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JIDA

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August/September 2026

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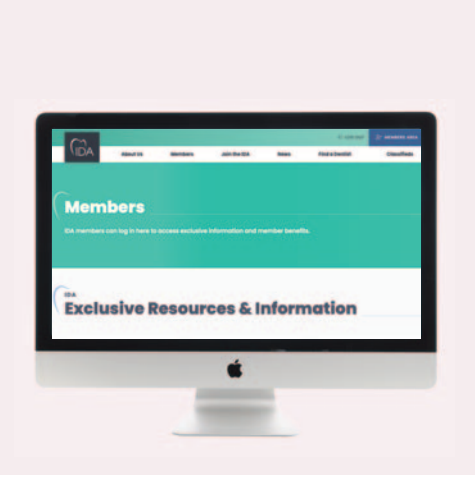

The latest edition of *JIDA Science* is available free and exclusively to IDA members.

In this edition:

- Wisdom teeth: back to basics part 2
- Piloting the Modified Oral Status Survey Tool in a nursing home setting
- Provisional shell crown technique in the contemporary management of amelogenesis imperfecta

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References:
1. Subanalysis of Nathoo S, et al 2009. Nathoo S, et al. J Clin Dent. 2009;20(4):123-30).
2. Subanalysis of Docimo R, et al. J Clin Dent. 2009;20 (Spec Iss):17-22.
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PROFESSIONAL ORAL HEALTH

The privilege of trust

One of the greatest privileges of serving as President has been attending the prize-giving ceremonies at the Cork and Dublin Dental Schools. Spending time with our newest colleagues at the very beginning of their careers is a timely reminder of why so many of us entered this profession in the first place.

Speaking to the graduates gave me the opportunity to reflect on what has sustained me throughout my own career. Dentistry is an immensely rewarding profession, but it can also be demanding and, at times, isolating. Yet one constant has always remained: none of us succeeds alone.

Every patient who walks through our door places themselves in a position of vulnerability. Trust is the currency of our profession. It is earned through time, care, honesty and compassion. It underpins every successful patient relationship and is one of the greatest privileges of being a dentist. But trust is not confined to the surgery. It is equally important that we trust one another as colleagues, recognising that we all have something to learn and something to contribute.

I reflected with the graduates that mentorship comes in many forms. Sometimes it is the experienced practitioner guiding a difficult clinical case. Sometimes it is the colleague beside you admitting they struggled with exactly the same challenge only a few months before. Every member of the dental team brings different experiences, strengths and perspectives, and every one of us has something valuable to offer.

Mentorship has a halo effect. Its benefits extend far beyond the individual receiving guidance. It strengthens confidence, improves patient care, fosters professionalism, and reinforces the collegiate culture that has long been a defining characteristic of Irish dentistry. Perhaps just as importantly, experienced practitioners often tell me how much they gain from mentoring younger colleagues.

This is why the IDA has consistently advocated for the return of the Vocational Training Scheme. While graduates leave our universities with excellent clinical knowledge and technical skills, confidence develops through supported practice, constructive feedback and the reassurance that comes from having someone to turn to when faced with an unfamiliar situation. Competence and confidence do not always develop at the same pace, and structured mentorship helps to bridge that gap.

Leaving both Cork and Dublin, I found myself feeling genuinely optimistic. The future of Irish dentistry is in very capable hands. If we continue to invest in mentorship, create opportunities to learn from one another, and ensure that every generation has a voice within our Association, I have no doubt that our profession will continue to thrive.

Dr Bridget Harrington-Barry
IDA President

Imposing change will not work

The acclaimed management guru Peter Senge says "People don't resist change. They resist being changed".

It's a particularly appropriate comment as we await a major change programme in Ireland, seven years after the publication of the Smile agus Sláinte oral health policy. When trust is poor, those being asked to do things differently often interpret change as something being done *to* them rather than *with* them. Those of us who remember the preparation and publication of Smile agus Sláinte certainly remember how that policy was prepared by a select group who failed to bring dentists with them and instead decided on how changes should be made and simply communicated their decisions.

Dentists and the IDA have been advocates for change over many decades. But what have we seen in the past two decades? Numerous broken promises, contracts set aside by the State, funding for patients slashed, unilateral cuts to dentists' incomes, the State missing numerous deadlines, threats made against the IDA, the Association left outside the door in important decision-making, and the dismantling of our HSE dental service.

Against such a background, it would be easy for dentists and the Association to decline to get involved in any change programme. That is not the approach we will take, however. Instead, we will engage and focus on what we believe needs to be done to improve access to dental care, support current and future generations of dentists, and restore oral health as a key component of general health.

The main challenge will be for the Department and the HSE to show that they have listened, and to take clear steps to rebuild trust and work with the profession rather than seeking to impose change. Dentistry is unlike medicine and pharmacy where there is a huge reliance on the State. Any attempt by the State to impose change in dentistry is doomed to fail. We have conveyed that message loud and clear, so let us see how they respond.

Finally, we know that change will pose challenges for the Association and the profession. There will be big decisions to consider and new ideas that will challenge us. Dentists need to support their only representative body, so if you have not done so already, then please join us today to ensure that you are informed and that your voice is heard by your representatives.

We won't shirk from those challenges and we will at all times be guided by what is best for dentists and their patients, ensuring that changes are viable, sustainable and evidence based. Let the talks begin.

Fintan Hourihan
IDA CEO

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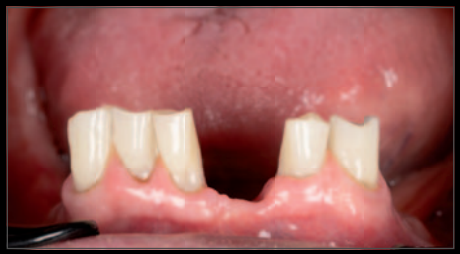

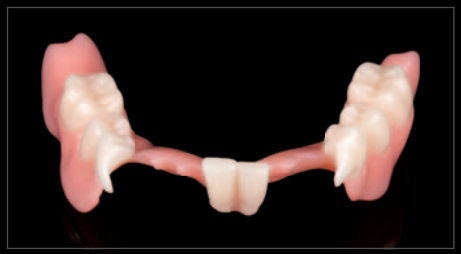

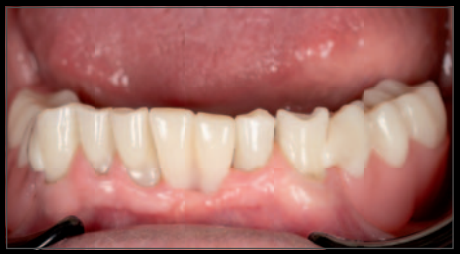

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IDA briefed on Government Dental Action Plan

An IDA delegation attended a confidential briefing at the beginning of July with the Department of Health and the HSE on the forthcoming national Dental Action Plan, which is expected to be published in the coming weeks. The briefing indicated that oral health is now receiving significant attention at both Ministerial and HSE level.

It was emphasised that what was presented by the official side was not signed off, and that account would be taken of IDA feedback before a plan is presented to the Minister for sign-off in the coming weeks.

During the meeting, the IDA made clear that while we welcome engagement, the Association's role remains to represent members' interests and provide independent professional advice. We emphasised that any meaningful reform will ultimately require the support of both a critical mass of practising dentists and the Association if it is to succeed. We also highlighted that, unlike other healthcare professions, most dentists are not heavily dependent on State income and therefore participation in new initiatives cannot be assumed.

The Department outlined plans to address waiting lists, particularly for children who have missed school screening programmes in sixth class, and indicated that negotiations would take place with the IDA regarding a separate scheme for teenage dental care, in addition to a review of the Dental Treatment Services Scheme (DTSS) to follow the DTSS fees review that will be completed in the coming weeks. We highlighted that such large numbers being denied a screening appointment is directly linked to woeful levels of understaffing. However, significant questions remain about the practical and financial viability of these proposals, and the IDA has sought further details before any assessment can be made. The Association also highlighted the realities facing practitioners across the country, including rising practice costs, workforce shortages, rural access difficulties, and the growing challenges in recruiting dentists willing to participate in State-funded schemes. We stressed that past failures to honour commitments, chronic under-investment in public dental services, and years of strained relations have created understandable scepticism within the profession.

Pictured at the meeting with the Department of Health and the HSE were (from left): IDA President Elect Dr Tom Quilter; IDA President Dr Bridget Harrington-Barry; and, IDA Vice President Dr Will Rymer.

There were some encouraging indications regarding workforce planning, access to care under the general anaesthetic pathway, potential vocational training developments, and measures aimed at retaining graduates and internationally trained dentists. The IDA has also been invited to provide further input on proposals relating to direct access for dental hygienists.

While a lot of discussions took place with regard to the Plan, it is important to stress that no exact details were provided despite our many requests. The devil will be in the detail, so we await further updates.

IDA calls for action on access, workforce and funding in Budget 2027 submission

The Irish Dental Association has set out a series of key priorities for Government in its pre-Budget submission for 2027, warning that Ireland's dental system is facing "sustained structural challenges" across access, workforce, and service capacity.

At the centre of the submission is a call for increased and targeted investment to address what the Association describes as significant gaps in access to care – particularly for vulnerable patients, children, and those reliant on publicly funded services.

The IDA highlights ongoing difficulties in accessing routine dental treatment, alongside a sharp decline in school screening coverage, with only around half of eligible children currently being seen.

Workforce pressures are also identified as a critical issue. The Association estimates that Ireland requires at least 500 additional practising dentists to meet current demand, noting recruitment and retention challenges across both the public and private sectors. It has called for a range of measures, including expanding training capacity, reintroducing structured mentoring for graduates, and adding dentists and dental nurses to the Critical Skills Occupations List.

The submission further points to an estimated €800m shortfall in State funding for dental care since 2007, which it says has had a lasting impact on service provision and patient outcomes. In response, the IDA is urging Government to commit to multi-annual, ringfenced funding to support the implementation of Smile agus Sláinte and wider system reform.

Congratulations to prize winners

Congratulations to Dr Taylor Brown and Antonia Orthodoxou on their outstanding achievements at the Dental Science and Technology Finals Evening at the Dublin Dental University Hospital. IDA President Dr Bridget Harrington-Barry was delighted to attend the event and present awards to Taylor for achieving the highest results over the five years in the Dental Science course, and to Antonia for best final year academic presentation in Dental Technology. Dr Harrington-Barry also attended the awards ceremony at University College Cork, where she presented an award to Dr Shane Keating in recognition of achieving the highest result in his final year examinations. Huge congratulations to all three winners on these well-deserved awards. We hope you enjoyed celebrating your achievements, and wish you every success as you embark on your dental careers.

IDA President Dr Bridget Harrington-Barry (right) presented Dr Taylor Brown with her award for achieving the highest results in Dental Science.

Antonia Orthodoxou (left) received the Best Final Year Academic Presentation Award from IDA President Dr Bridget Harrington-Barry.

Dr Shane Keating received an award for achieving the highest result in his final year examinations, presented by IDA President Dr Bridget Harrington-Barry.

New member benefit: 15% off Orascoptic loupes and light systems!

We are delighted to announce a brand new partnership between Orascoptic and the Irish Dental Association, bringing another exclusive benefit to our members. As the official loupe partner of the IDA, Orascoptic is offering members an exclusive 15% discount on Orascoptic loupes and light systems. Whether you're looking to upgrade your current equipment or experience the benefits of Orascoptic's premium magnification and lighting technology for the first time, this exclusive offer is a fantastic opportunity to invest in your clinical practice. Members can arrange a free personalised demonstration by simply scanning the QR code to connect with an Orascoptic representative and explore the range.

We are thrilled to bring this exciting new partnership to our members, and look forward to continuing to expand the valuable benefits available through IDA membership.

Scan the QR code today to schedule your demo and take advantage of this exclusive 15% member discount.

IDA submits fee review proposals for DTSS and DTBS

The Irish Dental Association recently made two detailed submissions to Government as part of ongoing fee review processes for the Dental Treatment Services Scheme (DTSS) and the Dental Treatment Benefit Scheme (DTBS).

The DTSS submission, made in June 2026, sets out the Association's concerns regarding what it describes as a deepening sustainability crisis in the Scheme. It highlights a significant and widening gap between State fees and the cost of delivering care – now estimated at approximately €200 per hour – alongside continued withdrawal of dentists and reduced access for medical card patients. Importantly, the IDA emphasises that its engagement in the fee review process is without prejudice to its longstanding position that the current DTSS should be replaced entirely through negotiation on a new, viable scheme.

The DTBS submission (May 2026) points to persistent funding gaps of between 21% and 44% compared with private fees, warning that current reimbursement levels are not economically sustainable for dental practices. Without timely fee adjustments, the Scheme risks experiencing participation challenges similar to those already seen in the DTSS.

Across both submissions, the IDA calls for substantial fee increases, better alignment with the real cost of care, and the introduction of mechanisms to ensure future indexation. The submissions form part of the IDA's ongoing engagement with Government to address systemic funding issues and support the long-term sustainability of publicly supported dental services.

Dáil debate underscores mounting strain on dental services

A Dáil debate on June 23, 2026, offered one of the clearest indications yet that Ireland's dental system is under significant and sustained pressure – with TDs across parties outlining a picture of growing waiting lists, uneven access, and overstretched services.

Contributions from across the chamber pointed to more than 11,000 patients waiting for care, many for over a year, with particular concern expressed about the impact on children. TDs highlighted that large numbers of primary school pupils are missing routine screenings, in some cases facing delays of several years – a situation widely acknowledged as undermining preventive care.

The discussion repeatedly returned to the Dental Treatment Services Scheme (DTSS), with speakers describing declining participation by dentists and limited capacity as key barriers to access. Concerns were also raised about an increasing reliance on private care, with some warning of a gradual shift towards a two-tier system shaped by geography and ability to pay.

Workforce challenges were another consistent theme throughout the debate. TDs referenced unfilled posts in the public system, difficulties attracting and retaining staff, and a training pipeline that is not keeping pace with demand. Delays for patients requiring specialist and general anaesthetic services, which particularly affect more vulnerable groups, were also highlighted.

The Irish Dental Association said the debate reflects longstanding concerns within the profession, while noting that the level of cross-party consensus represents an important shift.

It also pointed to the continued lack of progress on Smile agus Sláinte as evidence of the gap between policy ambition and delivery.

The IDA's ongoing commitment

As Ireland moves into the next phase of policy development, the IDA will continue to play a central role in shaping the future of dental services. Its focus remains on:

- advocating for sustainable and effective DTSS reform;
- promoting a modern, properly resourced public dental service;
- supporting workforce planning, recruitment, and retention; and,
- engaging constructively with Government on the design and implementation of reforms.

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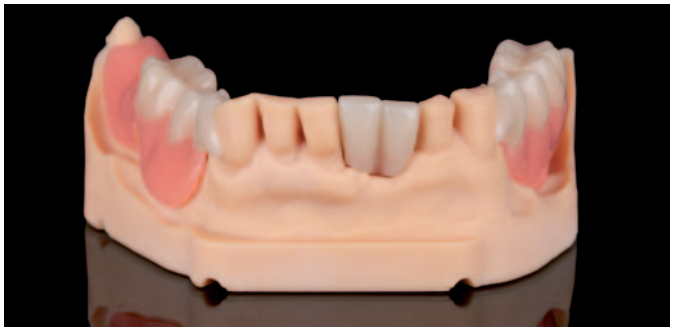
IDA Tennis Tournament returns

The IDA Tennis Tournament is back for 2026! This wonderful social and sporting event will take place on Friday, September 11 in Fitzwilliam Lawn Tennis Club in Ranelagh, Dublin. Play commences at 3.00pm, and will be followed by a barbecue from 7.00pm. Tickets cost €45 per person, and include tennis and the barbecue.

Metal-free partial dentures reimagined by Zirkonzahn



Zirkonzahn presents its Flexmon® Partials as a fully integrated system for the modern production of metal-free partial dentures. The company states that the materials and digital workflow are perfectly co-ordinated, enabling efficient, precise, and reproducible results in the lab.

According to Zirkonzahn, the prosthesis is based on a well-engineered material concept: Flexmon® Pro Multistratum® is used for both teeth and clasps, offering an integrated natural colour gradient, high translucency, and excellent flexural strength combined with unique flexibility, which allows clasps to securely engage undercut areas and flex elastically during insertion and removal – without permanent deformation or fracture. The company adds that retention remains stable while stress peaks on the dies are reduced. The digital design is carried out using the Zirkonzahn.Modifier software, enabling fast and flexible implementation, according to Zirkonzahn. The company states that the result is a system for metal-free partial dentures that combines functional performance, aesthetic quality, and cost-efficient production within one seamless workflow.

Patience the most profitable investment

The excitement surrounding the SpaceX initial public offering (IPO), and the prospect of future listings from AI giants, has created a classic case of investor FOMO, according to Moore Wealth Management. The company states that though these are undoubtedly exceptional businesses, exceptional companies do not always make exceptional investments at any price.

While analysts expect AI-related IPOs to dominate headlines over the coming years, Moore Wealth Management urges caution. Meta lost almost 50% of its value after its 2012 IPO, before becoming a great long-term investment. According to the company, the lesson is that successful IPO investing is rarely about identifying a great business – it's about paying a sensible price.

Moore Wealth Management advises investors that by the time companies such as OpenAI or Anthropic list, much of the value creation may have already gone to venture capital and early private investors. Rather than chasing the latest headline IPO, the company states that owning a diversified portfolio of the world's leading companies remains the most reliable strategy. Patience is the most profitable investment decision, according to Moore Wealth Management.

The HyFlex EDM OGSF system from Coltene

Dr Balraj Sekhon.

Dr Balraj Sekhon, principal dentist at Circle Dental Care in Trafford and Heaton Moor Dental in Stockport, recently described the clinical advantages that he feels the HyFlex OGSF system from Coltene offers. He said that he relies on the file sequence for his endodontic treatments, citing its streamlined approach and consistent results across varying canal anatomies.

Dr Sekhon explained: "The HyFlex OGSF sequence allows for efficient progression through the canal while maintaining excellent tactile feedback, particularly in more complex molar anatomy, supporting a consistent and controlled workflow".

In a recent case, Dr Sekhon finished to a 30/.04 taper. He stated: "The simplicity of the OGSF sequence reduces unnecessary steps without compromising control, making it an ideal choice for delivering efficient, high-quality endodontics in general practice".

According to Coltene, the HyFlex EDM OGSF sequence delivers a logical, streamlined instrumentation system designed to simplify canal shaping without compromising exceptional performance and precision.

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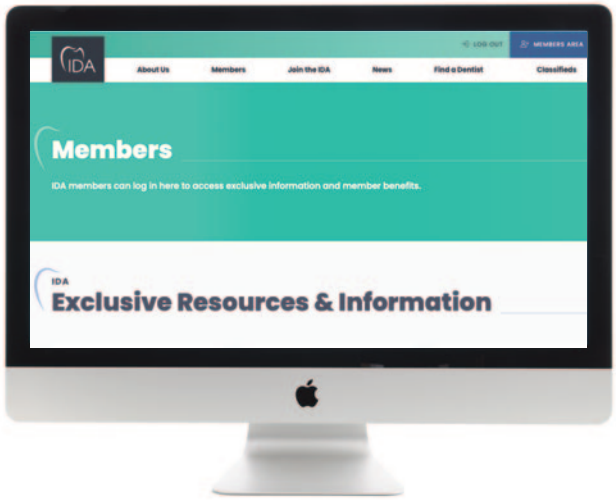


Ann-Marie Hardiman
Managing Editor at Think Media Ltd

IDA members know that the Association is always there to help them deal with any problem they might encounter in practice, big or small, but there are also a wealth of supports to inform and assist members in their day-to-day practice, and help to prevent those problems from arising in the first place, all accessible through the member section of the IDA's website.

Starting out in dentistry

Whether you've just graduated from an Irish dental school, or are a foreign-trained dentist starting work in Ireland, getting your head around everything from work visas and employment rights to contracts and even setting up your own practice can be daunting.

Members are welcome to call the IDA with their queries, and Director of Communications and Advocacy Roisín Farrelly and CEO Fintan Hourihan are more than willing to assist. Says Roisín: "Sometimes associates might ring us and they may have been issued with a self-employed contract or an employment agreement, and might ask for our advice. We're happy to review it if they think there is anything that needs to be changed".

Using experience gained from dealing with many such queries, the Association has also produced a handy guide to everything you need to know. 'Starting Dentistry in Ireland' is available on the website, and contains sections on everything from Dental Council registration and codes of practice, through taxation and professional indemnity, to continuing professional development (CPD) and mentorship.

There's even a handy checklist so you can ensure that you've covered everything you need before you start. There's also a frequently asked questions document for associates to cover the most common issues that can arise.

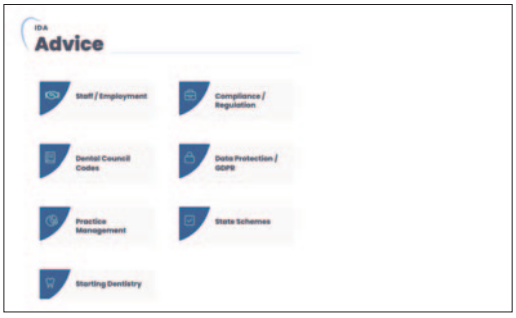
Navigating HR

For practice owners, the IDA also offers a suite of HR supports, all of which are firmly based in years of experience dealing with every issue that can arise in dentistry. Roisín's background in HR means that she is very well placed to deal with queries: "We get hundreds of HR queries every year, ranging from very simple questions such as 'What are the next few public holidays?' and 'How do I pay my part-time staff for public holidays?', to more complicated queries such as 'I have a staff member on long-term sick leave – what do I do?' I will give them an answer to their query, and can also follow up by email if needed with documentation or additional information that they might need".

Even experienced practice owners can occasionally come up against an issue they haven't faced before, and employment law does, of course, change from time to time. Roisín ensures that the team is up to date on new developments such as changes to the minimum wage or sick leave entitlements, or the recent introduction of pension auto-enrolment. Frequent updates via IDA newsletters and articles in the *Journal of the Irish Dental Association* (*JIDA*) inform members of any such changes, and IDA staff can help with specific questions that arise for your practice. These services are completely free to members, and are of course entirely confidential.

In addition to the personalised service, the IDA has also produced a range of documents to assist practice owner members, including a HR booklet for practice, which has recently been updated and will be relaunched later this year. 'Human Resources Essentials for your Private Practice' collects all of the information you need in one place, and as Roisín says, it's based on years of answering members' queries: "Not all practices are exactly the same, but similar issues arise, and so chances are that if you ring me to ask a question, I've probably gotten that question before".

Members can also find contract templates and sample workplace policy documents on the website, which are regularly reviewed by the IDA and by external experts, and



There's a wealth of information on the IDA's website to assist members in all aspects of day-to-day clinical practice and practice management.

updated to ensure that they reflect the latest developments in employment law. The Association has also developed a 'Dental Practice Employee Handbook', which can be purchased via the website. The Handbook, produced with the assistance of HR experts, is an invaluable tool in managing employer/employee relationships, and ensuring that your practice is fully compliant with relevant legislation. Designed to be personalised to your practice, it's a must-have for any private practitioner.

Compliance

Of course, HR is only one element of running a practice. Dentistry is an increasingly regulated profession, subject to numerous standards and codes of practice. Navigating these important and necessary documents can be difficult and time consuming, but thanks to the expertise of the IDA's Quality and Patient Safety Committee (QPSC – see panel), ably supported by Roisín, you don't have to do it alone. "We try to take all of the regulations and legislation and make it relevant for, for example, a single-handed practice," says Roisín. "We provide templates and summaries for dentists so that they have the main document, be it a Dental Council Code or a new piece of compliance legislation, and then they have the summarised version of it that will help them."

Radiation in the dental surgery is one area where new legislation and statutory instruments have been introduced in recent times. Led by Dr Eamon Croke, the QPSC has prepared a range of documents covering clinical audit in dental radiology, regulations and requirements, and fulfilling the requirements of SI 256 of 2018. There's also an extensive section on infection prevention and control, covering everything from decontamination and sharps injuries to hand hygiene and waterlines, as well as providing template policies and protocols that can be downloaded and adapted to the needs of individual practices.

The Committee has also completed a body of work to support dentists in understanding and complying with Dental Council of Ireland Codes of Practice, such as the recent webinar presented by Dr Michaela Dalton on the Code on Medical Emergencies. As Roisín says, "There's so much information on the website, and a huge amount of advice. It's a repository for members to help them run their practice in terms of compliance".

By dentists for dentists

All of this advice and information is free to members, and has the immense benefit of being based on decades of experience, whether in HR or in clinical practice. Fintan Hourihan sums up the value of the services: "Not only is all of this provided free, it's the only source where it's actually prepared for an audience of dentists from the perspective of representing the interests of dentists. It's not coming from a commercial perspective. This is very much information for members from their membership body. It's completely different to approaching law firms, HR or other consultancy firms, none of whom have the experience or insight into Irish dentistry. If you're accessing the documents on the website, or speaking to a member of IDA staff, you're getting the benefit of decades of experience".

It's all there, waiting for members to access, so if you're not yet a member, there's never been a better time to join!

The IDA Quality and Patient Safety Committee

Dr Nick Armstong
Dr Evelyn Connolly
Dr Eamon Croke
Dr Michaela Dalton
Dr Louise Dockry
Dr Gerald O'Connor
Dr Gabrielle O'Donoghue
Dr Maria O'Grady
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A time for optimism

New IDA President Dr Bridget Harrington-Barry talks about her career in the public dental service, and her hopes for positive change in Irish dentistry.

By her own admission, Dr Bridget Harrington-Barry's route to dentistry was a circuitous one. She originally completed a commerce degree at the then University College Galway, but subsequently made the decision to go back and resit the Leaving Certificate to get the points for dentistry: "I was interested in science, and I was interested in people. I was also quite practical, and dentistry is a very practical profession".

Her instincts were correct, and she says she loved her time studying dentistry in Cork. After graduation in 2001, Bridget applied for the Vocational Training (VT) Scheme, which was then still in operation, and was accepted. She spent a year working for two days a week in the then Health Board clinics in Longford and Mullingar, two days in private practice with Dr Franklin Connellan in Longford, and one academic day in St James's Hospital in Dublin. She speaks very highly of this experience: "Dentistry can be a lonely profession. VT is a great way of starting your career with that built-in mentorship, and it has a halo effect as well because the mentor is also learning from the new graduate. I became a trainer three years after I qualified, and that was really rewarding. It's a really lovely way of introducing us to dentistry, but also introducing a more experienced practitioner to new ideas".

Bridget would love to see the return of a VT scheme to Irish dentistry. This is something that the IDA has long advocated for, and it's a priority for Bridget during her year as IDA President. While discussions with the Department of Health and the HSE on dental service reform, including the implementation of Smile agus Sláinte, are continuing (of which more later), she says that the Minister and the Department have made encouraging noises on the subject of VT, and hopes that this will lead to the Scheme being reinstated. She believes a modern VT programme should mirror the strengths of the original Scheme by allowing newly qualified dentists to gain experience across both public and private practice, with the opportunity for some hospital-based experience. Such a scheme would produce confident practitioners and strengthen links across the profession, says Bridget.

Public service

One of the many benefits of this broad approach was the opportunity to sample different kinds of dentistry, and this helped Bridget to make the decision to stay with the public dental service. She remained in Longford and Mullingar for seven

Bridget would love to see the return of a VT scheme to Irish dentistry. This is something that the IDA has long advocated for, and it's a priority for Bridget during her year as IDA President.

Eternal student

Bridget is a firm believer in lifelong learning, and not content with commerce and dentistry, she has completed a number of postgraduate qualifications. While working in the HSE in Longford and Mullingar, she completed an MBA part-time in NUIG. She then completed a law degree (LLB), followed quickly by a master's in law.

She enjoyed the opportunity to look at regulatory issues in healthcare, and her master's focused on issues surrounding sugar tax: "It's fine on one hand to tax sugar-sweetened beverages, but then on the other hand, there should be some incentive for people to buy healthier foods. The Ottawa Charter is all about making the healthy choice the easy choice. That's been a mantra that I've tried to bring through my career. The sugar tax should have included a subvention or support for buying healthier foods. I think that it was quite linear thinking; it does change behaviour, but not so much so that people are buying healthier".

years, working under Principal Dentist Dr Dan O'Meara, but as a Mayo native she was eager to return to the west. When a role in special care dentistry in HSE West in Galway came up in 2008, she applied and was successful, and has been there ever since. She divides her time between special care dentistry, including working with surgical teams in University Hospital Galway, and running her school screening service: "I walked into a very established special care service in Galway, under Dr Antoinette Nolan, and we've grown it even under the restricted circumstances that we've had to work in. I have been incredibly fortunate throughout my career to work alongside enthusiastic, dedicated dental nurses who are at the heart of everything we do. Dentistry is never the work of one individual: it depends on the skills, commitment and professionalism of the entire team. Luckily, that team extends far beyond the dental clinic. Working with patients who have complex needs means collaborating closely with colleagues in University Hospital Galway, including maxillofacial surgery, ENT, anaesthetics, paediatrics, and nursing teams. Everyone is focused on the same goal, delivering the best possible care. It reminds you every day that the best outcomes come when people trust one another, respect each other's expertise and roles, and work together".

It's a solution-oriented approach, informed by that collegiality and collaboration, and it's one Bridget hopes the Department will seek to emulate in other parts of the country: "In the past 18 months we've been able to ringfence paediatric beds for our special care patients, and it was great that in the recent Oireachtas Committee report, that was part of the evidence we presented. I think the Minister has listened to that and is quite interested in bringing that forward, and the proposed surgical hubs would be part of that, releasing capacity within the hospital setting so that dental general anaesthetic services can benefit as well".

The big issues

Dentists are all too aware of the many issues facing the profession, from rising costs and workforce issues to the near collapse of the Dental Treatment Services Scheme (DTSS) and the chronic under-resourcing of school screening and the public dental service in general. Bridget sees the impact of the latter every day, and says it's one of the principal challenges of her role: "You want to prioritise everyone, but sometimes it does come down to the resources or the capacity that's there, and you have to make a tough choice. I find that the most difficult because I'd like to see everyone, of course, as a priority".

She is full of praise for her HSE colleagues: "I think everyone does super work across the country, even if some areas are better resourced than others. There will always be more to do. We in the public dental service, and in the IDA, have always advocated that where the resources are, the service works. Where the resources aren't, we can see from the figures that the service isn't working".

Bridget also says that she, and her hospital-based colleagues, are seeing the impact of years of under-resourcing every day: "I am seeing an increase in dental decay in the under-fives. Dental decay and dental abscesses are the most common reason in the UK for a child to be admitted to hospital, and I'm sure we can extrapolate that to here as well. If you look at any dental general anaesthetic list for children, it would be mainly under-fives, under-sixes, who are having multiple extractions. It's awful to think that their first appointment with the dentist is because they're in pain".

She says the situation is similar for adults: "The hospitals and maxillofacial teams would say that they're seeing more people too, because there is no access for DTSS patients to a dentist, so they're attending at emergency departments with huge dental issues. It's a link that policymakers don't make, or may not be aware of".

Rebuilding trust

While the IDA has long campaigned on all of these issues, a major stumbling block to progress has been the erosion of trust in the decision-makers in Government after decades of broken promises. The launch in 2019 of Smile agus Sláinte

Joining the dental family

Like many people, Bridget's involvement with the IDA came via a senior colleague who 'co-opted' her: "Dan O'Meara came to me during my first year after VT and said 'Bridget, they're looking for somebody to be the Midlands Rep, so I put your name forward'".

Any initial qualms were soon settled by the welcome she received, which she says is a quintessential part of IDA involvement: "At my first meeting, I had a little bit of impostor syndrome because I was this relatively new graduate going into a room full of experienced practitioners and experienced IDA people, but I have to say the welcome that I felt, the generosity at the table, of sharing knowledge and experience, was amazing. One of those colleagues was Dr Barney Murphy, and he has remained a trusted mentor since my first days in the IDA. His continued willingness to share his experience is something I have always valued, and I think it reflects the very best of what the IDA represents".

Bridget eventually served as President of the HSE Group, and also sat on the Board of the IDA, and later as Western Rep after her move to Galway: "In my 25 years of career, I think around 20 of those have been involved in the IDA in some shape or form. It has a natural built network. When I went into that first committee meeting, I found my dental, my professional family, and it has grown through all different aspects of my career. There are so many dentists out there that are not involved with or members of the IDA, and I don't think they realise what they're missing out on. That would be one of my hopes [as President], that we would grow our membership, because the IDA needs a breadth of membership, so that we speak for all. I'm hoping that there will be non-members reading this, and I hope they would realise that the IDA is a ready-built, natural network for them".

Renaissance woman

When not working, or representing the IDA, Bridget is a woman of many interests. A keen musician, she plays piano and clarinet, and regularly practices on the University of Galway campus: "I like to think I have an audience – whether they're there to listen or just passing by is another matter!"

Tennis is another passion and an important outlet from the demands of dentistry. As Captain of Galway Lawn Tennis Club, she relishes both the competitive and social sides of the game: "Tennis teaches resilience. Things don't always go to plan, but you learn to stay composed, adapt and keep moving forward". However, she laughs saying that for someone who loves working in a team environment, she's a terrible doubles player, and a fully committed singles player. Needless to say, she's delighted to see the return of the IDA Tennis Tournament this September (see page 107 for details).

She's also in a book club, although she admits it's "really much more than a book club": "Contrary to public opinion, we do discuss books, but it's really about friendship, conversation and making time for each other". Friendships are important to Bridget: "Over the years I have been fortunate enough to study and work alongside so many wonderful people, from national school to today. I have always made a conscious effort to keep connections going, and the IDA has been a huge part of that friendship circle. Life gets busy but it's important to take time for our relationships".

epitomised the problem, as dentists found themselves faced with an oral health policy that had been formulated without consultation with the profession or its representatives, and which, while laudable in its focus on prevention and lifelong care, contained measures that many in the profession felt were unworkable.

Now, however, it seems that things might, just might, be changing. The publication in April of the Oireachtas Joint Committee on Health's 'Report on Dental Services in the Healthcare System' points to a new focus on prioritising oral health, and the fact that many of the report's recommendations are based on representations made by the IDA can only be positive. On the week in which our interview took place, IDA representatives met with Department and HSE officials for a confidential briefing on the proposed national Dental Action Plan. While full details have not yet been forthcoming, proposals include addressing waiting lists in the public dental service, a review of the DTSS, and access to care under the general anaesthetic pathway.

Bridget particularly welcomes the possibility of a move away from the proposal that children's dental care would move from the public service to private practice: "We have always advocated that children's oral healthcare is best delivered through a targeted public dental service. The school dental programme allows us to proactively reach children at key stages of their development. It is an equitable model that identifies those with the greatest dental needs, regardless

> "If you look at any dental general anaesthetic list for children, it would be mainly under-fives, under-sixes, who are having multiple extractions. It's awful to think that their first appointment with the dentist is because they're in pain".

of circumstances. Our messaging has been clear from the start. I hope that our arguments in favour of retaining a public dental service for children, where children are targeted at certain ages, have been listened to".

On the professional side, there are also encouraging moves in relation to vocational training, and mandatory CPD, which Bridget also welcomes: "If we are being regulated in the sense that our patients know that we have attained our mandatory training, that can only be good. It strengthens the Dental Council's power to support practitioners who are working within the regulations".

The issue of trust comes up again and again: "If you can build trust with a patient or a parent, you can get so many rewards. Trust is the currency of our profession, and it goes across the board. It's trust in our colleagues, trust in the service that we work in. And it is trust in the people we potentially will be negotiating with, in the Department and the HSE, the decision-makers".

Hope for the future

Bridget feels positive about the fact that it seems those in the corridors of power are finally listening to what the profession, and the IDA, has to say, and that the opportunity is there to finally rebuild that trust: "We do appreciate that there seems to be a willingness for a more meaningful engagement with the Association and with the dental profession in general. The Minister came to the general practitioners' meeting and spent time speaking to our GP colleagues. I think that's a very positive move, and I think there is a genuine interest in progressing".

She sounds a necessary note of caution: "The engagement with the IDA has to be meaningful. We're representing our members and the dental profession at large, and we're here to talk business. We want engagement because as practitioners, we know what will work and what won't. All too often in dentistry and healthcare in general there's been a lot of unilateral decisions made, not in favour of the patient or the profession generally. I'd like to see a future of working together with the decision-makers and ourselves".

As she begins her year as President, Bridget hopes that IDA members will trust that the IDA will defend their interests in this latest process. For both members and non-members, she emphasises that there is real strength in being part of the Association: "It's a ready-built network of colleagues. I'd ask members to promote the IDA to their colleagues, to those that may be non-members. We have a huge number of dentists coming to the country that don't have a base in Ireland, that don't have a network of colleagues because they haven't trained here. The IDA is a natural place for any dental practitioner to be".

Pamex proudly sponsor, KIN Research Award at Dublin Dental University Hospital in association with Trinity College Dublin

A Randomised Control Clinical Trial Investigating the Effect of Leukocyte and Platelet-Rich Fibrin (L-PRF) on Implant Stability and Marginal Bone Levels by Daniel Merrick

Successful dental implant treatment is dependent on predictable osseointegration, the development of primary and secondary stability and long-term maintenance of peri-implant bone levels. These biologic and mechanical factors are closely interrelated and collectively determine implant survival, prosthetic success and the establishment of healthy peri-implant soft tissue. Autogenous Platelet Concentrates (APCs), particularly Leukocyte and Platelet Rich Fibrin (L-PRF) have been proposed as biologically active agents with the potential to modulate bone regeneration, wound healing and dental implant osseointegration through local delivery of platelets and leukocytes and sustained release of growth factors.

The primary aim of the study was to determine whether the adjunctive use of L-PRF during implant placement improves primary and secondary implant stability compared with conventional implant placement at baseline, 3 months and 5 months. The secondary aim was to determine the effect of L-PRF on marginal bone levels when compared to conventional implant placement. The trial was a parallel-arm randomised control trial. Ethical approval was sought and approved in 2024 and this study was registered with Clinicaltrials.gov prior to recruitment commencement.

Participants who met the inclusion criteria were invited to participate in the study and were randomly allocated to either the test or control group. In the test group, a blood sample was collected and centrifuged to produce a leukocyte- and platelet-rich fibrin (L-PRF) membrane, which was placed into the osteotomy site during implant placement. Participants in the control group underwent conventional implant placement without the use of L-PRF.
Implant stability was assessed using resonance frequency analysis (RFA) and recorded as Implant Stability Quotient (ISQ) values. Additional outcome measures included clinical and radiographic marginal bone levels. Potential confounding variables, including implant length, implant diameter, soft tissue thickness, and insertion torque, were also recorded.

Data collection is ongoing and final analysis of the results has yet to take place. Preliminary results comparing test and control groups have not demonstrated any significant differences in implant stability, or marginal bone levels across the timepoints recorded. However, the complete dataset must be collected and analysed before any definitive conclusions can be drawn.

L-R: Rawan Kahatab, Daniel Merrick, Prof. Ioannis Polyzois.

Prof. Bahman Honari, Prof. Padhraig Fleming, Daniel Merrick, Jeannette Maguire (Pamex), Rawan Kahatab, Emma McShane, Dr. Jessica Rice, Amy Fisher, and Prof. Hal Duncan.

A Randomised control clinical trial investigating the effect of Horizontal-Platelet-Rich Fibrin (H-PRF) on implant stability and marginal bone levels by Rawan Kahatab

Successful dental implant therapy depends on predictable osseointegration and the maintenance of adequate implant stability throughout the healing period. Platelet-rich fibrin (PRF) has been proposed as a biological adjunct capable of enhancing bone healing through the release of growth factors, cytokines, and leukocytes. Horizontal platelet-rich fibrin (H-PRF) is a novel evolution of conventional PRF produced using horizontal centrifugation, resulting in higher concentrations of regenerative cellular components. While previous studies have demonstrated some improvements in implant stability with conventional PRF preparations, there remains a paucity of evidence regarding the clinical effects of H-PRF during implant placement. This study was therefore designed to investigate whether the application of H-PRF to dental implants could improve implant stability and preserve marginal bone levels when compared with standard implant placement protocols.

This study is a prospective parallel-arm randomised controlled clinical trial conducted at the Dublin Dental University Hospital. Fifty adult patients requiring dental implant placement in the maxilla or mandible were recruited and randomly allocated to either an intervention group or a control group. Participants were selected according to predefined inclusion and exclusion criteria to minimise confounding factors affecting osseointegration and wound healing.

For participants allocated to the intervention group, venous blood was collected immediately prior to surgery and processed using a horizontal centrifugation protocol to produce H-PRF. Implants were coated with H-PRF before placement. Control implants were placed using the same surgical protocol without H-PRF application. Implant stability was assessed using resonance frequency analysis and recorded as Implant Stability Quotient (ISQ) values. Measurements were obtained at implant placement, second-stage surgery, and definitive prosthesis delivery (up to 5 months post-placement). Secondary outcome measures included marginal bone levels, insertion torque at implant placement, and patient-reported pain during the first postoperative week. Demographic and site-specific variables were also recorded for analysis.

The study is ongoing, and data collection has not yet been completed. Preliminary analyses have not identified statistically significant differences between groups with respect to implant stability, or marginal bone levels at the time points assessed. However, the complete dataset must be collected and analysed before any definitive conclusions can be drawn. Final results will be reported following completion of data collection and statistical analysis, with publication in a peer-reviewed scientific journal anticipated in 2027.

Why smart people feel stupid

Impostor syndrome can affect us all, but there are ways to tackle it.

Raj Rattan
Global Adviser at Dental Protection

The recent *Artemis* mission has revived memories of the *Apollo* era. It brings to mind an anecdote shared by author Neil Gaiman. He describes attending a gathering of artists, scientists, writers, and innovators, where he found himself speaking with an older man who shared his first name. The man gestured towards the room and said, "I just look at all these people and think, what the heck am I doing here? They've done amazing things. I just went where I was sent". Gaiman later realised the man was Neil Armstrong, and the remark has since become one of the most memorable expressions of professional self-doubt.[1]

This account illustrates what is now recognised as impostor syndrome, first described in 1978 by psychologists Pauline Clance and Suzanne Imes and later popularised by Clance's 1985 book, *The Impostor Phenomenon: Overcoming the Fear That Haunts Your Success*. In their study of high-achieving individuals, they observed a striking pattern – the more successful a person became, the more likely they were to attribute their achievements to luck, timing, or external factors rather than to their own ability. They termed this the impostor phenomenon.[2] Importantly, they avoided the label 'syndrome', emphasising that this is not a psychiatric disorder but a cognitive pattern affecting otherwise capable individuals.

Valerie Young, one of the leading authorities on impostor syndrome, defines it as: "The belief, consciously or unconsciously, that we are not as intelligent, capable, confident and talented as other people seem to think that we are ... despite concrete evidence of our past accomplishments ... resulting in a fear of being found out".

This definition closely aligns with experiences reported in dentistry. Although dental-specific data are limited, medical research offers insight. A 2022 study found that approximately 25% of physicians experience impostor feelings, which are linked to burnout, suicidal ideation, and reduced professional satisfaction.[3]

Characteristics

Dentists experiencing impostor syndrome often downplay their achievements, compare themselves unfavourably with peers, and interpret minor imperfections as evidence of personal inadequacy. These patterns are reflected in everyday practice:

- difficulty internalising success: achievements may be attributed to luck or external factors rather than personal competence;
- unfavourable comparison with others;
- perfectionistic standards;
- compensatory overwork: excessive checking, planning, or documentation;
- persistent self-doubt: sound clinical judgement may be questioned;
- anxiety about external scrutiny;
- interpreting complications as inadequacy: clinical setbacks may be seen as evidence of personal failure rather than normal risk; and,
- reluctance to accept praise: positive feedback may be dismissed or minimised.

Dentolegal perspective

Impostor syndrome can encourage defensive practice. Clinicians may prioritise the avoidance of error over the exercise of sound clinical judgement, while complaints and complications are interpreted not as occupational risks but as confirmation of personal inadequacy. This erodes confidence and introduces hesitation into decision-making, which may ultimately compromise patient care. From a medicolegal standpoint, this marks a subtle yet significant shift. Practice becomes driven by fear rather than professional reasoning. Aristotle's concept of practical wisdom (phronesis) – the ability to make sound judgements under conditions of uncertainty – is replaced by risk-avoidant behaviour that may not serve the patient's best interests.[4] Left unchecked, impostor syndrome has wider consequences. It is associated with burnout, emotional exhaustion, and reduced professional fulfilment.[4] In a profession already characterised by high cognitive and emotional demands, this warrants serious attention.

Summary

Impostor syndrome is not a reflection of actual ability but a distortion in how success, failure, and uncertainty are interpreted. It leads capable individuals to attribute achievements to external factors while viewing mistakes as personal failings. The evidence suggests that it is associated with reduced job satisfaction, impaired performance, and increased burnout. However, by recognising impostor feelings as a common psychological pattern, distinguishing emotion from evidence, and reframing internal narratives, individuals can begin to weaken its hold. Speaking openly about these experiences, accepting imperfection, and developing a more balanced internal dialogue are key steps towards restoring professional confidence.

References available on request.

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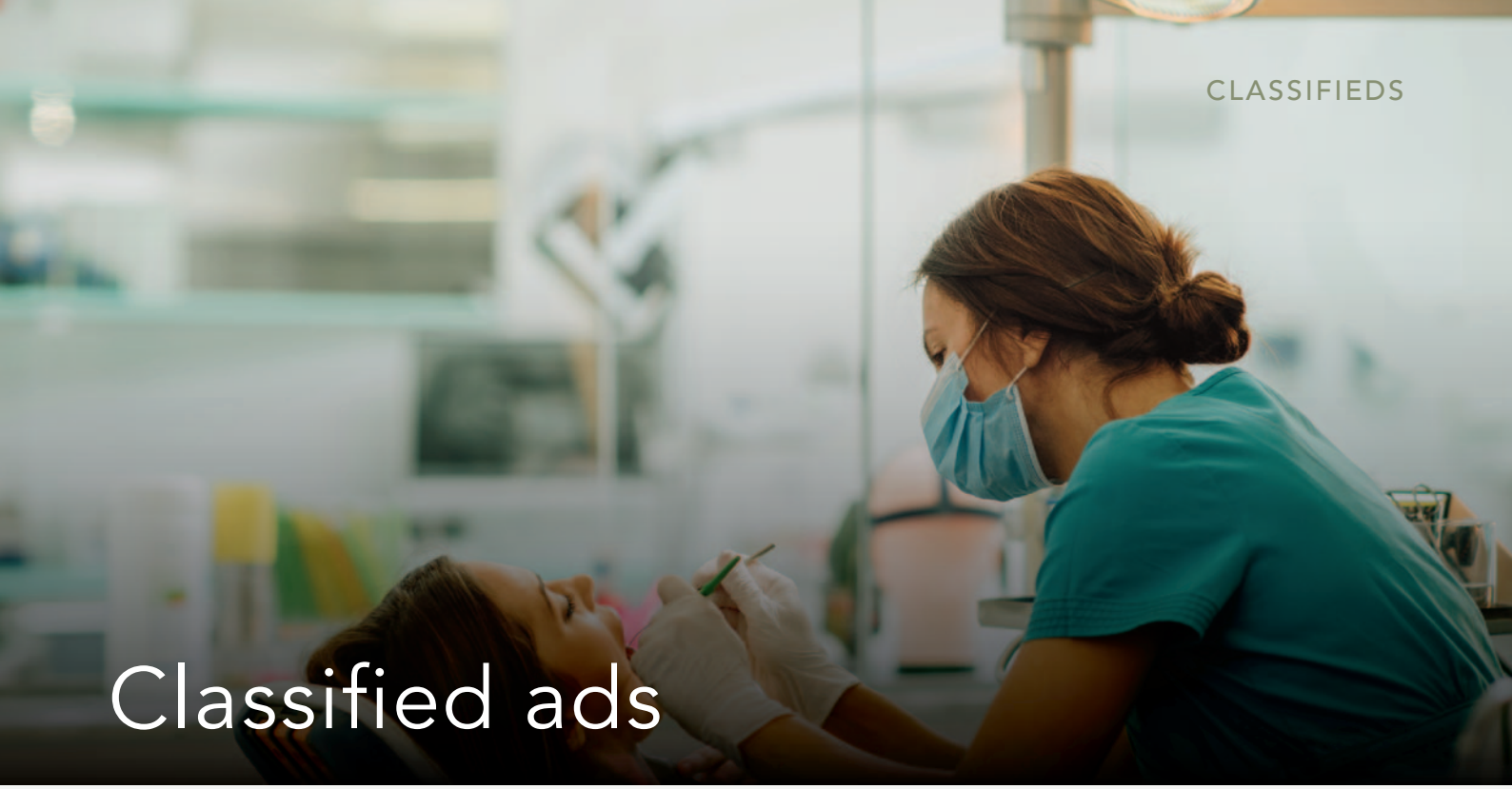

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Experienced implant dentist required to join modern, digitalised, fully private Galway and Limerick practice. Fully digital workflow, TCOs, CBCT, 3D printers and scanners. Further training and development opportunities. Excellent remuneration potential.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

Full-time general dentist required for our busy Ferbane, Co. Offaly, clinic. Excellent support staff, CEREC, CBCT, and in-house lab. Join a modern, patient-focused practice with strong clinical support and growth opportunities.
Contact: ***deirdre@thejamesclinic.com.***

Dentist required in busy Tipperary practice in Thurles. Full/part-time available – all options considered. New graduates welcome with guidance provided. Computerised, modern.
Contact: ***aidanburkethurles@yahoo.ie.***

Great opportunity for a highly motivated dentist to join an established family practice in Co. Limerick. Fully computerised, in-house prosthodontist happy to mentor a suitable applicant. Must be Irish Dental Council registered and living in Ireland.
Contact ***info@mullanedental.ie.***

Full-time general dentist required to cover maternity leave starting mid-October in Cork City. Experience is essential. Modern practice, fully digital, equipped with scanner, etc. Excellent support staff available. Must be Irish Dental Council registered.
Please email with CV to
dentalassociate2025@gmail.com.

Private-only, modern, fully computerised practice seeking a dentist to cover August leave, with long-term potential. CBCT/lateral ceph and intra-oral scanner. Well-supported team. Own transport preferred.
Send CV to ***jobs@cubedental.ie.***

Dental officer: a dentist registered with the Irish Dental Council who serves as a commissioned officer in the Defence Forces. The role requires military leadership with the need to provide high-quality oral healthcare to serving personnel.
For information, go to
https://www.military.ie/en/careers/specialist-appointments/dental-officer/.

Join Avondale Dental & Implant Clinic – a progressive, fully digitised, multidisciplinary practice in Bray/south Dublin. Modern workflows including CBCT and digital scanning, strong reputation, excellent support team, and exceptional potential for a motivated dentist.
Contact ***begleycaitriona@yahoo.ie.***

Dentist required to join busy, well-established practice in Co. Waterford. Private/PRSI. Fully computerised, OPG, scanner. Friendly team with great support. Irish Dental Council registration essential.
Contact ***tramoredental@hotmail.com.***

Locums

Locum dentist required for two to three days for July and August in busy practice in Bray.
Please send CV to ***jonathandentalfisher@outlook.com*** or call ***01-286 2137*** for further information.

Specialist/limited practice

Orthodontist required one to two days per week Waterford and Kilkenny City. Fully digital multidisciplinary practices with specialist colleagues including oral surgeon.
CBCT and IO scanner on site. Existing orthodontic services in place – expansion of existing service necessary.
Please contact ***bbarrett@pembrokedental.ie*** in confidence.

Aesthetic doctor required part-time for doctor-led Forest Green Clinic, Dublin 15. Medical aesthetics experience preferred. Flexible weekday, evening and Saturday sessions available within a premium clinic environment.
Supportive team, established patient base, advanced treatments and commission-based remuneration.
Contact: ***accounts@forestgreenclinic.com.***

Dental consultation rooms to let in south Dublin. Suitable for orthodontist, periodontist and facial aesthetics. Two rooms available.
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Please send CV and references to
Ateamtfbc@gmail.com.

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Hygienist required. Full-time position in fully private practice south Dublin. Experience preferable. EMS GBT technology.
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Gorey: full-time hygienist position available. €65/hr gross. Own dedicated surgery. Being renovated. A-Dec chair. Cavitron Woodpecker and Airstream/AIRFLOW. Free parking. No weekends. Travel allowance negotiable.
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References: 1. Daniels et al, Maxigesic® 325 Acute Dental Pain Study. *compared with the same daily dose of standardparacetamol alone. †Faster onset of action than standard Ibuprofen alone. **Easolief DUO 500 mg/150 mg film-coated tablets** Each tablet contains paracetamol 500 mg and ibuprofen 150 mg. **Presentation:** White, capsule shaped tablet with breakline on one side and plain on the other side. **Indications:** Short-term symptomatic treatment of mild to moderate pain. **Dosage: Adults/elderly:** The usual dosage is one to two tablets taken every six hours up to a maximum of six tablets in 24 hours. **Children:** Easolief DUO is contraindicated in children under 18 years. **Contraindications:** Severe heart failure, known hypersensitivity to paracetamol, ibuprofen, other NSAIDs or to any of the excipients, active alcoholism, asthma, urticaria, or allergic-type reactions after taking acetylsalicylic acid or other NSAIDs, history of gastrointestinal bleeding or perforation related to previous NSAID therapy, active or history of recurrent peptic ulceration/haemorrhage, severe hepatic failure or severe renal failure, cerebrovascular or other active bleeding, blood-formation disturbances, during the third trimester of pregnancy. **Warnings and precautions:** This medicine is for short term use and is not recommended for use beyond 3 days. Clinical studies suggest that use of ibuprofen, particularly at a high dose may be associated with a small increased risk of arterial thrombotic events. Patients with uncontrolled hypertension, congestive heart failure, established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease should only be treated with ibuprofen after careful consideration and high doses should be avoided. Careful consideration should be exercised before initiating long-term treatment of patients with risk factors for cardiovascular events. The use of paracetamol at higher than recommended doses can lead to hepatotoxicity, hepatic failure and death. Patients with impaired liver function or a history of liver disease or who are on long term ibuprofen or paracetamol therapy should have hepatic function monitored at regular intervals. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, though rare, have been reported with ibuprofen. Paracetamol can be used in patients with chronic renal disease without dosage adjustment. There is minimal risk of paracetamol toxicity in patients with moderate to severe renal failure. Caution should be used when initiating treatment with ibuprofen in patients with dehydration. The use of an ACE inhibiting drug, an anti-inflammatory drug and thiazide diuretic at the same time increases the risk of renal impairment. Blood dyscrasias have been rarely reported. Patients on long-term therapy with ibuprofen should have regular haematological monitoring. Like other NSAIDs, ibuprofen can inhibit platelet aggregation. GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at anytime during treatment. Combination therapy with protective agents (e.g. misoprostol or proton pump inhibitors) should be considered. Use with concomitant NSAIDs including cyclooxygenase-2 selective inhibitors should be avoided. NSAIDs may lead to onset of new hypertension or worsening of pre-existing hypertension and patients taking antihypertensive medicines with NSAIDs may have an impaired anti-hypertensive response. Fluid retention and oedema have been observed in some patients taking NSAIDs. NSAIDs may very rarely cause serious cutaneous adverse events such as exfoliative dermatitis, toxic epidermal necrolysis and Stevens-Johnson syndrome. Acute generalised exanthematous pustulosis (AGEP) has been reported in relation to ibuprofen-containing products. Products containing ibuprofen should not be administered to patients with acetylsalicylic acid sensitive asthma and should be used with caution in patients with pre-existing asthma. Adverse ophthalmological effects have been observed with NSAIDs. For products containing ibuprofen aseptic meningitis has been reported only rarely. NSAIDs may mask symptoms of infection and fever. In order to avoid exacerbation of disease or adrenal insufficiency, patients who have been on prolonged corticosteroid therapy should have their therapy tapered slowly rather than discontinued abruptly when products containing ibuprofen are added to the treatment program. Cases of high anion gap metabolic acidosis (HAGMA) have been reported in patients with severe illness or malnutrition or other sources of glutathione deficiency who were treated with paracetamol for a prolonged period or a combination of paracetamol and flucloxacillin. If HAGMA due to pyroglutamic acidosis is suspected, prompt discontinuation of paracetamol and close monitoring is recommended. **Interactions:** Warfarin, medicines to treat epilepsy, chloramphenicol, probenecid, zidovudine, medicines used to treat tuberculosis such as isoniazid, acetylsalicylic acid, other NSAIDs, medicines to treat high blood pressure or other heart conditions, diuretics, lithium, methotrexate, corticosteroids, flucloxacillin. **Fertility, pregnancy and lactation:** Easolief DUO is contraindicated during the third trimester of pregnancy. **Driving and operation of machinery:** Dizziness, drowsiness, fatigue and visual disturbances are possible after taking NSAIDs. If affected patients should not drive or operate machinery. **Undesirable effects:** Dizziness, headache, nervousness, tinnitus, oedema, fluid retention, abdominal pain, diarrhoea, dyspepsia, nausea, stomach discomfort, vomiting, flatulence, constipation, slight gastrointestinal blood loss, rash, pruritus, alanine aminotransferase increased, gamma-glutamyltransferase increased, abnormal liver function tests, blood creatinine increased and blood urea increased. Refer to Summary of Product Characteristics for other adverse effects. Adverse reactions should be reported via HPRA Pharmacovigilance, website: www.hpra.ie. **Pack size:** 24 tablets. **Marketing authorisation holder**: Clonmel Healthcare Ltd. Marketing authorisation number: PA0126/294/1. Product not subject to medical prescription. Supply through pharmacies only. Date last revised**:** April 2025. Date Prepared: January 2026 0126/ADV/EAS/017H

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Dental hygienist: hygienist registered with the Irish Dental Council who serves as a non-commissioned officer in the Defence Forces. Will provide a full range of preventive and interventional therapies that support the operational deployment of personnel.
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Enthusiastic hygienist required to join well-established Co. Waterford practice. Fully computerised, friendly, supportive team. Irish Dental Council registration is essential.
Contact ***tramoredental@hotmail.com.***

Dental nurses/receptionists/practice managers/treatment co-ordinators
Our team is seeking a friendly, experienced, motivated and reliable dental nurse to join our modern, patient-focused practice in Dundalk. The successful candidate will work with an experienced clinical team in a supportive environment delivering high-quality patient care. Promotional opportunities are available.
Contact ***info@maxillo.ie.***

Full/part-time dental nurse required for a dental practice outside Galway City.
Apply with CV to ***dentaljobtuam@gmail.com.***

Experienced dental receptionist required for busy paediatric dental practice in Galway City centre; 39 hours per week. Excellent office, organisational and interpersonal skills required.
Salary commensurate with performance and experience.
Reply with CV (and references if available) to
info@dympnadalydentist.com.

PRACTICES WANTED

An individual dentist seeking to purchase a dental practice in Dublin and the surrounding areas. Open-minded, flexible, and happy to explore any form of collaboration.
Contact ***dani.kohestani.p@gmail.com.***

Seeking practice for sale in Limerick/Clare/Galway area. Preferably with building included but not essential.
Contact: ***dentistkris@gmail.com.***

PRACTICES FOR SALE/TO LET

South Dublin/north Wicklow: excellent location. Long established in the area. Very busy/high footfall. Two surgeries, separate decontamination. Low overheads: rent. Plans available to reconfigure. Digitalised intra-oral x-rays/OPG. Ample free parking available. Principal retiring.
Contact ***niall@innovativedental.com.***

Dental space to let in Swords, above established orthodontic unit, self-contained, circa 900 sq. ft, requires fit-out. Would suit one of the following: oral surgeon, endodontist, periodontist, paediatric dentist.
Replies to ***tonycoughlan60@gmail.com.***

Dublin City centre, D1. Fully private orthodontic/restorative practice. Two surgeries, good turnover, competitively priced.
Contact ***pdiddlums@gmail.com.***

North Dublin City centre c.7km – high-profile location, excellent footfall and passing trade. Busy three-surgery, with potential to grow and extend hours. Good, loyal support staff. Computerised, digitalised. Low overheads. Area wide open for development of services.
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Co. Galway five-surgery premises – three equipped, two serviced (150 sq. m). Full planning permission. Own front door. Modern premises, walkinable. Huge capacity for rapid expansion. Excellent location/parking close by. Leasehold flexible. Confidentiality assured.
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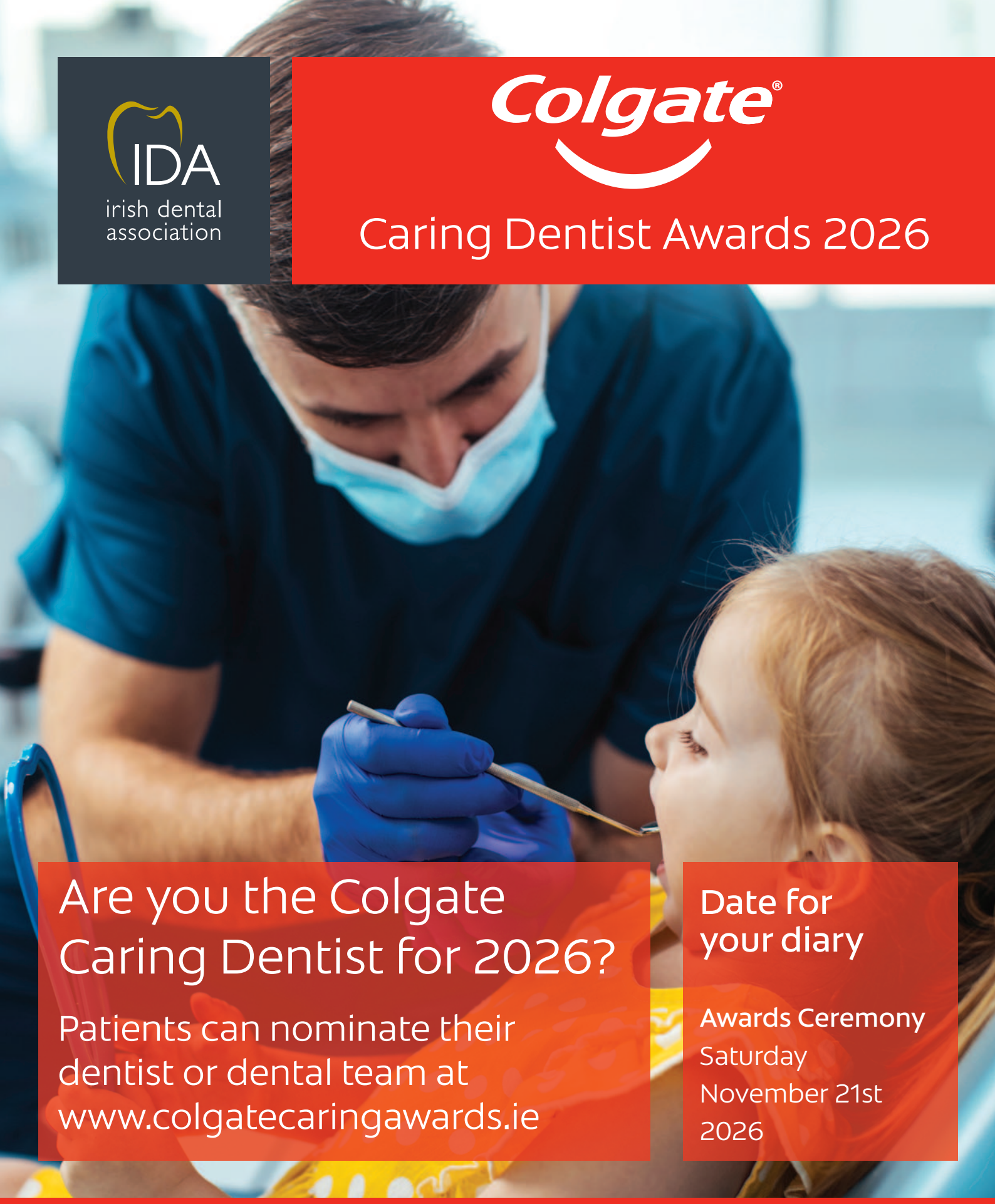

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The backbone of dentistry

Dr Gráinne Kieran shares what she loves about general dentistry, and the current aims of the IDA GP Committee.

Caoimhe Coolican
Copy editor/journalist at Think Media Ltd

Why did you choose dentistry as a career?
I come from a family of scientists and health professionals. So, I always had an interest in science and health. I went to the open day in Trinity, found that really interesting, and it probably sealed the deal for me, to realise how hands-on dentistry is, and the variety from oral medicine to oral surgery, seeing children to adults.

Can you tell us about your dental training/education?
I was a bit of an oddity because not many people came from Dublin to Cork to do dentistry – the Dubs would stay in Dublin. I absolutely loved it – so much so that I still live in Cork, and I'm married to a Cork man. I thoroughly enjoyed college from an academic and a social point of view. I qualified in 1997 and went to the UK. I was very lucky to work with a dentist in Kent who owned her own practice. She was very supportive, non-judgemental, and happy to share her experiences and listen to any queries or concerns I had. Her door was always open, which was very reassuring for me as a new graduate. My first job was a great general job, and that set me up for my career.

What is your favourite part of dentistry?
In my whole career, no two days have been the same. Even with the same patient, the variety is never-ending and it's a challenge, which is good. I worked as a HSE dentist in Jobstown for two years, treating adults that general practitioners couldn't see, and a lot of children. I really enjoyed those challenging cases. I wanted to go back into general practice for the variety, seeing parents and their children, and then their grandchildren. There's this community of families. I enjoy helping patients realise the mouth isn't in isolation – it's the gateway to the whole body – and helping patients achieve good oral health as part of their general health.

How did you get involved with the IDA?
At first it was to keep educated and meet other dentists, having come back from England. Initially I was very much a backseat member, and certainly at the time of the 2008/2009 crash, when our patients and profession were badly let down by the Government, I greatly appreciated the Association's hard work to fight our cause. In the last five or so years, becoming more involved with the IDA has been a real eye-opener. It's given me insight into what they do, and how much work goes on to promote and protect our profession.

You are currently Chair of the IDA GP Committee. Tell us about the Committee's plans.
General practice is floundering a bit. We're underrated even though we're the backbone of dentistry, certainly in Ireland. I think we need to value ourselves as general practitioners. We're fighting for dentists doing the preventive things, the good bread-and-butter stuff that we've done for decades, so that there's better care for children, people with additional needs, and older adults. For children at the moment, there's a huge deficit in school screening, and that's where collaboration with our HSE colleagues is instrumental. From a GP point of view, we need to see a better medical card scheme, and we badly need referral pathways – whether it's for private or medical card patients. We're pushing hard for mentoring, vocational training for new graduates to attract them into general practice, and we're negotiating with the Government for better contracts for patients and practices. I am hopeful. I think we're in a great position. In fairness to the Minister, there is far better engagement. I think we all need to be open to working with what we have and using our resources as effectively and comprehensively as possible.

What do you think is the value of involvement with the IDA?
At the moment it's the advocacy. On the GP Committee, it's great to have like-minded people, and we're in a good place going forward. We've dentists from Donegal to Kerry, from Sligo to Wexford. I would certainly recommend being involved. You get what you put in – it's rewarding, informative and very reassuring that there's all this advocacy going on in the background.

What are your interests outside of dentistry?
I really enjoy swimming. I'd swim all year, indoor, outdoor, as much for clearing the head as keeping the body fit. And I love nothing more than sitting down for a meal with friends or family, whether that's going out or cooking at home. Good old reading as well, a good book to escape to a historical period. And running about after my family, even though they're teenagers!

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