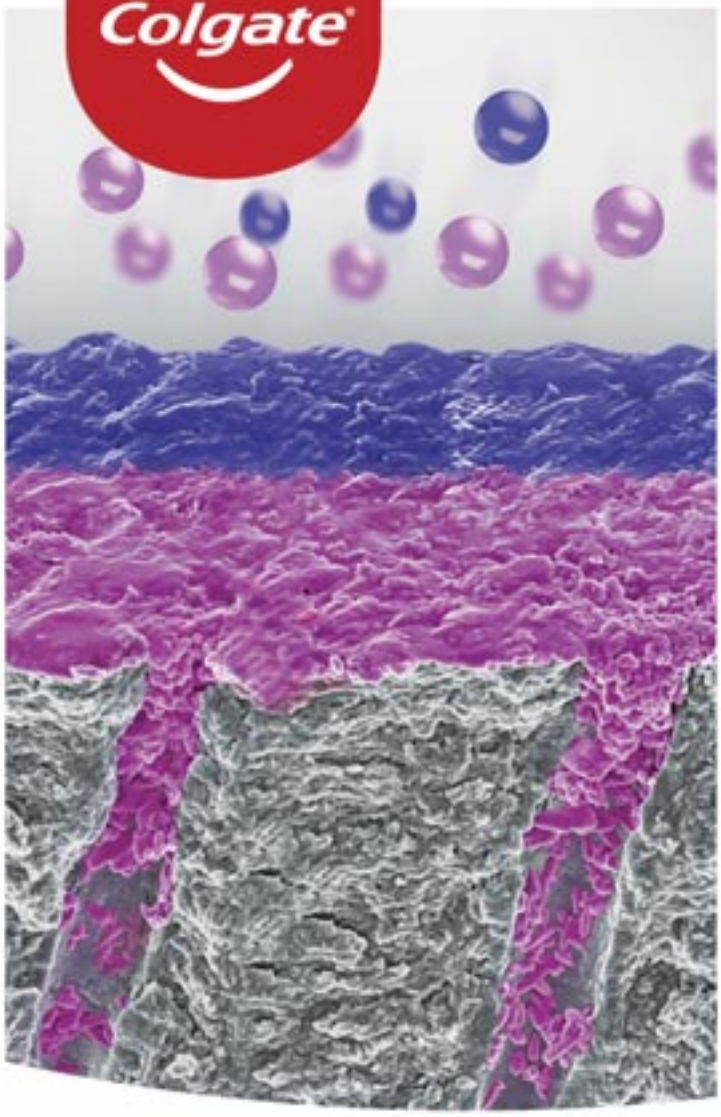
Dr Paul Dunne

Paul is a general dental practitioner based in Ballina Dental Practice in Co. Mayo. The piece of equipment he likes the most is his intraoral camera, the Carestream 1200. He says the major benefit of it is patient communication: "I like to show patients after we do an initial exam what's going on in their mouth. If you put a picture up on a screen in front of the patient, it helps to get your message across. And it's always a good conversation starter with the patient".

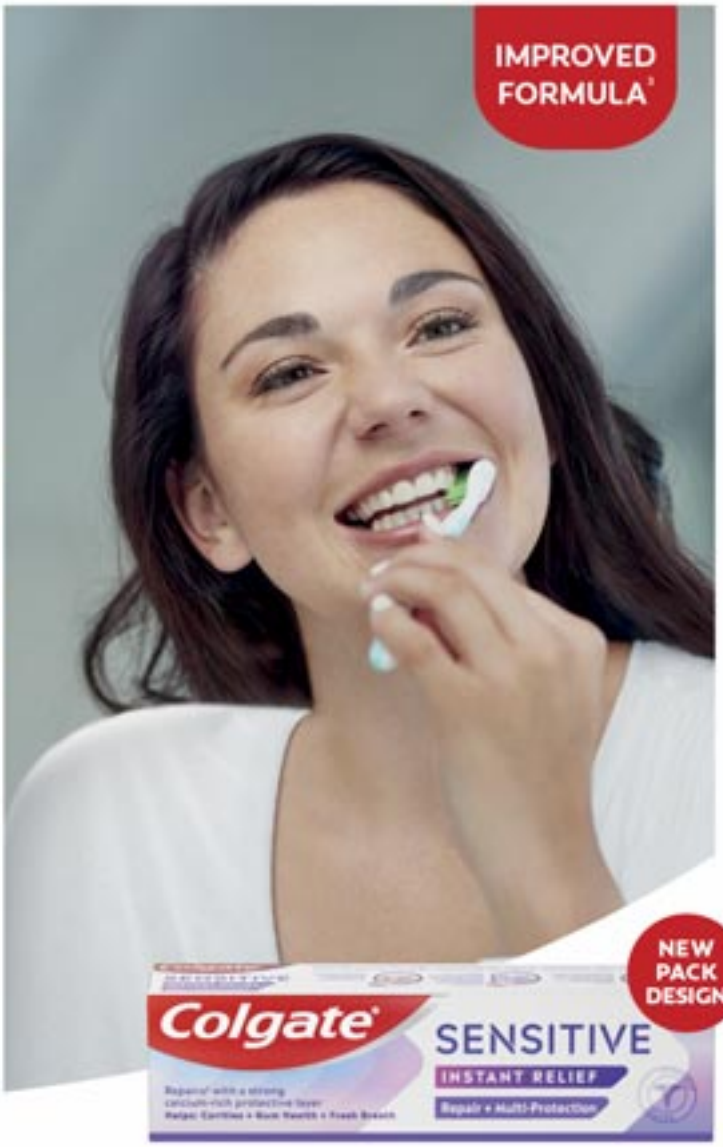
Paul has been using an intraoral camera since he took over the practice over 20 years ago, and says it is good for both information and motivation: "People often don't realise they might have problems in their mouth. But to see it on a screen, a lightbulb seems to go off in their heads and they realise they do need to listen to what you're saying. Sometimes you have to reinforce your message and the camera is a brilliant tool to use from that point of view". But Paul is eager to make clear that the intraoral camera is not just a tool for showing patients what is wrong. It's also great for positive reinforcement, where you can show a patient where they were when they started treatment and where they are during or following it: "I might show them a shot of what their teeth looked like three or four years ago to show how far they've come. That positive reinforcement is a great motivation for patients".

Paul also uses the camera a lot with kids in the practice, who love the use of technology. He recommends it to his associates also, and believes it is a great tool to help younger dentists develop their communication skills. The intraoral camera is easy to use and doesn't take long to train someone in on. It's good for record keeping and for the dentist to look back over cases before a patient gets into the chair.

Colgate



Creative representation of the mode of action



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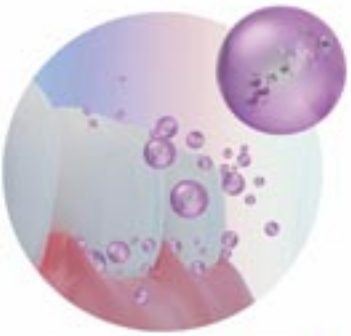

And **superior dental tubule occlusion**[4] with PRO-ARGIN + Zinc Phosphate

SENSITIVE INSTANT RELIEF

References: **1.** Vs baseline, Nathoo et al. J Clin Dent. 2009;20 (Spec Iss):123 -130 (when toothpaste is applied directly with a finger tip to each sensitive tooth for one minute.) **2.** With continued use, Docimo et al. J Clin Dent. 2009;20 (Spec Iss):17- 22. **3.** Vs previous formula, in vitro acid resistance after 5 brushings, report by Hines 2021, Data on File, Colgate-Palmolive Technology Center (2021). **4.** Pro-Argin technology vs Stannous fluoride / sodium fluoride technology. Liu et al. J Dent Res. 2022;101(Spec Iss 8):807.

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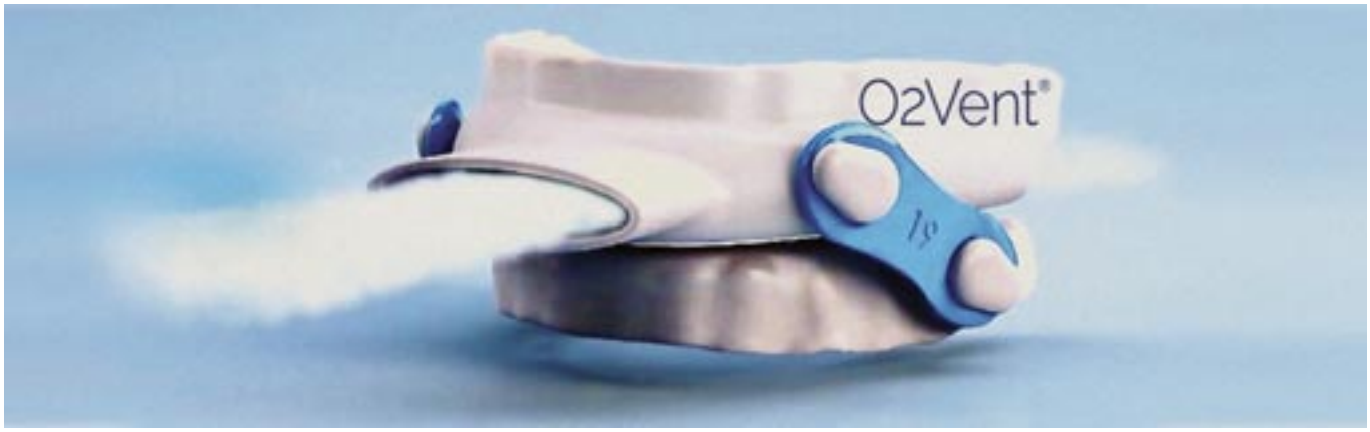
PROFESSIONAL
ORAL HEALTH

The importance of comfort

Comfort is an essential aspect of any good night's sleep. Patients with obstructive sleep apnoea may find that treatment with a continuous positive airway pressure (CPAP) machine results in discomfort, and restless and sleepless nights. Because CPAP machines need to be used consistently to have an effect on health, 3M states that it's important to explore alternatives with patients who cannot tolerate them. According to 3M, its O2Vent is the ultimate solution for your patients. Each device is custom designed and 3D printed to fit a patient's anatomy, ensuring a comfortable and secure fit. The company states that the O2Vent channels air to the open airway, through the device, while creating a positive pressure in the airway, which helps to keep it open. According to the company, the unique ExVent enables patients to wave goodbye to the mask, tubes, and wires of CPAP machines, and offers a far more comfortable and convenient alternative.



Reliability for successful endodontics

Predictability and reliability are essential for high-quality endodontic treatment outcomes. As such, it's important that clinicians choose equipment that facilitates these aspects, from providers they can trust. Coltene states that it offers clinicians a wide range of endodontic solutions to help improve predictability and produce better outcomes.

According to the company, the wireless CanalPro X-Move endo motor offers simple handling and great flexibility.

Coltene also notes that the product's integrated apex locator improves predictability, and the continuous rotation and reciprocating motion enable adaptation to the requirements of the case.

Further to this, the company states that CanalPro X-Move helps to save time thanks to its intuitive user interface and pre-programmed file setting for Coltene files.

IDA focusses on funding and staff shortages in Budget submission

The IDA has made its pre-Budget submission to Government, calling for a number of measures to address funding and workforce deficits across the sector.

The IDA has written to the Minister for Finance, Jack Chambers TD, outlining the Association's pre-Budget submission on dentistry and oral health in Ireland.

The submission points out that access to dental care is now extremely challenging for all, but especially for many vulnerable members of the community, and there are significant challenges across both the public sector and private dentistry.

Recruitment and retention of dentists into the HSE public dental service is in crisis. Higher education institutions must rely on the cross-subsidisation of indigenous students due to funding shortfalls, and those same institutions require immediate expansion due to insufficient capacity. The medical card (DTSS) and PRSI (DTBS) schemes have seen over €850m in State spending cuts since 2009 and this has had a very significant impact on the oral health of the nation.

The IDA's submission states the importance of a multi-annual funding plan to meet the costs of overdue reforms, and reiterates the urgent need to address workforce capacity issues.

Each of these challenges alone pose difficulties to any policymaker, but taken as a whole they show the depth of the problem facing Irish dentistry.

The IDA's submission states the importance of a multi-annual funding plan to meet the costs of overdue reforms, and reiterates the urgent need to address workforce capacity issues, which are fundamental to any improvements in addressing access to dental care and the huge unmet need for care after decades of under-investment.

The submission sets out four priority areas.

1. Cost-neutral measures – mandatory CPD for dentistry

The submission firstly asks for the Government's support with a measure that would not incur any cost to the State, namely legislation to mandate for continuous professional development (CPD) for dentists. At present, CPD is not mandated for dental practitioners, but a simple addition to the Health Bill or a similar Bill could amend this position to bring dentistry in line with other health professions such as medicine, nursing and all other health professions where mandatory CPD is in place. Given the serious patient safety concerns the IDA has raised, and which have been the subject of a number of *Primetime Investigates* exposes in recent months, the submission states that there cannot be any further delay in addressing this issue.

2. Recruitment and retention of dentists into the public dental service

The IDA requests that the Government immediately allocate sufficient funding for the recruitment of, at minimum, 75 dentists into the public dental service to bring the service back to 2009 levels. The Association suggests that it would require the recruitment of over 100 dentists to begin to reduce the backlog of public patients seeking dental care, such as the more than 100,000 primary school students who were denied a vital dental screening under the HSE schools dental screening service last year alone.

3. Investment in our dental schools

The dental schools at TCD and UCC play a pivotal role in training the next generation of dentists. However, these institutions are currently operating at maximum capacity and are unable to meet the growing demand for dental professionals. The reliance on higher fees applied to foreign students as a means of cross-subsidisation for Irish dental schools underscores the need for a sustainable funding model.

A sustainable funding model is required to train indigenous dental graduates who wish to stay in Ireland to practice. Currently, more than half of each graduate cohort returns to their country of origin or emigrates to practice, further depleting the dental workforce in Ireland. The recent announcement that UCC's planned new dental school would not go ahead is a shocking indictment of the perception of dentistry as second tier within the health service. It only serves to further exacerbate the low supply of dentists in Ireland as we head to a population of 7m citizens and given existing growth in demand for dental services.

4. Reinstatement of funds to the DTSS and DTBS to 2009 levels

The IDA has obtained data based on Dáil Parliamentary Questions, which outline the shocking level of cuts both the medical card (DTSS) and PRSI (DTBS) dental schemes have endured since 2009. If funding had remained at the same level since 2009, the State would have spent an additional €855m across both schemes. The significant rise in the population means that the extent of the cuts is even greater in relative terms.

In the DTSS alone the funding cuts of €382m amounted to 6.77m fewer dental treatments provided to medical card patients since 2009. In this context the value lost by the State due to the decline of oral health for Irish medical card patients is substantial. Furthermore, the PRSI scheme saw cuts of €473m.

At minimum, funds must be set aside to allow the replacement of the medical card scheme with a new model of care, for which the IDA has advocated for many years, as well as greater spending on the DTBS scheme to avoid the contagion effect of mass exodus of dentists from the medical card scheme spreading to the DTBS scheme and impacting on the provision of care by dentists to PRSI-eligible patients.

For all dentists

Dr Rory Boyd is the youngest President in the history of the IDA and is eager to show dentists of all ages the benefits and value of membership.

Wherever you are in your dentistry career, the IDA has something for you, says new President of the Association, Dr Rory Boyd: "When I first joined the IDA, did I ever think that I would be President of the Association? No. I first joined the IDA for networking through the profession and to discuss issues and communicate with other dentists. I found that networking and collegiality of the Association most important initially. Then as I took on more responsibility and more roles within the Metropolitan Branch and at Council level, my interest and enjoyment of the IDA started to change. I wasn't just receiving the supports and services of the IDA as a general member, and I found enjoyment in helping in an organisational role, especially with provision of CPD and events".

"It's good to know that what we're doing here is very similar to what some centres of excellence are doing abroad."

Rory has gotten a lot out of the IDA and believes that if dentists get involved, they will too. He wants to increase the membership of the Association, so that a stronger IDA can advocate better and be more representative of dentists in Ireland.

Colm Quinn
Senior Journalist,
Think Media Ltd

Outstanding in his Belfield

Rory is a prosthodontist and, along with his periodontal colleague Dr Ed Madeley, runs the Belfield Clinic in Dublin 4. He is from Belfast and completed his A-levels at Campbell College in the city before moving to Dublin to undertake his undergraduate training at Trinity College. After graduation, he spent a year in the DDUH as a Junior House Officer before returning to Belfast to spend a year in general practice. It was then that he completed his membership examinations for the RCSI. Following his year in Belfast, he headed back south to Trinity again to start his prosthodontic training. During this, he did an externship in the University of California, Los Angeles (UCLA), which he says was a great way to broaden his horizons: "It's definitely important to see how dentistry works in other jurisdictions and it was an amazing experience. The west coast of America, especially in the prosthodontic world, is an eye opener in some respects, but also it's satisfying to see that it's very similar to our postgraduate education system here. Certainly my experience in Trinity in Dublin, the programmes and the facilities were very similar. It's interesting to see how things are done abroad, but it's good to know that what we're doing here is very similar to what some centres of excellence are doing abroad".

Rory also sees his year spent working in an NHS-based practice on the Falls Road in west Belfast as very important: "I think it's very important to have experience of general practice and general practice life before specialising, so you get a greater grasp of dentistry as a whole, as opposed to specialising straight off the bat. Having a year in general practice is I think the minimum probably required to have a good grasp of how general practice works and integrates into the greater dentistry sphere. I was also very, very lucky to have a super principal, Dr Pearse Stinson, as a mentor for my initial 'wet behind the ears' time in general practice. That first year can be very tough but having a great mentor like him was very valuable".

Once he'd finished his prosthodontic training, he took over the Belfield Clinic: "I had the privilege of taking over this practice, which was previously owned by Dr Billy Davis – he's a past president of the Association – and then over the last seven years we've been building the practice".

Rory's involvement with the IDA began in earnest at branch level with what was the Metropolitan Branch (now the Eastern Branch). He was President of the Metropolitan Branch in 2018, and has sat on IDA Council ever since.

The road to presidency

Rory says it was a privilege to be asked to be President of the IDA, especially as he is now the youngest president in the Association's history. His main aim for his term is the recruitment and retention of members, as the strength of the organisation is based on its membership. Dentistry has become more heterogeneous, and it's important that the IDA provides services for all, he says: "We can see that in recent times there's been an increase in dentistry of associates in practice and we need to make sure that we evolve and change with that. So really what is of paramount importance is to increase our membership number, because that's where our strength as an organisation comes from, and that is strength in provision of services for members, in provision of CPD and continual education, but also it gives us the platform to provide better lobbying and advocacy for the profession when we engage with Government and the Department of Health".

"I think it's very important to have experience of general practice and general practice life before specialising, so you get a greater grasp of dentistry as a whole, as opposed to specialising straight off the bat."

It's important that the IDA is relevant to younger members, explains Rory: "That's relevancy in the services we provide with regards to CPD and also the benefits of membership, whether that be financial or professional, or something like the mentorship scheme".

The services the IDA is required to provide to membership are ever changing: "The future of the Association lies in the hands of our younger dentists. It is of paramount importance therefore that we understand the needs of this group to ensure that we provide relevant services and, in turn, that we increase engagement of the Association with this category".

Talks and engagement

Some of the ongoing issues in dentistry include the inadequacy of the Dental Act and the problems affecting the public service, whether that be the medical card scheme or the delays in and underfunding of the HSE service. The IDA is currently holding meetings with the Department of Health regarding the roll-out of Smile agus Sláinte, explains Rory: "Obviously, that's something that we need to be engaged with, and as a significant stakeholder and the representative for the profession that's going to provide the services in that policy, the IDA needs to make sure that both the patient and the dentist get the best outcomes from any changes".

In terms of the oral health policy, Rory says there are aspects that the IDA welcomes and others that it doesn't: "We need to work together with Government to ensure that everybody gets the best out of the implementation of Smile agus Sláinte. And we've certainly seen that there is potential for some modifications, significant modifications, to fall into line with the most recent WHO directives".

The Government is a signatory to the World Health Organization's (WHO) strategy, which aims to integrate oral healthcare into universal healthcare. The IDA recently released a position paper entitled 'Towards Sustainable Oral Health Services: Delivering the WHO Healthcare Strategy in Ireland', which outlines how Ireland can meet what it has signed up to. Another challenge that must be addressed is the shortage of dentists in Ireland: "We must continue to increase the number of graduating students from our dental schools to ensure that we turn the tide on the shortage of dentists in Ireland, and to do this we must ensure that our dental schools are supported appropriately by Government".

Globetrotting

Rory loves to travel and will represent the Association abroad at a couple of events beyond these shores. He will attend the American Dental Association's Annual Conference in New Orleans in October, and will also travel to the West Pacific Conference in Vancouver in March. He lives in Booterstown in Dublin, and outside of travel, his big passions are golf and cooking.

A change coming?

Rory says that recently there seems to be more appetite in Government to progress issues around dentistry: "Which is great to see. The continuation of that is what we would ask for. So with regard to legislation, I understand that creating a whole new Dental Act is not going to happen in the short term, but certainly amendments to the current Dental Act could. And we have asked specifically for various amendments, along with the Dental Council, at a most recent meeting with the Oireachtas Joint Health Committee, such as compulsory CPD.

"There are certainly areas that the Government could move faster on and implement significant change for the protection of both the patient and the profession".

Outside of legislative changes, Rory believes the IDA needs better dialogue and negotiations with Government about public dental services: "What I'd be asking for is more dialogue so that we can actually move things forward rather than what appears to be a current stalemate on various issues around the public health system, whether that be within the HSE, or whether that be with regards to the DTSS medical card scheme.

"Increased dialogue is all we can ask for at this stage until we can see a path to where both the profession and the Government effectively get into agreement that currently the public services are broken and need to be improved".

As a prosthodontist, Rory is keen to see the dental legislation updated to recognise more than the two specialties that it currently does: "Currently, obviously only oral surgery and orthodontics are recognised and have a specialist register. The identification of all of the other specialties is something we've asked for, so the Dental Council can hold a register of those".

Looking after mind and body

One of the highlights of Rory's term so far has been the IDA Annual Conference: "I was delighted with how that went and it was a great success. To invite the American Academy of Fixed Prosthodontics, as a member of the American Academy of Fixed Prosthodontics, was a great privilege".

Some of the events Rory is looking forward to include the Colgate Caring Dentist Awards and he also says: "We also have a cracking day on September 13, which I'm looking forward to, which is the Starting Dentistry in Ireland event. It's for junior dentists and then there's also a financial planning aspect to the day as well".

One of the biggest issues for dentists at the moment is work–life balance, says Rory: "We've seen through the Practitioner Health Matters Programme that mental health awareness and mental health is an important factor with the job, and that to have a happy and healthy long career, then not only physical health needs to be looked after, but our mental health does too. My biggest piece of advice is ensuring that not only are you physically healthy, but making sure that you're doing everything you can for your mental health as well".

Rory is optimistic about the future of the IDA: "We have a very loyal membership. I think the services we provide and the feedback on the services we provide is very good. So moving forward is just to build on what we already have, so that we ensure that we're representing every dentist in the country. And with that we can build the services we provide, whether that be professional services or advocacy for the profession".

IDA
irish dental association

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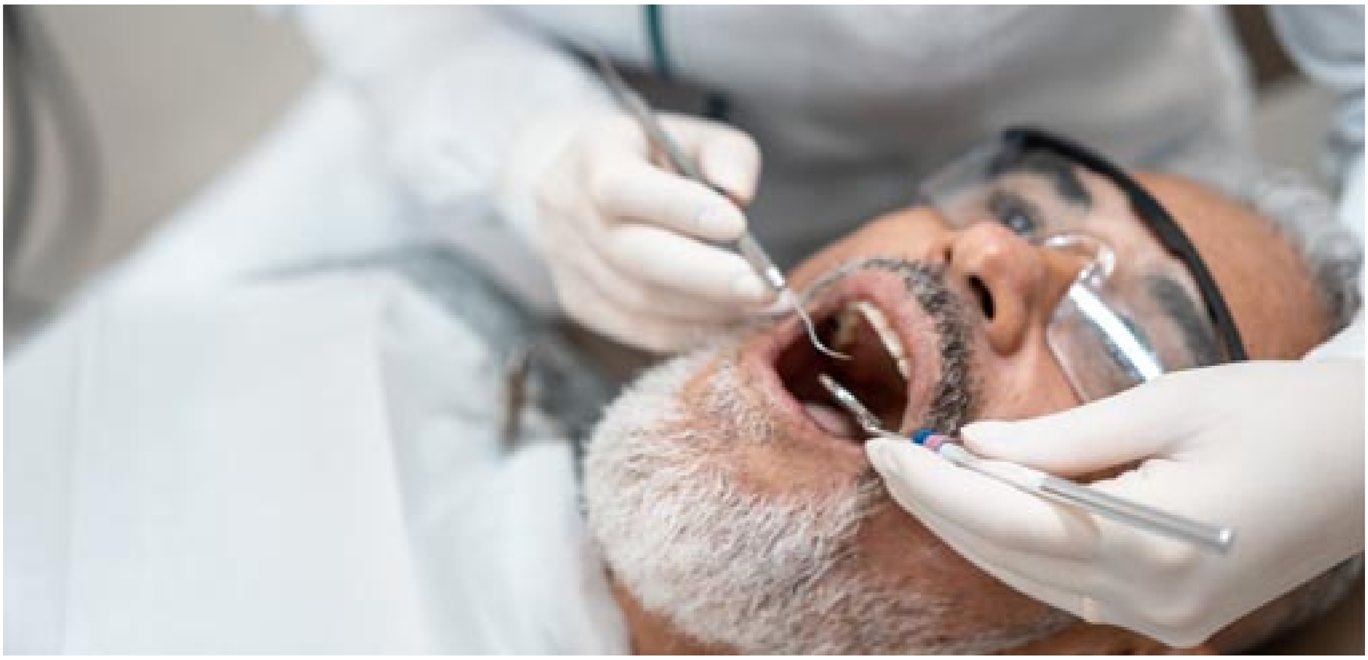
August/September 2024

MEMBERS' NEWS

Better oral care for children and special needs patients

The IDA has published a position paper setting out its views and recommendations for the oral healthcare of children and patients with additional needs



Oral healthcare services for children

An appropriately resourced PDS would be well positioned to provide targeted, free universal oral healthcare to children from birth to the end of primary school education. By framing the service in this way, capacity would be available to provide accessible, high-quality, community-based oral healthcare and prevention for this key, and currently inadequately provisioned, population cohort.

These ages represent the key formative years for good oral health and must be prioritised for focused attention. The application of a clear age-related ceiling for oral healthcare services by the PDS would enable the service to provide appropriate and targeted prevention and treatment for this key cohort.

The PDS has the skills and competencies – but not yet the resources – required to address oral healthcare needs among this demographic. Such a reoriented, targeted and resourced PDS would also be well placed to provide an emergency

oral care and require referral. The PDS has an experience base in working effectively with and for this, at times, challenging cohort.

The Irish Dental Association has a clear vision of how oral health can improve across Irish society. We have a strong desire for the way services are planned, delivered, reoriented and improved. The Association believes that the PDS is central to improving oral health outcomes in Ireland and accordingly we are calling to be included in the planning and delivery of any new system of services.

Key enablers

For community oral health improvement by the PDS, the Association sets out a number of fundamental requirements:

- Partnerships: both internally and externally to dental services;

- The provision of an accessible, well-resourced and financially viable network of general dental practitioners, working in collaboration with the PDS, will be critical in delivering high-quality community-based oral healthcare services.
- Facilitate an adequately resourced and multidisciplinary approach, which provides for both prevention and intervention as required, and whereby dental surgeons are adequately supported by sufficient numbers of qualified members of the dental team, other healthcare providers, and other non-healthcare providers to ensure that oral health becomes the role of many and not just the dentist.
- Support consistent engagement with children from birth to the end of primary school education via provision of periodic oral health visits for every child within this age cohort at a minimum of every two years. This periodic care and evaluation of children will result in improvements to oral health and associated benefits for the most vulnerable children and young people.
- Ensure adequate priority for paediatric dentistry. Children with advanced tooth decay must be referred to specialist services to be treated effectively by dentists with appropriate skills and facilities.
- Ensure adequate priority for special care dentistry and other dental specialties so that patients can be referred along appropriate pathways when required in a seamless, timely manner, to access appropriate care.
- An urgent review of the general anaesthetic (GA) service provided by the PDS is required. Frequently, the patients referred to these services have multiple health problems and face unacceptable difficulty accessing the service. Any reoriented service must, in particular, reduce the barriers to access for children and adults with special care needs.
- State subvention scheme to support children when they leave primary school to their 16th birthday to access oral healthcare via general dental practitioners. The cost involved in accessing general care may prompt families not to pursue the required treatment and therefore subvention in the form of a voucher scheme or similar will be relevant.
- Provide clear and adequately resourced referral pathways between the PDS and the patient's 'dental home' in general practice.
- A PDS that is supported by continuous professional development (CPD) and

Ensure adequate priority for paediatric dentistry. Children with advanced tooth decay must be referred to specialist services to be treated effectively by dentists with appropriate skills and facilities.

- Promote the use of personal oral health records, which would support both dentists and parents to monitor and record children's oral health within a personal child health record.

Build greater public awareness and understanding of the importance of good oral healthcare

- A strong, evidence-based programme for non-clinical care is required. Both Wales and Scotland have introduced national, system-wide strategies to improve oral health among children. Successful national programmes such as Childsmile (Scotland) have been providing nursery, school and dental

Are you starting dentistry in Ireland?

Find out everything you need to know with the IDA's new guide.

Management of the fractured maxillary tuberosity

The maxillary tuberosity is the most distal anatomical landmark in the maxilla bilaterally, and is an important consideration for dentists when planning upper molar extractions. Maxillary tuberosity fracture is one of the many risks associated with extraction of an upper molar tooth (**Figure 1**) and carries considerable morbidity if not managed appropriately. While the overall incidence of this complication stands at around 0.6%, figures as high as 18% have been reported for maxillary third molar extractions.[1] Operator inexperience is often cited as a risk factor for maxillary tuberosity fracture (**Table 1**); however, it is worth noting that this complication is not always preventable and can arise in even the most experienced of hands. Recognising the immediate signs of tuberosity fracture is crucial to the successful management of this complication. These include, but are not limited to:

- loud cracking noise;
- palatal mucosal tear;
- mobile alveolar segment; and,
- excessive bleeding.

Management options will vary depending on the site of the fracture and the size of the resulting defect. The immediate goal is to achieve stabilisation of the fracture segment, and to provide optimum pain management for the patient. What follows is an overview of the options available to dental practitioners for the immediate management of this complication. It is hoped that the tips provided herein will equip clinicians with the necessary knowledge and clinical expertise to achieve successful outcomes for their patients.

Treatment options

1. No intervention

In many instances, a fractured tuberosity is an incidental finding following an otherwise routine extraction of an upper third molar with no associated soft tissue trauma (**Figure 2**). In these cases, where there is no communication with the maxillary antrum, no intervention is required other than to explain this finding to the patient and reassure them that all should heal without incident.

2. Dissection of segment from mucosa

Where the tuberosity fractures during extraction of an upper third molar, but the segment remains attached to the epithelium, careful dissection of the tooth and bone segment should be undertaken with a periosteal elevator to enable delivery of the segment without causing any further mucosal trauma. The resulting soft tissue defect is then closed using resorbable sutures to achieve a seal from the oral cavity, and to promote soft tissue healing.

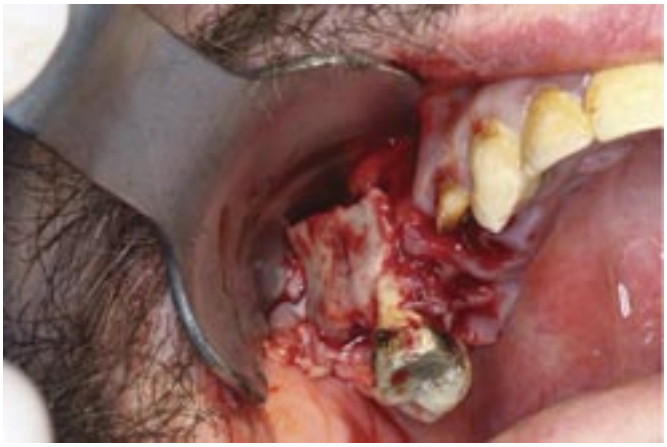


FIGURE 1: Clinical photograph showing right-sided maxillary tuberosity fracture during attempted removal of the UR7, three days following removal of the UR6.

Table 1: Risk factors for maxillary tuberosity fracture.

Divergent roots
Bulbous roots
Lone-standing molar
Ectopic third molars
Ankylosis
Multiple extractions in a single quadrant
Low-lying (pneumatised) maxillary antrum
Increasing patient age
Excessive force during elevation
Unsupported extraction technique

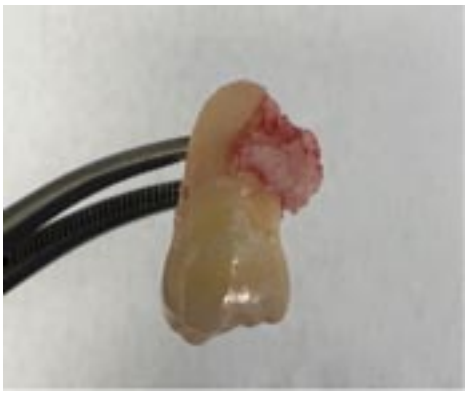


FIGURE 2: Left maxillary tuberosity fracture during routine extraction of UL8.

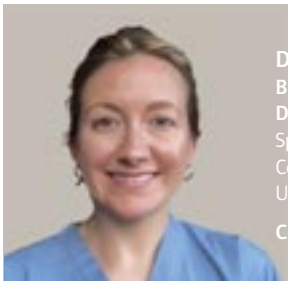


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Table 2: Postoperative regime for patients with large tuberosity fracture.

Soft diet
Excellent oral hygiene
Chlorhexidine 0.2% mouth rinse for one week
Paracetamol and non-steroidal anti-inflammatory analgesia, unless contraindicated
Oral antibiotics for one week, e.g., amoxicillin 500mg or suitable alternative if penicillin allergic

FIGURE 3: Vacuum-formed dual-strength splint extending over entire occlusal table, which can be used for stabilisation of a tuberosity fracture.

3. Composite wire splint

Tuberosity fractures encountered during extraction of an upper first or second molar in an otherwise fully dentate arch will result in a very large mobile bony segment. In such instances, the clinician must immediately abandon the extraction. Any attempt to deliver the resulting mobile segment in such cases would involve inadvertent partial maxillectomy, with considerable medicolegal implications for the clinician involved.

One management option here is to stabilise the dentoalveolar segment using a composite wire splint. The splint should be large enough to offer maximum stability; for every tooth involved in the fracture segment, at least one unaffected tooth should be included in the splint. As with any bony fracture, a minimum of six weeks is required for the initial stages of osseous healing, so the splint should remain in place for a minimum of six to eight weeks. Pain management during this time is crucial, and steps should be taken to address any active dental disease, such as placement of a zinc oxide and eugenol dressing, or performing primary endodontic treatment to manage dental pain until such time as it is safe to proceed with the extraction. Appropriate postoperative instructions should be followed by the patient (**Table 2**). Onward referral to oral surgery is recommended for removal of the offending tooth as surgical extraction may be indicated.

4. Vacuum-formed splint

An alternative to the traditional composite wire splint, which can be challenging to execute where there is active bleeding, is fabrication of an immediate vacuum-formed splint (**Figure 3**). This will require an on-site laboratory technician or an obliging local technician who could fabricate the splint on an urgent basis. This splint is worn by the patient full time for six to eight weeks, and is removed for cleaning. Judicious plaque control is essential for patients wearing such a prosthesis, and this should be emphasised at the outset.

Postoperative instructions are the same as for patients with a composite wire splint, and a referral should be made to oral surgery for removal of the tooth after a suitable healing period.

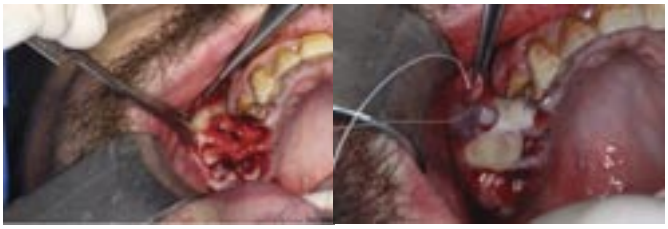

FIGURE 4: Patient in Figure 1 following surgical removal of the UR7. Left: Reflection of a full-thickness mucoperiosteal flap showing reduction of the fracture segment. Right: Reduced fracture segment stabilised with bone wax, and covered with plasma rich in growth factors (PRGF) to promote and accelerate healing at the site.

5. Autologous platelet concentrates

Special consideration should be given to the edentulous posterior maxilla. Extraction of the lone-standing upper molar is a prospect that fills even the most seasoned clinician with a sense of foreboding, and not without reason. The dual processes of alveolar resorption and maxillary sinus pneumatisation place the lone-standing molar at very high risk of tuberosity fracture and oro-antral communication. The latter complication is beyond the scope of this article.

Figure 4 shows the intra-operative management of the patient featured in **Figure 1**. In this case, extraction of the UR7, a lone-standing molar, was attempted three days following removal of the adjacent UR6. Splinting was not possible here due to a lack of sound teeth and poor standard of oral hygiene. As the affected area was no longer load bearing, a conservative approach could be considered. Following a discussion with the patient, the fracture segment was stabilised using bone wax. This material, which is typically used as a mechanical haemostatic agent in persistently bleeding extraction sockets, was sufficiently adhesive in this instance to achieve satisfactory reduction of the segment. Prior to wound closure, a layer of autologous platelet concentrate (plasma rich in growth factors (PRGF)) was placed over the site to promote soft tissue healing. Autologous platelet concentrates (APCs) promote hard and soft tissue regeneration through the controlled release of growth factors such as transforming growth factor-ß (TGF-ß), platelet-derived growth factor (PDGF) and epidermal growth factor (EGF), which stimulate the proliferation and migration of fibroblasts and osteoblasts.[2]

Final note

Dentists should be proficient in the recognition and immediate management of the fractured tuberosity. Knowledge and skill are two crucial prerequisites, but communication at all stages is key to a successful outcome.

Acknowledgement

A special word of thanks to Mr Keith Evans, orthodontic technician at Cork University Dental Hospital, for kindly providing the prosthesis in **Figure 3**.

References

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What are the optimum plaque control methods for patients with fixed orthodontic appliances?

Learning outcomes

After reading this article, the reader should:

- understand the risks associated with fixed orthodontic appliances;
- be familiar with the current best available evidence regarding the effectiveness of various oral hygiene practices for patients with fixed orthodontic appliances; and,
- appreciate how modern technology may be beneficial in promoting behavioural change in patients with fixed orthodontic appliances.

Introduction

Orthodontics is concerned with treating malocclusions to improve dentofacial aesthetics, correct occlusal function, and eliminate features that may cause harm to the detention over time. The ultimate goal is to achieve the aforementioned objectives without compromising the pre-existing health of the dentition and periodontium. Fixed appliances (FAs) are an integral facet of contemporary orthodontics, affording the clinician a greater range of tooth movements and precision than is achievable with other appliances.

The placement of fixed attachments and auxiliaries upon a tooth surface increases the risk of plaque accumulation (**Figure 1**). This occurs through disruption of the oral cavity's natural self-cleaning mechanism, and such appliances act as both a barrier to oral hygiene and local retentive factors, thereby hindering hygiene practices.[1]

The consequences of inadequate plaque control during FA therapy are twofold. The presence of plaque deposits in/around FA brackets, coupled with a diet high in fermentable carbohydrates, results in enamel demineralisation, which is seen in the early stages as white spot lesions (WSLs) of the enamel and which, if left unabated, can progress to frank cavitation.[2] The majority of patients also experience some degree of gingival inflammation during therapy.[1] While effects appear to be mild and transient, the progressive accumulation of plaque ultimately contributes to periodontal inflammation, resulting in hyperplastic gingivitis and periodontal breakdown.[3]

The prevalence of enamel demineralisation and periodontal inflammation in patients with FAs has prompted research into the efficacy of available methods that aim to reduce plaque levels and sustain effective oral hygiene before, during and after orthodontic FA therapy. While careful patient selection and a non-cariogenic diet are critical to reducing risk, this article presents an evidence-based overview of currently available methods to facilitate plaque control during FA therapy in orthodontics, in a bid to reduce unfavourable outcomes.

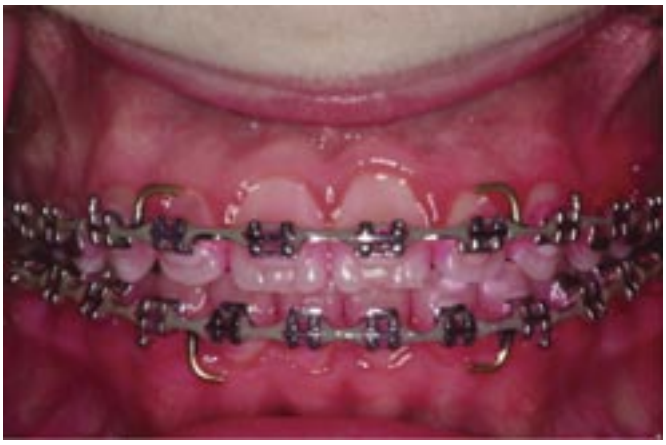

FIGURE 1: Use of a plaque disclosing tablet showing poor oral hygiene around fixed appliances.

Methods of oral hygiene in patients with fixed appliances

Mechanical

Toothbrushing

Effective and regular removal of biofilm during orthodontic FA therapy is pivotal to maintaining the health of the dentition given that plaque is the principal aetiological factor driving cariogenic and periodontal diseases. The presence of archwires, ligatures, and fixed brackets makes it more difficult for orthodontic patients to clean thoroughly around appliances.[4] The large collection of various types of toothbrushes on the market, however, may create confusion regarding the efficacy of various designs.

Several studies have investigated the efficacy of manual and electric toothbrushes (**Figures 2a** and **2b**). Some authors have found electric to be more effective than manual models,[5] while others could not reproduce these conclusions. Conversely, the opposite has also been demonstrated.[6] A recent systematic review and meta-analysis on this topic emphasised the equivocal nature of the current evidence.[7] Various manual toothbrush designs have also

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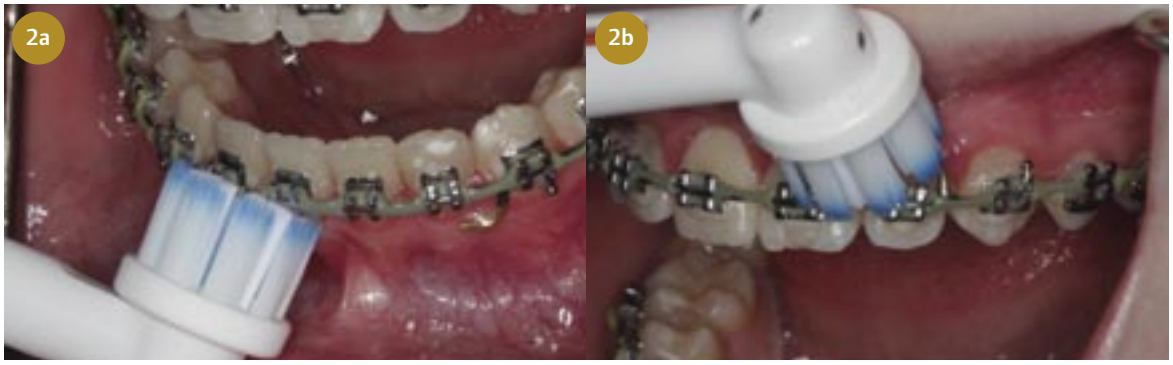
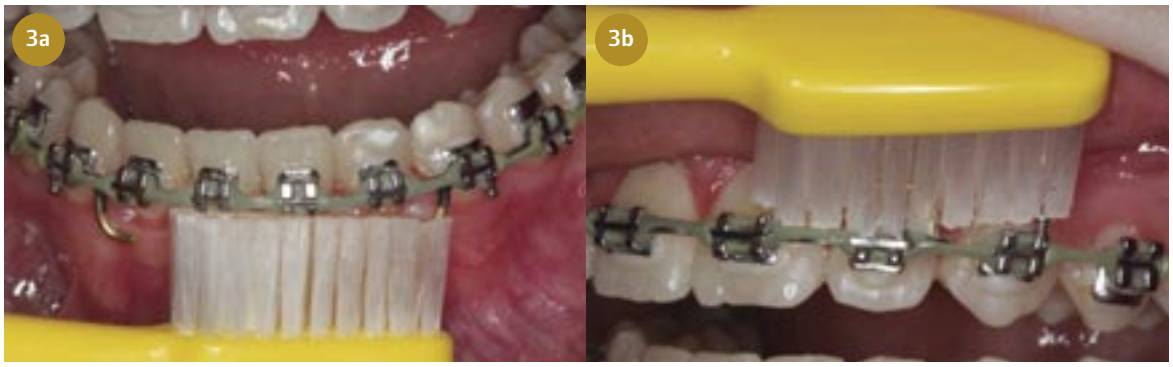


FIGURES 2a and 2b: Electric toothbrushing technique around fixed appliances.



FIGURES 3a and 3b: Manual toothbrushing technique with fixed appliances.

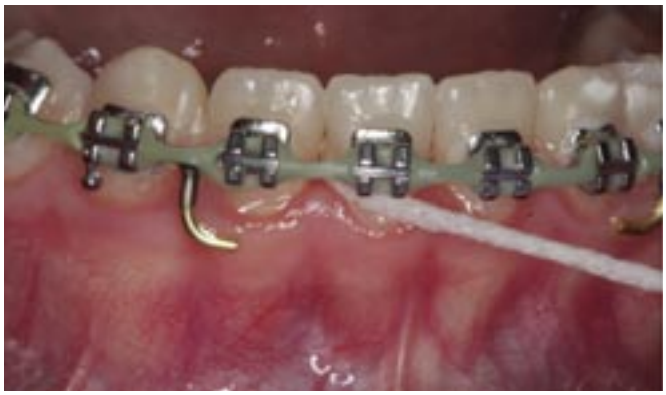
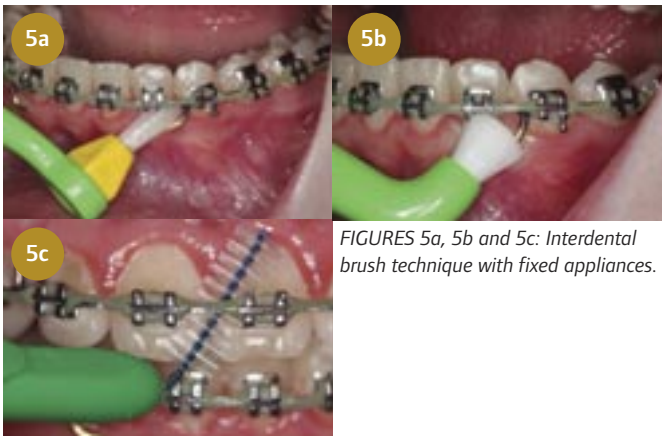


FIGURE 4: Flossing technique with fixed appliances.



FIGURES 5a, 5b and 5c: Interdental brush technique with fixed appliances.

been investigated (**Figures 3a** and **3b**). Research has found no significant difference in plaque removal effectiveness between different manual designs.[8] There is some evidence that new models of electric toothbrushes may be more effective than traditional ones.

The current consensus is that there is insufficient evidence to advocate for the use of electric over manual toothbrushes, or for any one manual design, for improving plaque control in FA patients. Therefore, the dental team should aim to improve patients' knowledge and awareness, in conjunction with other aids, rather than focusing on the type of brush used.

Interdental cleaning

It has been demonstrated that brushing alone is insufficient to clean all surfaces of the tooth.[9] Adjunctive interdental cleaning aids are therefore recommended, including floss, interdental brushes (IDBs), and water flossers. The most appropriate aid used should depend on the morphology of the interdental space and manual dexterity.

There are a limited number of studies examining the use of interdental aids specifically for FAs, however. A Cochrane review addressed the question of whether IDBs provide additional benefits to patients with FAs but failed to identify any eligible studies to support the use of IDBs in addition to standard toothbrushing.[10]

Floss

Research advocates for an improvement in gingival health when flossing is incorporated into oral hygiene routines (**Figure 4**).[11] Zannata *et al*. found that there are small but statistically significant benefits to using dental floss in FA patients.[1] In contrast to this, other studies have found insufficient evidence that routine instruction in floss use should be provided to all patients.[12]

Interdental brushes

IDBs are reported to be the most effective method of cleaning interproximal surfaces (**Figures 5a**, **5b** and **5c**). The evidence suggests superior plaque removal when compared to both toothbrushing alone and toothbrushing combined with floss.[13] The added benefit is their ease of use in the presence of FAs, allowing for cleaning around

appliances, and therefore increasing compliance. IDBs as adjuncts to toothbrushing are recommended by several authors given their ability to more effectively remove plaque than brushing alone.[14]

Water flosser

Water flossers/picks/oral irrigators are a more recent addition to interdental cleaning for routine home care and are designed for easy use. They function using pulsation and pressure action to aid in the disruption of plaque biofilm and loosely adhered debris. The literature relating to the use of water flossers with FAs reports similar effectiveness when compared to floss in reducing plaque scores in patients with fixed appliances.[15] It can be inferred therefore that irrigators may be a useful adjunct to improve oral hygiene in patients with FAs.

Chemical control of plaque

Dentifrices

Toothbrushing is commonly combined with a dentifrice to aid in mechanical plaque removal and for chemical plaque control, via the addition of excipients. The incorporation of antiplaque agents creates a powerful formulation for daily plaque control. While the presence of fluoride is unlikely to affect the plaque ecosystem, certain derivations, such as stannous fluoride, have demonstrated anti-plaque effects *in vivo*, owing to the stannous component.[16] In addition, it has the added benefit of preventing demineralisation and arresting carious lesions from developing and progressing.

Mouth rinses

The challenges encountered with mechanical plaque removal often result in the prescription of co-adjuvant chemical agents. Mouth rinses are commonly prescribed to exert an antimicrobial effect on supragingival plaque. There is evidence to suggest that the use of rinses during FA therapy has the potential to reduce plaque levels.[17] Daily sodium fluoride (0.05%) mouth rinses are often recommended for patients with FAs, as there is evidence to support their effectiveness in reducing WSLs in other areas of dentistry, although it must be acknowledged that there is currently no robust evidence to suggest their effectiveness in reducing WSLs in these orthodontic patients.[18]

Chlorhexidine is a broad-spectrum antiseptic, commonly used in mouth rinses. A Cochrane review found high-quality evidence to suggest that its use in addition to toothbrushing leads to a significant reduction in plaque build-up.[19] However, prolonged use can result in undesirable local effects, such as staining and taste disturbances.

Cetylpyridine chloride (CPC) is a quaternary ammonium compound found in dentifrices and mouth rinses. While evidence for its effectiveness is limited, current research suggests that when compared with chlorhexidine, CPC was equally effective in terms of plaque removal, but with fewer side effects.[20]

Professional plaque control

While self-administered oral hygiene practices are fundamental to prevent plaque-related risks with FAs, patients must be aware of the importance of regular review with their dentist/hygienist to sustain high-quality oral hygiene throughout treatment. The incorporation of a professional prophylaxis programme as an integral component of the oral hygiene protocol for FA patients has been advocated by the literature.[21] Research shows that regular professional cleaning can help to maintain a high standard of oral hygiene during FA therapy.[22] Routine hygienist/therapist visits are advisable alongside routine orthodontic checks to monitor the patient's oral hygiene efforts and to intercept any adverse effects. Recall periodicity may be modified based on the patient's risk category.

Patient motivation

Compliance with oral hygiene practices has been reported to be suboptimal during FA therapy. Oral hygiene decreases rapidly following the placement of FAs, according to Cantekin *et al*.[4] Clinicians therefore require skills in behavioural management and must provide frequent reinforcement of oral hygiene instruction and motivation. Such reinforcement must occur throughout orthodontic treatment and not just in the early stages, as it has been shown to improve attitudes and patient compliance.[23]

To improve recall of information, supplementation of standard verbal oral hygiene information in written format may also improve compliance with oral hygiene practices.

New technologies to aid in plaque control

The use of mobile applications to provide instruction, motivation and reminders to orthodontic patients has recently been investigated. Farhadifard *et al*. concluded that the use of smartphone applications, as reminder and motivation tools, can aid in improvements in oral hygiene compliance in patients with FAs.[24] Social media has been investigated as a tool to promote improvements in oral hygiene for FA patients. A recent systematic review on the subject concluded that there is limited, low-level evidence to suggest whether social media-based interventions are effective in producing positive behavioural changes in patients with FAs.[25]

These technologies may be useful adjuncts but do not obviate the ultimate responsibility of the clinician to provide regular, tailored and appropriate oral hygiene advice, and to monitor for signs of poor compliance and adverse effects.

Management of cases with poor plaque control

FA therapy is elective. Therefore, if treatment is to be of benefit to the patient, the advantages should outweigh the adverse effects. Appropriate patient selection is a critical process in orthodontic treatment planning to prevent deleterious side effects. Before commencing FA, the associated risks should be discussed as part of the informed consent process. Where the decision is made to begin treatment, clinicians must be vigilant for loss of adherence and poor oral hygiene at subsequent review appointments, and should provide repeated motivation and education to patients.

In cases where poor oral hygiene is compromising the health of the dentition, a decision must be made as to whether early cessation of treatment may be in the best interests of the patient, even in cases where the desired treatment outcomes are achieved only in part, or not at all.

Conclusion

FA therapy can be associated with deleterious effects on the dentition. Given the duration of treatment, there is considerable potential for damage to occur. Current evidence suggests that self-administered mechanical plaque control via toothbrushing alongside an interdental aid is important to reduce the likelihood of adverse effects associated with plaque accumulation during FA treatment. Chemical agents can be used as adjuncts where appropriate. Professional cleaning as part of the overall treatment protocol can further improve levels of plaque control. Tailored and specific oral hygiene instruction alongside motivation are also important components to consider when attempting to elicit positive behavioural change. The dental team must reinforce the importance of maintaining excellent oral hygiene, and must educate patients, not merely about what oral hygiene aids are available, but how to use them correctly. Where technology is considered, it should be used only to supplement established protocols.

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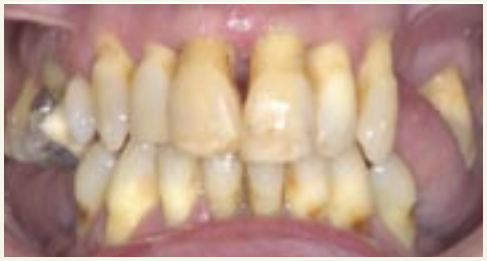
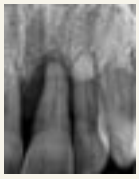
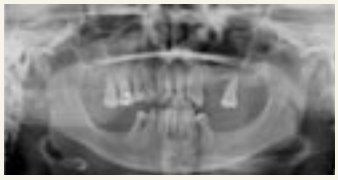
Quiz

Submitted by Dr Anastasia Chondrou
DDS MSc(Perio) PGcert(Dent Imp)

The number of patients similar to the patient represented in the photograph and radiographs here, who are requesting dental implants nowadays, is rapidly increasing. Many of these patients suffer from unstable periodontal diseases or have a history of periodontal disease.







Questions

1. What do you know about the prevalence of peri-implantitis in periodontal patients?
2. What is the association between periodontitis and peri-implantitis according to the latest literature?
3. What are the risk indicators for peri-implant diseases?
4. When is a periodontal patient ready for implant treatment?
5. What is the role of the dentist when a periodontal patient requests implant therapy?

Answers on page 201

Patients' knowledge and perceptions of interproximal reduction as part of orthodontic treatment in a publicly funded orthodontic service in the Republic of Ireland

Précis: Interproximal reduction was perceived as preferable to extraction in orthodontic patients treated in a publicly funded orthodontic service in the Republic of Ireland.

Abstract

Introduction: Extractions for orthodontic reasons are on the decline and interproximal reduction (IPR) has become a popular alternative. No survey has been undertaken to identify patients' perceptions regarding IPR.

Objectives: To determine patients' knowledge and perceptions of having IPR as part of orthodontic treatment.

Method: A questionnaire was administered to patients receiving orthodontic treatment with IPR in a publicly funded orthodontic service. Information was collected on demographics, knowledge and perceptions of IPR.

Results: Thirty patients completed the questionnaire. Only 17% were aware of IPR before treatment, but all clearly understood its rationale after explanation. Most (93%) "did not mind" IPR being undertaken, 37% considered it "uncomfortable" and 13% "painful". All perceived IPR as preferable to extraction. Compared to extraction, IPR was most commonly perceived as less painful, faster, and allowing retention of natural teeth. When asked what patients would tell a friend or family member about IPR, a small number would mention advantages over extraction, speed of the procedure and benefits for treatment. Most would provide reassurance as to the lack of pain and discomfort.

Conclusions: Although initially unfamiliar with IPR, patients found it easy to understand on explanation and considered it uncomfortable rather than painful. Minimal negative feedback was received and IPR was perceived as preferable to extraction.

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Introduction

Recent orthodontic surveys have reported a decline in the extraction of teeth for relief of crowding.[1,2] There has been an accompanying trend in using interproximal reduction (IPR) to create space by reducing the mesiodistal dimensions of teeth.[1,3,4] IPR may also address tooth size discrepancies (TSDs), reduce black triangles and enhance post-treatment stability.[4-8] Compared to premolar extraction, IPR has been found to shorten treatment time, facilitate stable space closure, minimise profile change and bone loss, and to be associated with better gingival adaptation.[9] IPR can be used in conjunction with fixed or removable appliances, including clear aligners.[10] As large numbers of patients are being treated with these appliances in both general and specialist practice, IPR use is becoming widespread.[11]

The use and perception of IPR from the clinician's viewpoint have been explored.[1,2,11-14] Clinicians surveyed in North America and India used IPR most frequently to address TSDs, relieve crowding in borderline extraction cases, and to reduce relapse.[13,14] Handheld strips were mostly employed, and

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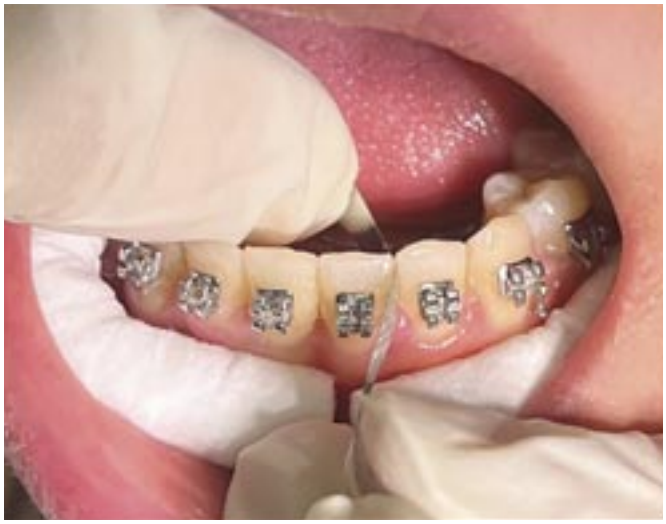

FIGURE 1: Method of IPR used.

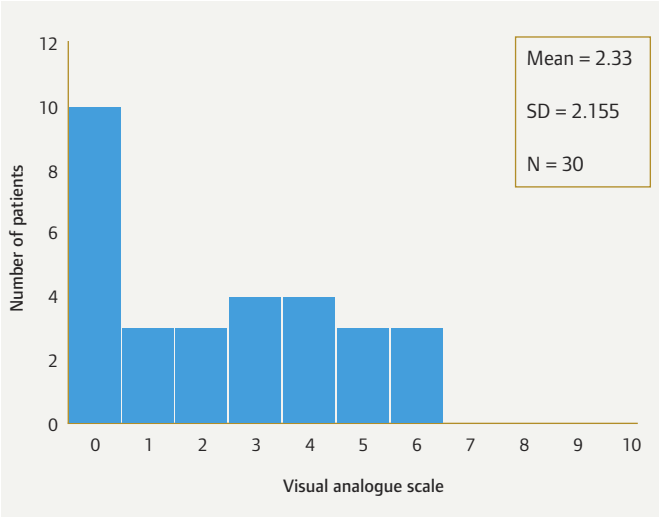

FIGURE 2: Results of visual analogue scale, which measured pain.

postoperative fluoride treatments were infrequently prescribed.[13,14] Recent surveys in European countries reported growing reliance on IPR for relief of crowding and reluctance to extract teeth for orthodontic reasons.[1,2] There was no consensus among clinicians with respect to the risk of caries development, tooth sensitivity and residual spacing following IPR.[11-14] With the exception of one study, which reported on pain, none have focused on patient perceptions of IPR.[15]

With the use of IPR and orthodontics increasing in practice, along with a greater emphasis on patient-reported outcomes,[16] the aim of this study was to determine patients' knowledge and perceptions of IPR as part of orthodontic treatment. Awareness of what patients know and perceive about IPR could assist the practitioner in discussion when IPR is considered as part of treatment.

Materials and methods

Ethical approval was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals. A *de novo* questionnaire for in-person completion was developed. The questionnaire was formulated and pre-piloted according to recommended guidelines.[17,18] Then a random sample of five prospective consecutive patients undergoing IPR was used to pilot the questionnaire. These responses were not included in the final dataset. Minor changes to the questionnaire instructions were made following piloting to address an issue of questions requiring one answer per row getting an answer only on the first row.

A convenience sample of 30 consecutive patients who were to receive IPR as part of their orthodontic treatment within a publicly funded orthodontic service were invited to complete the questionnaire by their treating clinician between January and November 2020. Convenience sampling was used due to its helpfulness in obtaining a range of opinions and in identifying tentative hypotheses that can be tested more rigorously in further research, as well as the lack of baseline data on the subject matter with which to calculate a sample size for probability sampling. Patients were invited to participate regardless of the number of teeth, area of the mouth or amount of reduction planned. Informed consent/assent was given by each patient/parent using a standardised written consent form. IPR was performed using a handheld strip (**Figure 1**). Patients completed the questionnaire on their own in a quiet area of the clinic at the end of the first or only visit where IPR was performed.

Results were analysed descriptively. Inductive thematic analysis of responses to free-text questions followed recommended guidelines;[17,19] after familiarisation with the data, it was coded and themes were generated. These themes were then reviewed with reference to the original data, defined and named. This analysis was done independently and in duplicate by two of the authors, with any disagreements resolved by consensus.

Results

Demographic details

All 30 patients responded to the questionnaire (13 males and 17 females with a mean age of 16.2 years (SD 1.75 years, range 13-20 years)).

Knowledge of IPR

Only 17% of patients were familiar with IPR before treatment, mostly through friends or family, but all clearly understood its rationale after explanation.

The benefits that patients recalled regarding the justification for IPR in their own treatment included relief of crowding (77%), improvement in tooth shape and size (30%) and avoidance of extraction (20%). Post IPR, 53% reported being advised of tooth sensitivity, and the use of fluoride mouthwash (63%) and interdental brushes (37%).

Perceptions of IPR

No patients felt that their teeth would be made weaker, but 7% thought that their teeth might be made more prone to decay because of IPR. Just 10% reported being worried about IPR before the procedure was performed.

When asked if they perceived IPR as "uncomfortable", 37% of patients agreed, 33% were neutral and 30% disagreed. Few patients (13%) agreed that IPR was "painful", with 23% being neutral and 63% disagreeing. On a visual analogue scale (VAS), mean pain score reported was rated 2.3/10 (range 0-6) (**Figure 2**). Post-IPR sensitivity was reported by only three patients (10%) and 93% "did not mind" having the procedure.

IPR was deemed preferable to extraction by all, with six themes identified

Table 1: Patient-perceived advantages of IPR versus extraction (n=29).

Theme	Number of similar responses	Example quote
Less painful	17	*"It doesn't hurt as much as getting teeth out"*
Faster procedure	7	*"I feel trimming is better because it takes less time"*
Retain natural teeth	6	*"Wouldn't like to lose any teeth"*
Less invasive	4	*"Because it's not that big of a procedure than getting teeth pulled"*
No anaesthetic required	3	*"No numbing needed"*
Reduce overall treatment time	1	*"Because it means that I won't have to have my braces on longer for the gap to fill in"*

Table 2: Information that patients who had IPR would impart to others (n=29).

Theme	Number of similar responses	Example quotes
Pain	21	*"I would recommend it because it wasn't painful"* *"I would say they will feel a slight bit of pain and sensitivity at first but you will be ok after a couple of seconds"*
Discomfort	13	*"It might be uncomfortable, but it's not painful and will be over soon"* *"The very first tooth is uncomfortable but after that they're grand"*
Compare to extraction	7	*"That it doesn't hurt and doesn't take long at all compared to getting a tooth extracted"*
Speed	6	*"It's a fast process"*
Beneficial for treatment	5	*"It will help your teeth to look better"*
Not to worry	3	*"Having your teeth trimmed is nothing to worry about"*
Bleeding	3	*"Sometimes your gums could bleed a small bit but overall it's fine"*
Side effects	3	*"I would … inform them of the side effects my dentist told me about"*
Recommendation	3	*"I would recommend that they do it as it will help your teeth come together"*

(**Table 1**). IPR was most commonly perceived as less painful, faster and allowing retention of natural teeth. Less common responses were that IPR was perceived to be less invasive, did not require local anaesthesia and reduced overall treatment time. When asked what patients would tell a friend or family member about IPR, nine themes emerged (**Table 2**). Most would provide reassurance as to the lack of pain and discomfort, although a small number would mention advantages over extraction, speed of the procedure, benefits for treatment, bleeding or side effects.

Discussion

This survey determined patients' knowledge and perceptions of IPR as part of orthodontic treatment, which do not appear to have been reported previously. A questionnaire survey design was chosen for several reasons: a lack of existing baseline data; ease of administration; to gain insight from a larger number of patients than structured interviews; and, to generate hypotheses for future research. While surveys of IPR have been conducted in specialist practice, none had been undertaken within a publicly funded orthodontic service. All respondents completed every closed-ended question, and all but one respondent completed the open-ended section of the questionnaire, which is considerably greater than the reported 35% average completion rate for open-ended questions in surveys.[20]

Prior knowledge of IPR was only recorded by 17% of patients. Minimal data exists regarding patients' prior knowledge of orthodontic adjunctive procedures, with only 3% of a Saudi Arabian sample acknowledging prior awareness of corticotomy.[21] Despite patients indicating a lack of familiarity with IPR at the outset, none had difficulty with comprehension after explanation during the informed consent process.

Patients surveyed in the present study expressed unanimous preference for having IPR rather than extraction. Similar themes of minimal pain and discomfort emerged in the answers to the open-ended questions regarding why patients would prefer IPR compared to extractions, and what they would tell others about the procedure. Of note, pain and discomfort have also been highlighted as important themes by patients in regard to orthodontic appliances and overall treatment satisfaction.[22,23]

IPR was regarded as "uncomfortable" rather than "painful", with a VAS rating of 2.3/10, which mirrors that reported formerly in a German population (2.22-2.34/10).[15] Interestingly, the level of discomfort regarding extraction in North American and African surveys was 23/100 and 2.9-3.4/10, respectively.[24,25] While IPR has never been directly compared to extraction, it would appear from the findings of these surveys that the difference in discomfort between IPR and extraction may not be as profound as patients perceive. This, however, requires further investigation.

Patient reluctance to have teeth extracted is an increasing trend,[1] and the minimally invasive approach that IPR affords permits patients to retain their natural teeth. Side effects such as gingival bleeding and tooth sensitivity were mentioned infrequently, but as these have been found to have no long-term periodontal or dental consequences,[15] patients should be reassured in these regards.

The positives of the study presented here are the focus on patient perspective and high completion rate of all questions, including those that were open ended. It provides baseline data from a single centre and although this may confine the generalisability of the findings, these can be compared to other patient groups and settings. A limitation of this study is that the questionnaire was administered by the clinician treating the patient, which could have motivated patients to be more positive about their experience. In addition, the timing of the questionnaire immediately following the visit at which IPR was performed may not have given adequate time for patients to experience potential side effects such as postoperative sensitivity. All patients in the present study experienced IPR with a handheld strip and future research could compare patient perceptions of IPR with other techniques. Other qualitative methods such as focus groups could be

used to attempt to gain deeper insights into patient perceptions about IPR and may help to identify how best to describe the procedure to patients and obtain consent.

Conclusions

Although initially unfamiliar with IPR, patients found it easy to understand on explanation and considered it uncomfortable rather than painful. Minimal negative feedback was received and IPR was perceived as preferable to extraction.

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CPD questions

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

IDA irish dental association CPD

1. Interproximal reduction may be used as part of orthodontic treatment to:

- ○ A. Create space, address tooth-size discrepancies and reduce black triangles
- ○ B. Treat every patient without extractions
- ○ C. Make every tooth the same size

2. Patients perceive IPR to be:

- ○ A. Less painful and faster than tooth extraction
- ○ B. More painful but faster than tooth extraction
- ○ C. More painful and slower than tooth extraction

3. Which of these statements is true:

- ○ A. Patients find IPR painful
- ○ B. Patients find IPR uncomfortable rather than painful
- ○ C. Patients find IPR comfortable

Comparative evaluation of wear of natural enamel antagonist against glazed monolithic zirconia crowns and polished monolithic zirconia crowns: an *in vivo* study

Dondani JR, Pardeshi V, Gangurde A, Shaikh A, Mahule A, Deval P.

Purpose: To comparatively evaluate the amount of wear of natural enamel against a glazed full-coverage monolithic zirconia crown and a polished monolithic zirconia crown at six and 12 months.
Materials and methods: Thirty subjects within the age range of 18 to 35 years participated in this study. The subjects received a total of 60 single crowns, which were divided into two groups: (1) 30 glazed monolithic zirconia crowns opposed by natural enamel (group A); and, (2) 30 polished monolithic zirconia crowns opposed by natural enamel (group B). Each subject received a crown from both groups, placed bilaterally in endodontically treated maxillary or mandibular first molars. An impression was made of the opposing arch at 24 hours, six months, and 12 months. The resulting casts were scanned with a 3D optical scanner. The recall scans were superimposed and compared to baseline scans using 3D AutoCAD software. A control group was included to compare the wear values to natural enamel against natural enamel.
Results: No significant difference (P=0.855) was found in enamel wear between groups A (42.80μm) and B (42.50μm) after six months of use. However, a significant difference (P<0.05) in enamel wear was found between group A (81.87μm) and group B (71.4μm) after 12 months of use.
Conclusion: Glazed monolithic zirconia crowns cause more wear to the opposing enamel than polished monolithic zirconia crowns after 12 months of clinical use.

Int J Prosthodont. 2023;36(3):273-281

Clinical benefits of immediate dentine sealing: a systematic review and meta-analysis

Alghauli MA, Alqutaibi AY, Borzangy S.

Purpose: The purpose of this systematic review and meta-analysis was to find and collect evidence on the clinical complication, success, and survival rates of indirect restorations delivered with immediate dentine sealing.
Material and methods: Electronic databases were searched for clinical studies on immediate dentine sealing up to December 2023, without language or time limitations. The records were included if they were clinical trials evaluating the clinical complication and survival rates of indirect restorations bonded to tooth substrate sealed immediately after preparation with suitable resin bonding. The extracted data were analysed via ReviewManager 5.4 for meta-analysis (α=0.05).
Results: A total of 11 studies were included in this review. The clinical complication rate was lower for immediately sealed dentine than for protocols without dentine sealing. The survival rate of restorations luted with the immediate dentine sealing protocol was higher (96.4% to 100%) than that of immediate dentine sealing (81.8% to 96.7%), negatively correlated with the observation time. The intensity and incidence of postoperative sensitivity were statistically significantly lower for restorations with immediate dentine sealing than for those without dentine sealing or conventionally cemented (P<0.05).
Conclusions: Immediate dentine-sealed indirect restorations had fewer clinical complications and higher success and survival rates than those delivered without dentine sealing. To avoid postoperative sensitivity or reduce its intensity, dentine surfaces should be sealed immediately after preparation. More long-term randomised clinical trials are recommended to confirm these evidence-based conclusions.

J Prosthet Dent. Published online April 2, 2024.

The clinical performance of dental resin composite repeatedly preheated: a randomised controlled clinical trial

Elkady M, Abdelhakim S, Riad M.

Objectives: To assess the clinical performance of class II restorations performed by repeatedly preheated resin composite (RC) at 68°C up to ten times.
Methods: A total of 105 patients were selected and randomised into three groups, each comprising 35 patients. Each patient was provided with a single class II bulk-fill resin composite (BF-RC) posterior restoration based on the number of preheating cycles. Group I (H0): The BF-RC was packed non-heated; group II (H1): BF-RC preheated once; and, group III (H10): BF-RC preheated for ten cycles. These restorations were evaluated at one, three, six, and 12 months, using the modified United States Public Health Service (USPHS) criteria. Statistical analysis was performed using Kruskal-Wallis test, Mann Whitney U test, and Friedman test, where p=0.05.
Results: All of the 105 restorations did not suffer from any clinical situation that recommended replacement regarding retention, fracture, secondary caries, or anatomical form. Although all performed restorations did have Alpha and Bravo scores with good clinical performance, the non-preheated RC restorations suffered from relatively inferior clinical performance through the follow-up period regarding marginal adaptation, marginal discolouration, and colour matching, when compared to preheated groups. One and ten times of preheating conducted better clinical performance.
Conclusions: After 12-months of follow-up, although no restoration needed replacement or repair in the three tested groups, restorations with single and ten times of preheating aided in better clinical performance of RC restorations compared to the non-preheated restorations. Preheating of RC for 10 times could be used safely with good clinical performance of restorations.
Clinical significance: By continually preheating the RC syringe up to ten times, the dentist will not only benefit from the enhanced clinical performance and easiness of application, but will also use preheated RC syringes without hesitation, relying on the absence of drawbacks related to multiple preheating cycles.

J Dent. 2024;144:104940.

‘Want’ versus ‘need’

What are the ethical challenges in dealing with ‘wants-based’ rather than ‘needs-based’ treatments?

The treatment of disease and the improvement of appearance have always been the concern of dental patients, though not necessarily in that order.

It is important for dental practitioners to ensure that patient needs are met and there is a shared approach to clinical decision-making. However, this can be tricky, and challenges can arise when patient expectations are at odds with what is actually required to achieve an improvement in oral health.

A thorough case assessment

A key factor to take into account in meeting this challenge is ensuring that there is a very careful and thorough case assessment so that there is a very clear record of the starting point. Patients often have selective memory. Once treatment is underway, they can all too easily forget what the initial position was.

To ensure complete understanding of the whole picture, the case assessment should account for various patient factors such as history, motivations, expectations, and the goals the patient hopes the treatment will achieve. In addition, the full range of occlusal, biological and structural factors that form the clinical environment against which any treatment will be carried out, and the existing smile and facial characteristics, need to be taken into account, as these will clearly influence the outcomes that are possible.

As with treating disease, treatment that is primarily intended to improve aesthetics must be based upon a correct diagnosis of what the issue is, if the appropriate options to achieve success are to be correctly identified.

Once treatment options have been identified, it is of critical importance that the patient receives comprehensive information and clear explanations detailing the comparative advantages, disadvantages and costings of each option. It must also be emphasised in all cases where cosmetic treatment is being considered that ‘no treatment’ is always the first option.

In terms of fulfilling the primary ethical duty of doing no harm, whenever there is no disease to address there will inevitably be an inherent risk of doing more harm than good when any intervention is undertaken.

On the subject of risk, it should go without saying that a clinician should not embark upon any procedure unless they have the skills and competence to see it through successfully. It may be worth reflecting on the reality that elective procedures are not about fixing damage, but are actually about trying not to damage something that is not broken. You do need to be sure you can do this. If in doubt, an onward referral or second opinion may be the best favour you can do your patient and yourself.

Dr Martin Foster
Medico- and Dento-Legal Services
Team Lead at Dental Protection

Managing expectations

It is clear that social media has played an increasingly influential role in the promotion of dental services to patients. In the same way, it can also be used very effectively to manage the expectations of patients with regard to cosmetic treatments. Building a social media presence for your practice can be a helpful way to promote your services and attract new patients. However, you must be careful about what you promise; don’t raise unrealistic expectations by showing pictures of perfection in your promotional materials. If they are examples of your own work, fair enough (but remember you need to get the patient’s consent to use images in this way). If you use stock photos for illustrative purposes then you must be clear about this.

Cosmetic treatment involves what is going on in the patient’s head as well as managing the operative clinical aspects. It is therefore necessary to understand where the patient is coming from. An experienced dentist should be able to carry out an intra-oral and extra-oral assessment effectively, but it can take a fair bit of additional effort to get inside a patient’s thought processes and understand where they are coming from in terms of what they see as the problem, and what a successful outcome will look like – for them. It is only when you understand the problem from the patient’s perspective that you will be able to consider what solutions, if any, can be offered.

You may feel that the problem is obvious, but remember that you are seeing the situation as a dentist. A dentist will understandably default to dentist solutions and you may be tempted to suggest a way forward that will not in fact address the patient’s problem. So in terms of diagnosis, it is important to spend time actively listening to what the patient is really saying. Assume nothing. Ask questions – what are their goals for their teeth/mouth/smile? What will success look like?

Are there any alarm bells ringing for you? If the patient expresses the view that once they have the work done they will get that job/partner/career/success in life that they should have, you may need to think twice about embarking on treatment. You may be able to effect some cosmetic improvement but revolutionising someone’s existence is probably not an achievable treatment aim.

The patient may have their own ideas of what the optimum treatment plan is and what the outcome should be, and it is critically important to ensure that this aligns with reality. The important fact to bear in mind with any sort of cosmetic treatment is that even the most technically excellent result can give rise to dissatisfaction if it does not match the patient’s perception of what success should look like. If there is any doubt as to what is expected or whether or not you can reach the end result the patient is expecting, it is advisable not to set out on that journey.

A treating clinician has the advantage of understanding the whole process and what is achievable. The duty exists to ensure that the patient shares this understanding whatever the treatment provided, and this is all the more so for elective procedures.

No surprises: obtaining consent

It can be helpful to think of the consent process as a means of avoiding surprises. When obtaining consent for cosmetic treatment, it is worth bearing in mind that patients seeking such treatment are motivated by the primary sensory input of vision. It is all about appearance after all, so it makes sense to use visual aids, images, models, videos, before and after photos, and illustrated information to get the message across.

Remember also that your patients are real human beings, not computer-generated images, so it is wise to use realistic photos of what can actually be expected rather than images of impossibly perfect teeth radiating from beautifully photogenic faces. And yes, you can use clinical images from your own cases for patient education purposes but you should of course anonymise these and get the patient's permission.

Having provided the patient with all the information at your disposal, you need to check that they have retained and understood this. As well as a firm grasp of the treatment itself, the patient should be under no illusions about the fees and the timeframe. It is vitally important that the patient has no unanswered questions, so check with the patient:

- does that make sense?;
- would you like more information on this?;
- there is a lot to consider, I hope that I have explained this clearly; and,
- please do let me know if you have any questions.

We know that people process information in different ways. Providing the patient with a detailed written, no-jargon description of what has been discussed can be hugely helpful for a number of reasons.

Firstly, it allows the patient to have ready access to the details of the proposed treatment and also allows them to refresh their memory of the discussion and explanations provided. As well as this, there will then be a dated, clear statement of the information provided as a useful addition to the record of the patient journey. Importantly, it can serve as supporting evidence of a consent process being followed.

Given that many cosmetic procedures are elective, there is generally no clinical urgency. Although there may be a patient-generated impatience to get started, it is advisable to allow a cooling off period to allow the patient to reflect and confirm that they are in fact happy to proceed. Although more of a time commitment, it can be a good investment to give patients the opportunity to have a second consultation if they wish.

Treatment should not start until you are satisfied that both you and the patient are on the same page in terms of where you are headed, how you are going to get there, how long it will take, and what it will cost. Do not be tempted to take shortcuts, as it will only lead to more costs, effort and potential disappointment in the long run.

Above all, remember 'first do no harm'. If there is a risk of more harm than good then ethical sense should prevail over the desire for the elective procedure.

Quiz answers

Questions on page 194.

1. a) Patients with a history of periodontitis have a significantly higher risk of acquiring peri-implantitis, compared to healthy individuals – this risk can be 2.3 times higher than healthy individuals;
   b) unstable periodontitis increases that risk; and,
   c) patients with an initial diagnosis of severe periodontitis (stage III or IV) have profoundly higher frequency of implant sites with bone loss and deep pocketing.

2. There is similar composition of microflora associated with these diseases (predominantly gram-negative anaerobes). Even after extraction of periodontally affected teeth, these bacterial pathogens can re-emerge. Additionally, periodontal diseases and peri-implant diseases have similar risk factors, such as smoking, poor oral health and diabetes.

3. Risk indicators:
   a) residual periodontal pockets of ≥5mm;
   b) poor oral hygiene;
   c) non-compliance with maintenance visits; and,
   d) systemic risk factors (smoking, uncontrolled diabetes mellitus).

4. Ideally, a patient needs to have periodontal stability and the risk factors should be controlled before any implant therapy. However, this is not always achievable. Other factors that should be considered are: pocket depth; the site of the periodontally affected tooth/teeth; the presence of systemic and local risk factors; and, the level of oral hygiene.
   Additionally, there is no set threshold for suitability for implant therapy and no rules for the length of the maintenance period. Stability should be maintained for a reasonable period of time, where the patient demonstrates compliance, motivation, and the ability to maintain an optimum level of oral hygiene.

5. The dentist should diagnose any periodontal condition and provide appropriate treatment, as well as inform patients about the following:
   a) a successfully treated periodontitis patient remains a periodontitis patient for life due to the risk of disease recurrence;
   b) patients with a history of periodontitis have an increased risk of peri-implant diseases (particularly those non-compliant with supportive periodontal care (SPC));
   c) a period of periodontal stability prior to implant placement is recommended; and,
   d) SPC is key to periodontal and implant health.

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Experienced dentist looking to purchase practice/book of patients from dentist retiring or nearing retirement. Dublin area. Confidentiality guaranteed. Contact jennifermargaretcollins@gmail.com.

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Experienced dentist looking to purchase list or practice in Co. Clare/Limerick/Tipperary/Galway area. Confidentiality guaranteed. Contact ennisdentistclare@gmail.com.

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We have an established diary of patients for a full-time associate. Private practice with orthodontics, implants, oral surgery, general dentistry, hygienists. Cerec, CBCT, 3D printers, I/O scanners, etc. Mentoring for the right candidate. Highly trained support team. Contact deirdre@thejamesclinic.com.

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Full-time associate required for busy general practice, fully digital, X-rays, OPG, TRIOS scanner, etc. Friendly staff. Replacing existing associate. Please email associatenorthdublin@gmail.com.

Associate position available, part-time or full-time, one hour from Belfast/Dublin, in busy award-winning multi-surgery practice. Visiting oral surgeon and denture clinician weekly. Excellent support staff. Contact mbcar06@gmail.com.

Experienced associate dentist required to fill position in busy, friendly, digitised general practice in Malahide Village. Private/PRSI only. Please send CV to dentistpostmalahide@gmail.com.

Galway – great working environment, 50% split, private, digital, OPG, scanner, hygienist, endodontist, full/part time. Experienced support staff. Contact drrothwelldental@gmail.com.

Dentists

Thurles practice recruiting dentist(s) for their busy clinic. Two to four days per week. Modern, busy, digital practice, well-established patient list, experienced support team. Applications from dentists or new graduates welcomed. CV to info@premierdental.ie.

Portobello Dental Clinic is looking for a full-time GDP to replace a departing colleague. Fully private, Primescan and iTero available. Minimum three years' clinical experience. Access to nitrous oxide and IV sedation. Visiting orthodontist, endodontist and oral surgeon. Contact helen@portobellodental.com.

Lucey Dental in Greystones is looking for a part-time dentist to replace a colleague who is emigrating. Fully private. Medit IOS and Pearl AI. Multidisciplinary team including orthodontist, oral surgeon, implantologist, and endodontist. IV sedation. Contact manager@luceydental.ie.

Dentist required for maternity cover until January 2025. Flexible hours available in modern, busy practice only 30 minutes south of Dublin. Mentorship available if required. Contact gardencountydental@gmail.com.

We're seeking a general dentist for our stunning Navan clinic. If you'd like to work with an innovative, dynamic, collaborative team with the latest high-tech equipment, Boyne Dental could be the place for you. Contact eve@boynedental.ie.

Kenneally dental is seeking a full-time dentist for their busy clinic in Ballincollig. Modern, digital practice with an established patient list and experienced support team. Experienced dentists and new graduates welcomed. Email CV to info@kenneallydental.ie.

Part/full-time general dentist wanted to join a vibrant, new, modern dental practice in County Meath (Johnstown, Navan). Excellent opportunity, superb potential, new graduates welcome. NB: Must be registered with the Irish Dental Council. Contact bailisdentist@gmail.com.

Full/part-time flexible dentist position available in Dublin. State-of-the-art facilities with 3Shape digital scanner. Well-established, busy, fully private practice. Excellent remuneration. CPD provided and mentoring available if required. Experienced support staff and friendly environment. Contact dentalassociatepositiondublin@gmail.com.

Maynooth: Dentist required, eight- to ten-week contract starting Sept 16 to mid-November. Two years' experience in general dental practice. CV please to include relevant work commitments and proof of insurance registration. Contact oconnellb67@gmail.com.

Quay Dental in Galway is looking to have a strong cosmetic dentist join the team. Modern, city centre practice, excellent equipment including a microscope. Established patient list of cosmetic treatments including Invisalign – open to discussing days and hours. Contact leah.hall@bupadentalcare.co.uk to apply.

Dentists required for a busy, modern, state-of-the-art clinic in Galway City. Fully qualified and IDC registered. Excellent support staff, friendly working environment. Please email CV to ethna@galwaydentalgroup.ie.

Dentists wanted. Busy and modern clinic. Excellent rates and continuous training. Dublin locations: Milltown and Glenview. Apply: niamh@midentalcare.ie.

Full-time or part-time dentist position available 15 minutes from Dublin city centre. Fully private, large, multidisciplinary dental team. Fully digital practice with digital scanner. Mentoring available if needed. CPD provided. Excellent remuneration. Experienced and friendly support staff. Contact dentalassociatepositiondublin@gmail.com.

We are a private general/specialist practice based in north Dublin, with highly equipped surgeries delivering quality service, alongside an excellent support team. We are seeking a dentist, preferably experienced in the restorative field, on a part-time basis. Contact yoursmile2612@gmail.com.

Experienced dentist required for expanding, well-established dental practice in Balbriggan. Looking for someone who can perform general dentistry procedures with a focus on delivering high-quality patient care. Minimum of two to three years' experience as a general dentist. Contact brianjpagni@gmail.com.

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Donegal: Dentist required for busy modern practice. Computerised/SOE/digital x-rays. Excellent staff/remuneration. Private/PRSI/medical card. Email twintowndentist@gmail.com.

Part-time dentist required, Cork City suburb. Well-established, modern, busy practice. Good support staff. Private/PRSI. To replace departing colleague. Contact dentistcork24@gmail.com.

Dentist required to join our team at Westside Dental Athlone. Flexible hours. Modern, friendly practice. Contact us at info@westsidedental.ie.

Full/part-time dentist required for progressive practice in Cork City. Full support staff. Friendly environment. Recently renovated surgery. Contact rrdentals4@gmail.com.

Swords Dental is looking for a dentist with experience in sedation and/or paediatrics for our busy, modern practice. Flexible part-time hours available. Contact colinpatricklynam@hotmail.com.

Portobello Dental Clinic is looking for a full-or part-time GDP for award-winning, fully digital private practice in Dublin city centre. Access to nitrous oxide and IV sedation. Excellent support with visiting specialists and friendly colleagues. Experience preferred. Contact nick@portobellodental.com.

Part-time dentist and orthodontist wanted. Busy, well-established practice in Dublin 1 city centre. Private/PRSI. Email CV to dublindentist.ie@gmail.com.

Position for general dentist in a busy clinic in the Kilkenny. Computerised, digital X-rays, OPG, new chair, good support staff. Please email with CV. Start date September 2024. Will accept overseas applicants registered with the IDC. Contact freshdental.ireland@gmail.com.

Dental Care Ireland Drogheda. Dentist required to join our established practice. Flexible days, strong patient books on offer, supported by our experienced clinical team. IDC registration required for this high earning opportunity. Awarded Great Place to Work 2024. Contact careers@dentalcareireland.ie.

Fully equipped dental chairs are available for rent in Dublin 4, 7, 12, and Cork City. Excellent locations. Long-term rental is possible. The chairs are available from 6.30pm Monday to Friday and all day on weekends. Contact dublindentistblackrock@gmail.com.

Dentist required for private practice in Blackrock, Co. Dublin. New practice with new equipment and new dental chairs. OPG and microscope. Two days per week. No evenings or weekends. Contact Flanners@tcd.ie.

Swords Dental requires an experienced dentist for our busy, modern, multidisciplinary practice. Excellent remuneration with a large proportion of high-end restorative treatments. Full-time or part-time options with flexible hours. Contact colinpatricklynam@hotmail.com.

Shields Dental Group is recruiting experienced general dentists for our multidisciplinary clinics located in Limerick, Roscrea and Blackrock. Join our partnership and work in busy, modern clinics with strong support teams with opportunities to enhance your skillset. Contact jobs@shieldsdentalclinic.ie.

Galway. Full- or part-time dentist required for busy, modern, computerised practice in County Galway. IDC registration required. Please email info@loughreadental.com.

Dental Care Ireland Wexford – experienced dentist required for our established, modern practice. Flexible hours/days, high earning potential, strong patient books in place. Fully supported by our experienced clinical team. IDC registration is essential. Awarded 2024 Great Place to Work. Contact careers@dentalcareireland.ie.

Dental Care Ireland Galway – experienced dentist required for our established practice. Flexible full/part-time hours, high earning potential. Strong patient book and fully supported by our experienced, friendly clinical team. IDC registration is essential. Awarded 2024 Great Place to Work. Contact careers@dentalcareireland.ie/

Dental Care Ireland Waterford – dentist required for full/part-time hours, must have IDC registration. Great opportunity to join our established practice, offering strong patient book. High earning potential. Come join us – we recently received Great Place to Work 2024. Contact careers@dentalcareireland.ie.

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

Want a balance of work and lifestylein New Zealand? Established practice and abundance of work. Offering all types of dentistry except ortho. Five-chair practice fitted out three years ago. 40 minutes north of Wellington, easy commute. Great mentorship available. Exceptional team. Contact: alanaamitchell@gmail.com.

South Dublin mixed modern practice with ITero scanner/OPG, orthodontist on site. Full-time general dentist required. CV to HRDENTAL22@GMAIL.COM.

We are looking for a motivated dentist to join our growing practice, must be IDC registered. We offer flexible working hours. Contact dunboyneorthodontics@gmail.com.

Full-time experienced/newly qualified general dentist required for busy and fast-growing dental practice in Clonmel. Mentorship provided. OPG, CBCT. Tel: 089-940 1624.

Locums

Dentist for maternity locum, seven months, north Dublin. General practice, private/PRSI, experience preferred. Kind, caring professional, long-established family practice. Contact pdsvacancy@gmail.com.

Specialist/limited practice

Owl Dental seeks a periodontist and an aesthetic practitioner to perform aesthetic procedures (botox, fillers) in our thriving practice in Wexford town. Part-time positions to start and with a perspective of growth. Contact owldentaljobs@gmail.com.

Boyne Dental is seeking an orthodontist for our beautiful new Maynooth clinic. If you'd like to work with an innovative, dynamic, collaborative team with the latest high-tech equipment, Boyne Dental could be the place for you. Contact eve@boynedental.ie.

Orthodontist required to join our busy practice in Rathfarnham, south Dublin. Flexible hours available for enthusiastic candidate in our busy, modern, well-staffed practice. Contact isy.keyes@gmail.com.

Dental Care Ireland Galway and Mayo – fantastic opportunity for orthodontist to join. Full- or part-time hours. Recent Great Place to Work award received. High earning opportunity. Must have IDC registration. Contact careers@dentalcareireland.com.

Northumberland Dental Care, Ballsbridge – specialist orthodontist required for part-time, flexible hours. Join our multidisciplinary team in the heart of Dublin 4. IDC registration required. Great opportunity to join our established, state-of-the-art practice. Contact careers@dentalcareireland.ie.

Oral surgeon or dentist with a special interest in oral surgery required for busy specialist clinic. Long waiting list, great remuneration, modern facilities including CBCT, sedation. Contact tomas.allen@kingdomclinic.ie.

Smiles Dental Ireland is looking for paediatric dentists to join our well-established practices across Dublin. We can offer an established diary of patients, supportive and welcoming teams, and great earning potential. Open to discussing location, days and hours. Contact: leah.hall@bupadentalcare.co.uk

Specialist dentists – Smiles Dental has some exciting opportunities for specialist and specialist interest clinicians. Oral surgery, orthodontics, endodontics and paediatric opportunities are available right now! Well-equipped surgeries with specialist equipment on site. Please contact leah.hall@bupadentalcare.co.uk to apply.

Oral surgeon or dentist with special interest in oral surgery required for our busy, modern, fully private practices in Ferbane, Mullingar, Enfield and Kilcock. State-of-the-art equipment with CBCT. Excellent remuneration. Contact deirdre@thejamesclinic.com.

Exciting job opportunity for an orthodontist in beautiful West Cork. We are looking for a motivated orthodontist to join a busy, modern orthodontic specialist clinic. Flexible hours, very good earning potential, ortho therapists and oral surgeon on site also. Contact JobOpportunity7374@gmail.com.

Part-time dentist and orthodontist wanted. Busy, well-established practice in Dublin 1 city centre. Private/PRSI. Email CV to dublindentist.ie@gmail.com.

Dental Care Ireland Ballsbridge – fantastic opportunity for an experienced orthodontist to join our state-of-the-art practice in Dublin 4. Flexible days/hours. 2024 Great Place to Work Award received. A high earning opportunity. and IDC registration essential. Contact careers@dentalcareireland.ie.

Endodontist. Navan, Co. Meath. Fantastic opportunity to join our multidisciplinary practice replacing current endodontist who is relocating. All high-tech endodontic and diagnostic equipment. One or two days per week. Excellent support team Email gh@bridgeviewdental.ie.

Orthodontist required to join modern, digitalised, fully private Limerick City practice. Potential to work in multiple chair set-up supported by multiple assistants/co-ordinators. Excellent remuneration potential. Contact shauna@3dental.ie.

Specialist orthodontist associate position in friendly, progressive, north Dublin practice. Role is part-time. Applicants must be IDC registered. Contact orthod44@gmail.com.

Smiles Dental Ireland seeks paediatric dentists for our established Dundrum practice. We offer a full patient diary, supportive teams, and excellent earning potential. Flexible location, days, and hours. Apply by contacting leah.hall@bupadentalcare.co.uk.

Smiles Dental Ireland seeks a specialist orthodontist for our established Ballsbridge practice. Enjoy a full patient diary, supportive teams, and excellent earning potential. Flexible location, days, and hours. Apply at leah.hall@bupadentalcare.co.uk.

Exciting job opportunity for orthodontist in Dunboyne. We are looking for a motivated orthodontist to join our growing practice. Opportunity to become permanent member. Contact dunboyneorthodontics@gmail.com.

Dental technicians

Clinical dental technician required to replace departing colleague in busy north-east practice. Large list of medical card and private patients. Enquiries to care@dublinstreetdental.ie.

Hygienists

Dental hygienist required for our busy dental clinic in Dublin 12 with an active waiting list. Modern, computerised surgery with supportive, friendly team and excellent terms. Email CV to info@cleardentalcare.ie.

Kenneally Dental Practice. Hygienist position available three to five days/week in private practice. Flexible days/hours available. Ideal candidate would be warm, friendly, with good people skills. Modern facilities, superb dental team, fully computerised, established book and excellently equipped. Contact Info@kenneallydental.ie.

Mallow, Co. Cork: Hygienist position available one to two days in busy, modern dental practice. Experienced and friendly support staff. Flexible on days/hours. Fully computerised and excellent terms. Contact Ursulalysaght@gmail.com.

Part-time dental hygienist required to join busy Limerick City practice working alongside dentist owner in a modern practice with modern equipment. No weekend work. Contact vicdent5@gmail.com.

Quay Dental, a leading and innovative dental care provider, is seeking an experienced and enthusiastic hygienist to join our established team. We are committed to delivering exceptional patient care and fostering a positive professional environment. Please contact leah.hall@bupadentalcare.co.uk to apply.

Hygienist role available four days per week, Monday to Thursday. Flexible hours, digital, computerised, intraoral cameras, thriving book of motivated patients. Flexibility on hours, sterilisation nurse, generous remuneration and benefits package, great support team, treating patients in our Dundrum practice. Contact sarahjane@dundrumdentalsurgery.ie.

Sligo. We are expanding our practice and looking for a hygienist to join our existing experienced team. Modern, busy, private clinic. New graduates welcome. Contact sligodentaljob@gmail.com.

Louth. Full-time maternity cover hygienist position with the option of permanent part-time hours in a busy, independent and modern practice. Supportive and friendly dental team, fully computerised and a well-established book. More information available at www.frielandmcgahon.ie.

Galway: Hygienist position available, flexible days. Cavitron, dedicated hygiene surgery. Very busy book. Easy access, free parking. Excellent support. Contact clarinbridgedental@gmail.com.

Dental Care Ireland. Hygienist opportunities in west of Ireland and Leinster. Strong patient books, flexible days, high earnings. Modern, established practices. Experienced clinical teams in place. Must have IDC registration. Recent winner of 2024 Great Place to Work. Contact careers@dentalcareireland.ie.

Part-time hygienist required to join our modern, busy, private clinic in Dublin 12. Experienced and friendly support staff. Dedicated hygienist surgery. Modern facilities, fully computerised, established book. Low staff turnover. Email CV to info@walkinstowndentalcare.com.

Dental hygienist required three to four days/week for a busy, modern, three-surgery practice. Great support. Cork suburbs. Email CV to claire.ring@smilesandmore.ie.

Smiles Dental, a top dental care provider in Ireland and part of Bupa, seeks an experienced, enthusiastic hygienist for our Dun Laoghaire and Dundalk clinics. Join us to deliver exceptional patient care. Apply via leah.hall@bupadentalcare.co.uk.

Malahide Dental care is looking for an experienced hygienist to join the team. Three to four days – full book. Lovely team, great location. CV to cirociao4@gmail.com.

Experienced associate sought for very busy Westmeath practice. Family-run, non-corporate with support from principals. Generous remuneration. Rotary endo, digital scanner. Close to M6 motorway. Also looking for hygienist, two days. Contact midlandsdent@gmail.com.

Exciting opportunity for dental hygienist at Fee Dental multi-surgery award-winning clinic. One hour from Dublin/Belfast. Contact mbcar06@gmail.com.

Dental Care Ireland south Dublin – hygienists required due to expansion in south Dublin. Are you a new graduate? We offer strong patient book, competitive pay and flexible days/hours. Awarded Great Place to Work 2024. Contact careers@dentalcareireland.ie.

Full-time dental hygienist positions available to join our existing experienced team. Busy private practice with full book. Excellent and friendly support staff. Flexible hours. Competitive hourly rate, DNA and cancellations paid. New graduates welcome. Contact deirdre@thejamesclinic.com.

Dental nurses/receptionists/managers

Dr Paul O'Boyle Biomimetic Practice seeks maternity cover 30 hours per week from September to February. Great opportunity for future full-time position at Riverside Dental. Details from https://1drv.ms/p/s!Au2G9pTl1owEvSmRy6Sl-z1MbnSY?e=YPdiBJ.

Dublin 8: Dental nurse-receptionist position. Duties include assisting at oral surgery procedures, cleaning, sterilisation, patient care, and reception work, i.e., answering telephone, making appointments, etc. Contact specialist.dublin@gmail.com.

Part-time dental nurse required to join team in specialist dental practice in Clontarf, two to three days per week. Enquiries to info@cadentistry.ie.

Full-time nursing roles available in a busy practice in Dublin 15. Competitive rates of pay. Contact Esther.brothwood@touchstone.ie.

Experienced practice manager position available. Immediate start. Private practice, full-time position, dental nursing/receptionist skills required. Right remuneration for the right person with bonuses. Great team, location, practice. Please send CV and contacts for referees to tfbc16@gmail.com.

Experienced and reliable full/part-time nurse position in well-established private practice. Kilkenny. Radiology certificate preferred. Contact info@drjmahon.com.

Full-time (Monday-Friday) permanent position for dental nurse/receptionist. Great opportunity to join friendly, vibrant, modern practice. Starting early August. Overtime pay and annual Christmas bonus. Free parking. Check us out on Instagram @woodstowndental.

Specialist orthodontic practice seeking dental nurse, experience preferable but not essential. Modern practice utilising the latest techniques and technology. Friendly, team-based working environment. Salary negotiable according to experience. Please forward CVs to info@corkclinicorthodontics.com.

Swords Orthodontics requires a dental nurse – part-time – to cover a maternity leave for approximately 10 months starting in October 2024. Modern and friendly practice – duties will include reception work. Enquiries to brenda@swordsortho.com.

PRACTICES FOR SALE/TO LET

West Cork. Busy two-surgery practice with building for sale in a thriving town and a great community. Lots of potential. Contact dentalpractice45@yahoo.com.

West Waterford. Long-established two-surgery, single-handed practice. Leasehold. High gross/profit. Mostly private. Retirement sale. Contact dentalpracticesale21@gmail.com.

Dublin south central – well-established, two-surgery practice for sale. Fully private and in excellent condition throughout. Principal available for transition. Contact 086-0681242.

Dental room(s) available to rent in Hermitage Medical Clinic. Primarily Fridays and Saturdays. Newly built, state-of-the-art surgeries. Plumbed nitrous oxide. Suitable for specialist dentists. Ideally suited to orthodontics or aesthetic but all welcome. Contact marianne@happyteeth.ie.

Well-established and thriving multi-practice Co. Galway. Five chairs. Plans and space to expand to add a further two chairs. Private/PRSI. Modern equipment. Loyal staff. Contact practiceforsalewest@gmail.com.

Family-friendly dental practice for sale in south Kerry tourist town. Three modern, fully equipped surgeries. Email kerrydentalsurgery24@gmail.com.

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NSK Territory Manager Ireland

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Representing public health dentistry

The HSE Group of the IDA represents public health dentists both within and beyond the Association.

The HSE Dental Surgeons Group represents salaried dentists working in the public dental service. Dr Siobhan Doherty is President of the Group, and is a Principal Dental Surgeon in the Dublin Southwest, Kildare, West Wicklow dental area (CHO7). Siobhan explains that the HSE Group committee, which she chairs, tries to be as representative of members as possible: "We try to have representation from different grades to adequately reflect the members within the public service and within the Association. We're a very small group, but we're a strong voice, and we potentially can be a stronger voice".

Recruitment and retention

Increasing that voice has been a priority for Siobhan during her term as President. The committee has worked to improve communication with members, and has developed a recruitment and retention strategy. The committee also undertook a survey earlier this year to gauge members' views on the IDA and its services, and how these could better serve HSE members. Arising from this, it has worked to make CPD in particular more accessible: "Dr Patrick Quinn has joined the IDA CPD Committee as a representative of the HSE dentists. We now have a specific voice at that table".

Representation

The IDA represents public dental service members as a trade union, and while individual issues are dealt with confidentially by the team in IDA House, Siobhan represents the group in a range of areas, from meetings with the HSE and the Department of Health, to the recent negotiations on the public sector pay agreement, and of course, within the IDA. She also keeps up with international developments in public health dentistry: "It's a case, really, of looking after the HSE Dental Surgeons committee, being there for our members, and looking after the purpose and objectives of the Association within the whole scope of public health dentistry in Ireland. It's a broad role and it's busy, but it's very fulfilling".

Priorities

The Group is currently grappling with two major issues: the restructuring of the HSE, and the proposed implementation of the national oral health policy. The IDA recently launched a position paper, 'Towards a better oral healthcare service for children and special care patients' (see pages 185-187 of this edition): "It sets out where we think the public service needs to go within oral health services in Ireland. We think it's very important that when and if we're asked what do public health dentists want, that we have a vision for that".

Siobhan says it's crucial that HSE dentists are at the table for these discussions: "We're very excited as a committee, but we're apprehensive about what the change will bring. We want to be involved in change that is meaningful and productive. We want to be there in planning and implementing it, and seeing the benefits of it".

Meet the committee members

Dr Maura Cuffe

Maura is a Senior Dental Surgeon who has worked in the HSE dental service since 1997, and is currently based in Tullamore. She has served on the HSE Group committee a number of times during that period, and is currently President-Elect. Maura sees the value of membership in keeping members informed and bringing colleagues together: "It's a really good way to get a feel for what's happening. We can sometimes feel like we're working in a vacuum, as we may not get to see colleagues or management – especially in rural Ireland – as often as we would like. We're also a trade union, which is important for protecting our terms and conditions, but the Group's work is also about patient welfare".

Dr Feleena Tiedt

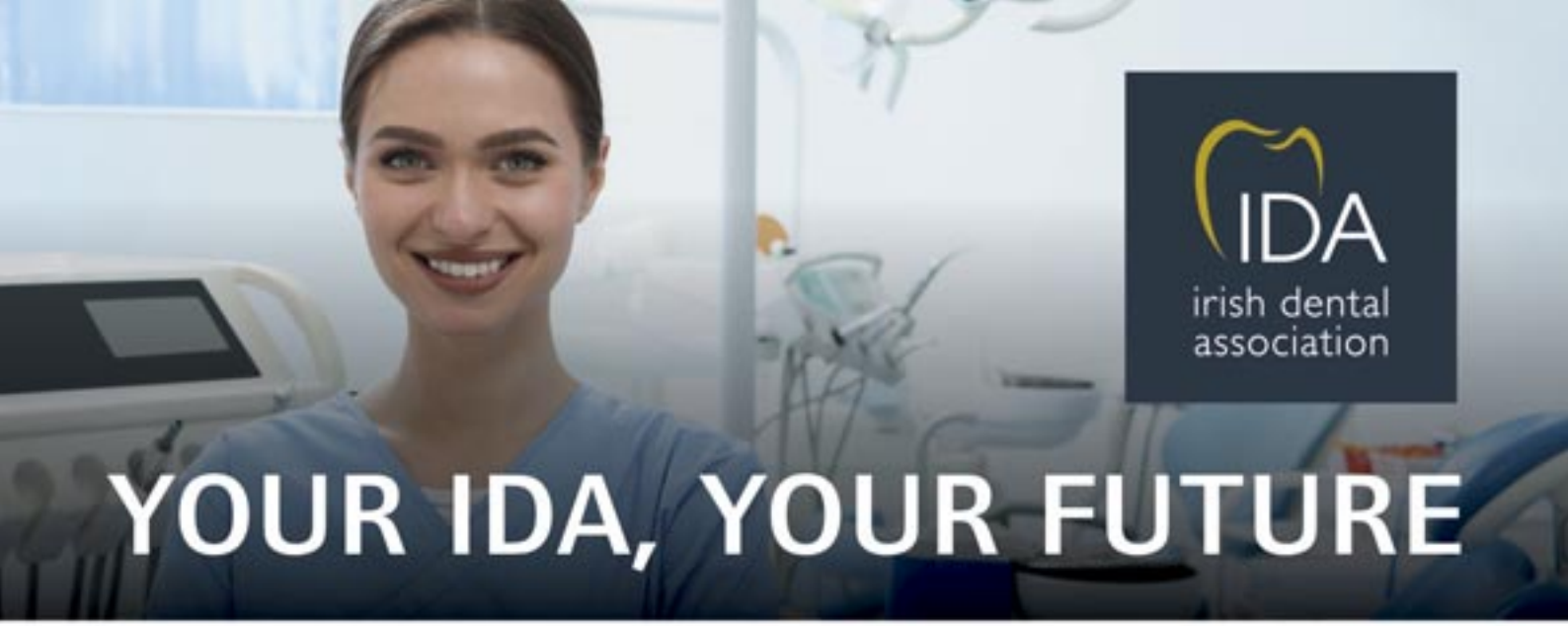
Feleena is based in Wellmount Health Centre in Dublin's Finglas West (CHO9 – North Dublin). She joined the HSE committee because "as a longtime member I was interested to see exactly what went on behind the scenes. I imagined the IDA HSE committee to be this 'big machine'; however, it consists of only a few of us willing to give our time and energy for the betterment of everyone in the HSE".

Feleena has served on the committee for four years and says the Group and committee would be delighted to welcome new members: "So much work happens on all our behalf in the IDA and the challenge must be shared, especially now that such change is planned to alter our service".

HSE Group committee members

Dr Siobhan Doherty (President)
Dr Maura Cuffe
Dr Joanna Sikorska
Dr Aoife Kelleher
Dr Lorraine McManus
Dr Feleena Tiedt
Dr Philip Mulholland
Dr Bridget Harrington Barry
Dr Sharon O'Flynn
Dr Evelyn Connolly
Dr Rosarii McCafferty
Dr Ian Murphy

To find out more about the HSE Dental Surgeons Group, or to join the IDA, please scan the QR code.



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1. Data at Align Technology, as of September 30, 2021

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Ella Buckland
BDA Research Analyst

Supporting you during declining morale in dentistry

Each year we conduct a survey of GDP members across the UK to understand more about the pressures facing the workforce.

Our survey data shows that over the last eight years, GDP morale has substantially declined. The proportion of practice owners and associates who rated their morale as either high or very high in 2015 (40%), had halved by 2023, to 20%. Similarly, the proportion of practice owners and associates who would recommend a career as a dentist in 2015 (47%) reduced by over 10 percentage points, to 37% and 36%, respectively, in 2023.

Which factors affect morale the most?

There are several contributing factors to the alarming drop in morale among UK dentists. Our survey highlights the leading causes of stress for practice owners and associates.

- **Increased practice costs and patient complaints**
  For practice owners, increased costs are by far the leading cause of stress. In fact, 91% list this as the highest contributor to the stress they feel. On the other hand, associates report that patient complaints and fear of litigation cause the most stress. Out of all associate respondents, 66% feel stressed about this.

- **Staffing issues**
  Both practice owners and associates overall say that problems related to staffing are the second biggest cause of stress. For 78% of practice owners this means concerns regarding recruitment and retention. Meanwhile, 64% of associates were stressed about staff shortages or high staff turnover.

- **Financial concerns and pressures**
  The third-largest strain that practice owners and associates report is financial, with a considerable 70% of all practice owners reporting financial concerns about their practices. Considering specifically dentists who are not fully private, 66% of practice owners and 57% of associates say they are stressed from financial pressures because of the increasing unviability of NHS and HS dentistry.

- **Hitting NHS targets**
  This classic source of stress has not gone away, with 62% of practice owners and 49% of associates reporting that this causes additional stress at work.

Other factors causing stress include compliance with Government regulations, with 65% of practice owners finding this hard. Just over half of all associates surveyed report that a higher number of patients, including those categorised as "urgent", is stressful for them. Lack of support and lack of communication from Government is another factor that is stressful for 64% of practice owners and 56% of associates.

Extreme stress in NHS practices

The proportion of dentists who feel "extremely stressed" or "very stressed" at work is markedly higher in practices with a high NHS commitment than in practices with a higher private commitment.

The majority of both practice owners and associates with a high NHS commitment report their stress as having increased in the past year. This equates to a huge 84% of practice owners, and a considerable 60% of associates.

If morale remains low, and the proportion wishing to reduce their hours or leave NHS dentistry or the profession as a whole, continues to increase, the recruitment issues within NHS dentistry, and the impacts this then causes such as reduced patient access, will only heighten.

We fight for better pay and conditions for dentists

NHS contracts need urgent fundamental reform rather than small changes, and we are campaigning to ensure that the Government takes action as soon as possible to end the targets and treadmills.

In recent years there have been significant spending cuts to NHS dentistry, which feeds through into reductions in NHS earnings for dentists, so we work hard to make the case for fair pay and proper funding. We also hold the GDC to account when its approach to regulation fails the profession.

We are here for you

You are doing a job that is invaluable to society, and we are here to support you. We are aware that many of you are facing burnout and a decline in mental health with huge questions about the future of dentistry. If you are living with mental health struggles, there are several support services available.

Health Assured offers confidential counselling support on a range of issues for members. If you need support with your business or contract, our expert advisors provide Extra and Expert members throughout the UK with unlimited one-to-one advice. Call 020 7935 0875 or email the team at advice.enquiries@bda.org to get in touch.

Free resources you can access

Dentists in all UK nations can call the Samaritans on Freephone 116 123 for confidential, non-judgemental listening, 24 hours a day.

If you are a dentist based in Northern Ireland experiencing stress, the General Dentist Services (GDS) Assistance Programme, which is provided by the social enterprise Inspire, offers support.