



JIDA

Journal of the Irish Dental Association
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FACT

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Journal of the Irish Dental Association

October/November 2026

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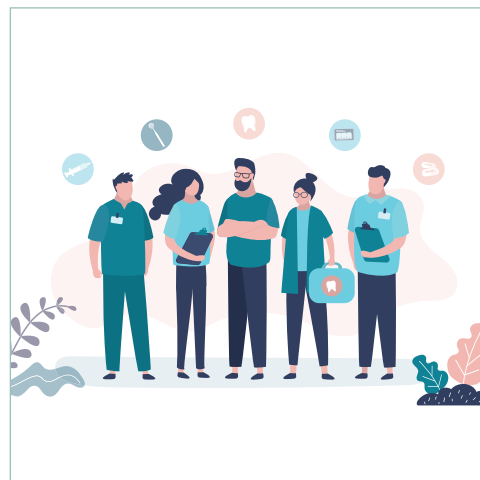
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The latest edition of *JIDA Science* is available free and exclusively to IDA members.

In this edition:

- Impact of initial correction of Class II division 1 malocclusion with a modified twin block appliance
- Non-surgical peri-implantitis therapy: what now?
- Chairside acrylic temporary crowns



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*For caries control. †Colgate® Duraphat® fluoride varnish for patients 3 years of age and over. **References:** 1. Delivering better oral health - an evidence-based toolkit for prevention, Office for Health Improvement and Disparities' 2021. 2. Marinho VCC, Worthington HV, Walsh I, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews 2013. 3. The use of fluoride varnish by dental nurses to control caries. NHS. Primary Care Commissioning. 2009. 4. <https://www.england.nhs.uk/long-read/supply-and-administration-of-medicines-by-dental-hygienists-and-dental-therapists/> 5. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/09/avoidance-doubt-v4-1.pdf>.

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PROFESSIONAL
— ORAL HEALTH —

Trust, togetherness and the road ahead



Trust is one of the most important foundations of our profession: the trust we place in our colleagues; the trust our patients place in us; and, the trust that must exist between the profession and those responsible for developing and delivering health policy. That final relationship matters enormously.

As a profession, we are willing to engage, to listen, to negotiate and to look for solutions. But when we enter discussions in good faith, we also need to know that good faith will be reciprocated. Oral health in Ireland is at a crossroads, and unfortunately, we have been travelling towards it along a very poorly maintained road. There are potholes everywhere, engraved with promises, commitments and assurances that have too often failed to materialise. Yet, as professionals, we are not in the habit of making promises we cannot keep. That is part of what it means to be a professional. Our responsibility is to be honest about what can be delivered, to understand the limitations we face and, above all, to put the patient at the forefront of every treatment plan and decision we make. The same principles should apply to healthcare policy. The dental profession has been patient. We have engaged constructively with the Department of Health. We have brought forward proposals, highlighted the pressures facing dental services and, importantly, sought solutions rather than simply identifying problems.

But the need for progress continues to remain urgent. Patients are waiting too long for care. Children are missing essential dental services. Public dental services are under pressure. General dental practitioners face significant challenges in delivering care. Hospital and special care services are dealing with growing demand. And successive strategies and plans have failed to deliver the transformation that patients and professionals were promised.

The answer is not just to create short-term solutions that appear attractive because they address an immediate problem while ignoring the underlying structural failures. We need a properly resourced oral health service. We need realistic workforce planning. We need sustainable models of care. We need appropriate investment in prevention. We need to address access for children and vulnerable patients. And we need to make sure that the professionals delivering these services are properly supported and appropriately remunerated. These are not unreasonable demands. They are the foundations of a functioning oral healthcare system. If we are being asked to find solutions together, then there must be transparency, openness, and mutual respect. There must also be a shared determination to turn commitments into action. The road ahead will not be easy. But perhaps the first step is to stop repairing individual potholes and start rebuilding the road. And we will only do that if we do it together.

Dr Bridget Harrington-Barry

IDA President

Invest in the future of dentistry



The coming months will be among the most important for dentistry in Ireland in a generation. Discussions between the IDA and the Department of Health/HSE on the Minister's new oral health action plan have the potential to shape how dental care is delivered, funded and accessed for years to come. At moments like these, one truth is clear: a strong profession requires a strong representative body. Dentistry is facing significant challenges. Workforce shortages, increasing costs, changing patient expectations, regulatory burdens, and difficulties within publicly funded schemes all place growing pressures on practices and practitioners. At the same time, there is widespread recognition that Ireland's oral health system requires reform. The negotiations and discussions that lie ahead represent an opportunity to influence the future direction of oral healthcare. However, opportunities alone do not create change. Change is achieved through informed advocacy, constructive engagement, and the collective strength that comes from representing the vast majority of dentists.

Government listens most carefully when an organisation can demonstrate that it speaks on behalf of a united profession. Every member strengthens the legitimacy and influence of the Association's position.

It is worth remembering that many of the advances secured for the profession over the years were achieved not by individuals, but by dentists working together through the IDA. Whether engaging with Government, responding to legislative proposals, addressing regulatory issues or defending professional interests, the IDA has consistently provided a platform through which the profession can be heard. Membership is not simply about accessing services or benefits. It is an investment in the future of dentistry. It enables the Association to gather evidence, commission expert advice, engage with policymakers, and ensure that the realities of practice are understood by decision-makers. It allows us to bring the experiences of dentists from every part of the country directly into discussions that affect the profession.

The period ahead will require ambition, persistence and unity. Reform processes are rarely straightforward. They involve difficult conversations, competing priorities and long-term commitment. The IDA is committed to engaging constructively to achieve meaningful improvements for patients and practitioners. I encourage every dentist to reflect on the value of professional solidarity. The stronger our membership, the stronger our voice. The stronger our voice, the greater our ability to influence decisions that will shape the future of dentistry in Ireland.

If you're not a member, then please contact Molly at molly@irishdentalassoc.ie and she will sort your membership immediately.

Fintan Hourihan

IDA CEO



*Dr. med. dent. David McReynolds – Dublin Dental University Hospital, Ireland
MDT Alexander Lichtmannegger – Enrico Steger Laboratory, South Tyrol, Italy*



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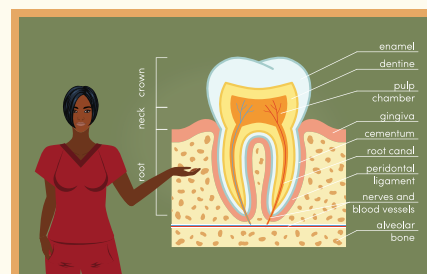
Progress on Bill introducing statutory CPD for dentists

The Irish Dental Association has welcomed the Government's approval of the General Scheme of the Dentists (Amendment) Bill, a significant step towards placing continuing professional development (CPD) on a statutory footing for dentists in Ireland.

The proposed legislation marks an important development in the regulation of the dental profession and reflects a longstanding commitment to ensuring that dentists maintain and update their knowledge and skills throughout their careers. Once enacted, the legislation will provide a formal legal framework for CPD requirements, bringing dentistry into line with other regulated healthcare professions where mandatory CPD is already established.

The IDA has consistently advocated for the introduction of statutory CPD and has engaged extensively with policymakers and stakeholders throughout the development of these proposals. Central to the Association's position has been the need for any new framework to be practical, proportionate, and supportive of dentists in meeting their professional obligations, while recognising the realities of modern dental practice.

The Government has stated that the proposed measures are intended to strengthen patient safety and quality of care, while helping to maintain public confidence in the dental profession. The introduction of statutory CPD is also expected to support ongoing professional competence and ensure



that dental practitioners can continue to respond effectively to developments in clinical practice, technology and patient expectations.

The approval of the General Scheme represents an important milestone in the legislative process. The Bill will now proceed through the various stages of scrutiny and debate in the Oireachtas before becoming law.

The IDA will continue to actively engage with Government, officials and other stakeholders as the legislation progresses, ensuring that the interests of dentists and their patients remain at the forefront of discussions. The Association remains committed to supporting members through any changes arising from the introduction of a statutory CPD framework and will provide updates as further details emerge.



IDA Annual Conference

Galmont Hotel | Galway | April 22-24, 2027



SAVE
THE
DATE

HSE members voting on pay talks and restructuring

HSE-employed dentists have been balloted by the Irish Dental Association on a range of issues relating to pay, local bargaining claims, terms and conditions of employment, and the HSE's ongoing restructuring programme. The ballot follows a decision by the IDA's HSE Committee to seek members' views on the growing challenges facing dentists working within the public dental service. The ballot seeks members' support for possible industrial action aimed at securing acceptable pay increases, achieving a full and satisfactory outcome to outstanding local bargaining claims, and protecting existing terms and conditions of employment.

A key concern for HSE dentists is the prospect of changes being introduced without agreement, contrary to established industrial relations procedures. The HSE Committee has highlighted concerns that unilateral decision-making risks undermining meaningful consultation and engagement with staff representatives.

Members were also asked whether they would be prepared to take industrial action in response to changes arising from the HSE's restructuring programme where such changes are implemented without agreement. The outcome of the ballot will provide the Committee with an important mandate and will help to determine the Association's next steps.



IDA EVENTS AND CPD

The IDA is delighted to bring the following CPD/educational events to members in the coming months. We look forward to seeing you there.

OCTOBER

October 8-9

HSE Dental Surgeons Annual Seminar, Athlone

October 9

BLS course, Dublin

October 10

ILS course, Dublin

October 16

South East meeting, Waterford



October 17

Hands-on endodontics course with Dr Roberto Careddu, Dublin

October 28

IDA webinar, 8.00pm

NOVEMBER

November 6

Dental Nurses Training Day, Dublin



November 7

Hands-on injection moulding course with Dr Micheál Healy, Kerry

November 13

Domestic abuse certificate, Dublin

November 21

Colgate Caring Dentist Awards

November 25

IDA webinar, 8.00pm

DECEMBER

December 9

IDA webinar, 8.00pm

2027

April 22-24

IDA Annual Conference, Galway

To book any of these events, go to www.dentist.ie and click on 'BOOK CPD'.

Latest HSE PCRS report shows slight rise in dental activity



The 2025 HSE Primary Care Reimbursement Service (PCRS) Annual Report showed that expenditure on the Dental Treatment Services Scheme (DTSS) reached €69.94m, a modest increase on 2024 (€69.37m), with services provided by 965 dentists participating in the Scheme.

A total of 307,252 medical card patients received dental treatment under the Scheme in 2025. Dentists carried out 1,018,482 routine ("Above the Line") treatments and 39,276 advanced ("Below the Line") treatments, representing growth in patient access and activity compared with 2024. Oral examinations were the most frequently claimed routine treatment, while prosthetic services and periodontal treatments were the most common advanced procedures.

Colgate Caring Dentist Awards 2026



The countdown is on to the Colgate Caring Dentist and Dental Team Awards 2026, taking place on November 21 at the InterContinental Hotel, Dublin, and bringing together the very best of Irish dentistry to recognise and honour exceptional achievements.

Join colleagues and friends from across the dental profession for a memorable evening celebrating excellence, dedication, and outstanding patient care. The awards night promises to be a highlight of the dental calendar, with renowned broadcaster and television presenter Kathryn Thomas making her debut as MC. Mark your diary and join us for a night of celebration.

Are you receiving IDA Update?

If you are not receiving your regular IDA Update for members, please contact roisin@irishdentalassoc.ie.



HSE Seminar 2026



The HSE Dental Surgeons Annual Seminar returns to the Radisson Blu, Athlone, on October 8-9. This year's fantastic programme includes a presentation on Scotland's Childsmile programme from Prof. Peter Mossey, as well as presentations on reducing oral health inequalities, cleft lip and palate care, treatment planning, and much more. In addition to the lectures, Friday afternoon will once again feature fantastic hands-on workshops. There will be opportunities to meet dental suppliers, and of course to catch up with old friends and meet new ones!

Don't miss it – BOOK TODAY.

Help us grow the IDA community

Do you work alongside colleagues who aren't currently members of the Irish Dental Association? They could be missing out on valuable savings, exclusive member discounts, reduced CPD rates, special offers, and a wide range of professional supports and benefits.

We're asking our members to help spread the word and encourage colleagues to discover what IDA membership can offer them.

Every new member helps to strengthen the Association, and ensures that we can continue to represent and support dentists across Ireland.

If you know someone who may be interested in joining, please encourage them to contact Molly Conroy, Membership Manager, at molly@irishdentalassoc.ie for further information.



Dental hygienists now eligible for employment permits

Dental hygienists have been removed from the Ineligible Occupations List and are now eligible to apply for employment permits. This welcome change represents an important step towards addressing workforce shortages within the dental profession and supporting dental practices facing ongoing recruitment challenges.

For a number of years, the Irish Dental Association has highlighted the difficulties practices experience in recruiting and retaining suitably qualified team members. Workforce shortages continue to place significant pressure on dental services, impacting practice capacity and, ultimately, patient access to care. The inclusion of dental hygienists within the employment permit system provides practices with an additional avenue to recruit qualified professionals and strengthen their clinical teams.

The change follows sustained engagement by the IDA, which has consistently advocated for measures to address staffing shortages and support the long-term sustainability of dental services. While this development is a positive step, further action is required to tackle workforce challenges across the sector.

The IDA will continue to advocate for the removal of dental nurses from the Ineligible Occupations List and for the inclusion of dentists on the Critical Skills Occupations

List. Both measures remain key priorities for the Association and are essential to ensuring that dental practices can recruit the skilled professionals needed to meet growing patient demand. Separately, a new Higher

Certificate in Dental Nursing Apprenticeship, being developed in partnership with the Education and Training Boards (ETBs), was due to commence in September. The programme is expected to provide an additional pathway into the profession and contribute to building the future dental workforce. The IDA is currently preparing a submission on the statutory order under which the new apprenticeship scheme will be introduced.

The Association will continue to engage with policymakers and stakeholders to ensure that meaningful workforce solutions are implemented, supporting both the dental profession and the patients who rely on timely access to high-quality oral healthcare.



HSE and public sector dentists: now is a great time to join the IDA!

What is career support, professional representation and peace of mind worth to you?

For HSE and public sector dentists, IDA membership is now available at a reduced rate of €565 per year. That breaks down to just:

€47 per month

Around €12 per week

Roughly the price of two coffees

For that, you're not simply joining a professional association. You're gaining access to support when you need it, expert guidance, professional resources, CPD savings, representation, and a stronger collective voice for dentists working in the public sector.

Whether you need advice on a workplace issue, support at an important point in your career, or simply the reassurance of knowing that there is an organisation representing your interests, IDA membership is there to support you throughout your professional life.

For around the price of two coffees a week, invest in your career, your profession and your peace of mind.

Join the Irish Dental Association today.

Visit dentist.ie or contact Molly Conroy, Membership Manager, to find out more.



IDA irish dental association

For HSE Dentists

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Like the price of **2 coffees**

Join the IDA today

Great value for HSE dentists.

Dental Nurses Training Day 2026

CPD
VERIFIABLE

Investing in continuing professional development

(CPD) is essential for every member of the dental

team, helping to maintain professional standards, enhance patient care, and keep up to date with the latest developments in dental practice. The Dental Nurses Training Day 2026 offers an excellent opportunity for dental nurses to gain valuable knowledge, develop practical skills, and network with colleagues from across the profession.

Taking place on Friday, November 6, at the Radisson Hotel Golden Lane, Dublin 8, the programme features a full day of expert-led presentations and interactive workshops tailored specifically for dental nurses. Topics include oral radiology, patient records, social media, communication skills, infection control, equipment maintenance, and compliance in practice.

With opportunities to engage with industry suppliers, share experiences with peers, and participate in hands-on workshops, this CPD event is not to be missed. Places are limited, so early booking is advised. To book, visit www.dentist.ie.



SAVE THE DATE

medray

DENTAL NURSES TRAINING DAY

FRIDAY, NOVEMBER 6, DUBLIN

Friday, November 6 | Radisson Hotel, Golden Lane, Dublin 8.

Full day of lectures, presentations and interactive workshops in the afternoon.

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Numbers will be limited.

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Open to IDA members and their teams.



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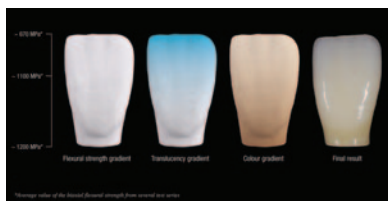
Confident sealing from Coltene

According to Coltene, its CanalPro CalciSeal takes obturation to the next level. The calcium silicate-based bioceramic sealer is designed for modern root canal treatment, and the company states that it supports efficient and reliable obturation. Built for long-lasting sealing, according to Coltene, CanalPro CalciSeal offers excellent biocompatibility and sealing performance. The company states

that these features make it an ideal choice for clinicians seeking consistent results. CanalPro CalciSeal is part of Coltene's wider root canal sealer range that includes ROEKO GuttaFlow bioseal, which the company calls a proven two-in-one cold filling system whose bioceramic components help to support regeneration by optimising pH within the root canal.

A triple gradient of natural colour

According to Zirklzahn, its Prettau® Dispersive® zirconia materials are characterised by a smooth, natural colour gradient thanks to a manufacturing technique that does not blend colours into layers but disperses them evenly. The company has developed its Gradual-Triplex Technology for the new Prettau® 3 Dispersive® zirconia, which it states results in a highly translucent incisal edge and an extremely high flexural strength at the tooth neck. As a result, the materials can be used for all kinds of zirconia restorations, according to Zirklzahn.



New savings scheme uncertainty

Budget 2027 will announce details of Ireland's proposed personal investment account, designed to encourage some of the €170 billion held on deposit to move into productive, longer-term investments. A key feature will be simpler taxation, but important details remain unclear: the tax-free allowance, contribution ceiling, applicable tax rate, range of investments, and treatment of withdrawals and losses. According to Moore Wealth Management, the proposal could give savers an accessible alternative to deposits.

However, the company advises that any surplus cash should first repay high-interest debt and overpay mortgages, which it says carry guaranteed returns. If pension contributions are maximised, the new account will hopefully be a good home for available savings, according to Moore Wealth Management.

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References: 1. Daniels et al, Maxigesic® 325 Acute Dental Pain Study. *compared with the same daily dose of standard paracetamol 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-forming 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 HPRC 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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ITALY

IADH Congress comes to Dublin

Seven hundred special care dentists from across the globe gathered in Trinity College Dublin in August for the International Association for Disability and Oral Health (IADH) Congress 2026. Hosted by the Irish Society for Disability and Oral Health (ISDH), the Congress theme was 'Inclusion Health: Prioritizing, Diversity, Equity and Oral Health'.

Over four days, the Congress included keynote addresses from leading figures in inclusive healthcare, seminars, symposia and workshops, as well as poster presentations, oral presentations and a slam competition, all with the aim of increasing inclusion and improving the oral health of persons with disabilities and those experiencing social exclusion.

In her keynote address, Prof. Clíona Ní Cheallaigh discussed the causes and impact of social exclusion, and described her work in the Inclusion Health Service at St James's Hospital in Dublin. She said that poor dental health is a very strong marker of social exclusion, and emphasised the importance of a holistic approach to healthcare, including oral health, for individuals experiencing poverty, homelessness and all forms of social exclusion.

The Congress also saw the launch of two significant documents relating to disability and oral health. At a seminar chaired by Chief Dental Officer Dr Dymphna Kavanagh, Dr Mélanie Gréaux introduced the World Health Organization's (WHO) 'Oral health equity for persons with disabilities: a policy brief'. This document is



Some 700 dentists from across the globe attended IADH Congress 2026 in Trinity College Dublin.

the result of a major collaboration between the WHO's oral health and disability health teams, and aims to address the inequities and structural barriers faced by persons with disabilities in accessing oral care.

Dr Denise Faulks introduced the WHO International Classification of Functioning (ICF) Core Sets in Oral Health. The culmination of two decades of work, Dr Faulks said that the Core Sets will provide a validated, holistic tool to measure not just oral disease, but its impact on day-to-day functions such as smiling and chewing. She said that the Core Sets would also facilitate the collection of inclusive epidemiological data, the development of standardised outcome measures, and the identification of common risk factors.

Keynote addresses at the Congress also included lectures by Prof. Caoimhin Mac Giolla Phadraig on 'Making Clinical Decisions When Outcomes Are Uncertain in Special Care Dentistry', Dr Mary Doherty on 'Autism within the Healthcare Profession', Prof. Sarah Baker on 'Re-imagining Inclusive Research to Close the Oral Health Equity Gap', and Prof. Murali Srinivasan on 'Digital Dentistry and Special Care Dentistry'. A range of seminars covered topics from obesity and oral health, palliative care, and inclusive sedation in special care dentistry, to dental outreach programmes, behavioural support, and ageing and nutrition.

Young and more experienced researchers also had the opportunity to present their research in oral and poster presentations throughout the Congress.



Pictured at the launch of the WHO's 'Oral health equity for persons with disabilities: a policy brief' were (from left): Fintan Hourihan, IDA CEO; Prof. Alison Dougall, Dean of Dental Affairs and Head of School, Dublin Dental University Hospital; Dr Gillian Smith, ISDH President; and, Dr Bridget Harrington-Barry, IDA President.



Pictured at the IADH Congress in Dublin were: back row (from left): Dr Neil Martin and Dr Gregory Antonarakis. Front row (from left): Dr Mohd Isyrafuddin Bin Ismail; Dr Magy Hany Boules; Dr Noella Ferreiro Reboledo; Dr Naomi Murray; Dr Maryam AlZayer; Dr Åsa Mogren; and, Dr Sebastián Véliz.

NEW SERIES
IDA UNCOVERED

A friend in the profession

The IDA's Professional Mentoring Programme has been supporting members for over a decade, and now offers access to more expert mentors than ever before.

Ann-Marie Hardiman
Managing Editor at Think Media Ltd.

Ten years ago, in response to member demand, the Irish Dental Association (IDA) set up its Professional Mentoring Programme to offer free, practical, informal and confidential support to members. Over the years, many dentists have benefited from the Programme, and now, with an expanded pool of mentors to draw from, it's better than ever.

Direct access to support

The scheme is administered by IDA CEO Fintan Hourihan, and dentists who are IDA members can email mentor@irishdentalassoc.ie or contact Fintan directly to access it. Fintan explains what happens when a dentist gets in touch: "I ask them to explain what it is they are interested in speaking to a mentor about. Then there is a short form, which we ask them to complete in writing. We feel it's important for the dentist to give some considered thought to precisely what they're looking for, but equally, it helps us match them with an appropriate mentor".

Potential mentees are supplied with a booklet containing anonymised profiles of the mentors. The IDA's panel of mentors now includes more than 20 dentists, with 12 new mentors recently recruited to offer the widest possible range of experience (see panel). There's also an IDA guide to the Programme, which explains exactly what's involved. Once you've selected the mentor you'd like to work with, Fintan will contact them, and if they are available, he will connect mentor and mentee.

Why seek a mentor?

Dentistry has changed enormously, and so have the issues that might drive a dentist to seek a mentor, as Fintan explains: "In the initial years, it was very much younger dentists in the first 10 years of their career who sought out the service. More recently, we've noticed an increase in contacts from dentists who trained overseas. We are delighted to now have mentors who trained in central Europe, South America, Britain, Australia and New Zealand before moving to practice in Ireland".

He offers an example of why this support is increasingly important: "I was particularly



struck by a recent conversation with a dentist, who told me: 'I arrived in Ireland from a country where every dentist has to be registered with the Dental Chamber and has their registration number, so probably a bit naively, I assumed the rest of the dental world worked in a similar way. I didn't realise that the Dental Council and the IDA had very different roles, and at the beginning I had absolutely no idea that the IDA existed. I was very lucky to meet some great dentists here who helped me find my way, and encouraged me to join the IDA and attend local branch meetings. The professional support has been very useful, but for me the social side was just as important – getting to know local dentists and having colleagues I could ask for advice. I'm genuinely very grateful for all the help I've received over the years from dentists and from the IDA in general. I also remember feeling a bit embarrassed asking very basic questions. Things that are obvious if you trained and worked in Ireland were all new to me, and sometimes you don't even know what you should be asking'".

Another emerging trend is practice owners who have decided to sell their practice, but remain on site as an associate. "That's a very new phenomenon," says Fintan. "And there's no established pathway or easy way of navigating that. Again, we have in our panel of mentors long-serving dentists, who ran their own practice, sold their practice, but remained on as an associate".

The older issues haven't gone away, and younger dentists still contact the scheme: "What we hear regularly from young dentists is that nothing prepares you for your first time in practice. They may have great clinical proficiency, but they don't have experience of the everyday aspects to being a practising dentist".

The Mentoring Programme is only one of a suite of benefits that the IDA offers to support dentists. The Association runs regular webinars on all aspects of dentistry, both clinical and business related, and the 'Starting Dentistry in Ireland' publication contains all the information you need to get started as a dentist here. Advocacy also has a role



Profile of our mentors

Practice owners/partners	13
Associates	4
General practitioners	11
Specialists	5
HSE	3
Academic	1
Overseas trained	4
Dublin based	5
Rest of Leinster	3
Connacht/ULster	3
Munster	6

to play, and the IDA has long argued for the re-establishment of a vocational training scheme for dentists. Fintan says they're also looking at establishing onboarding schemes for dentists coming into the country from abroad.

Pick up the phone

John* is a general dental practitioner who set up his own practice with a colleague a number of years ago. He's been involved in the Mentoring Programme since its inception, and has mentored several dentists during that time, most of whom wanted to explore that process: "The people I've mentored have all been centred around the business of dentistry. It's such a shame that undergraduate students don't get even a module on how to run a business, how to do a set of accounts or file a tax return. That's where I think the mentoring service is great. It fills that void". Once he has been linked with a mentee, John arranges to meet in a neutral location for a coffee and a chat: "I'll tell them a bit about myself and I'll find out a bit about them. I think in a relaxed informal setting, they tend to open up a little bit more. They'll explain their problem, and then lots of times you'll maybe solve the problem there and then. Other times we might need to come back and look at it again".

John says that he might offer to visit the mentee in their practice, or invite them to his, as it can help to see exactly what the practical issues are. He's happy to offer that practical advice, but says that often what's needed is a sounding board, an opportunity to talk through their ideas: "A lot of the time the mentees already know the answers, but maybe they just need a little bit of reassurance, in a non-threatening and non-judgemental way".

He's thoroughly enjoyed the experience: "Dentistry is a stressful job, and sometimes it's lovely, when you go out and talk to another dentist and you realise, well, they're having the same problems I'm having. It's lovely to see somebody who came to you with a problem initially and then you've managed to help them solve their problem. There's a lot of satisfaction in that". "If you're thinking of availing of the service as a mentee, I would say absolutely don't think twice about it. Pick up the phone. It's invaluable".

Reaching out

Elizabeth* is a general dentist who has a special interest in orthodontics and has experience of setting up several practices over the years, both general and specialist. She says the questions she gets from mentees are varied: "A lot of them are about general practice – how to set up a practice, whether to stay on your own or join a larger practice, how to manage people, and what different career paths might look like. I remember one mentee who was working on her own in a single practice and was

finding it quite difficult. She was wondering what it would be like to move into a much bigger, multi-dentist, multi-surgery environment. We talked through what that transition might look like, and she subsequently joined one of the corporates and is very happy there".

Sometimes the conversations aren't really about dentistry at all: "I've had mentees who have simply needed somebody to talk to – almost a friend in the profession. I think that's probably one of the most important parts of mentoring. Dentistry can be a surprisingly lonely profession, and I think there's sometimes an insecurity about reaching out because you feel that asking for help somehow means that you're not coping or you're not good enough. That's really where mentoring comes into its own. It's not necessarily about having all the answers. It's about having somebody you can pick up the phone to, who understands the profession and understands some of the pressures that come with it. Sometimes, just knowing that you're not alone makes a huge difference".

If you are an IDA member, you can contact the IDA today to access the scheme, and if you're not, then please think about joining, and you will receive immediate access to the scheme, and to all the other benefits of membership.

*Dentists' names have been changed to maintain the anonymity of the Programme.

Email mentor@irishdentalassoc.ie



to find out more

Stay connected

Catherine* sought support from the Mentoring Programme when she was trying to figure out whether to take over a dental practice from a family member who was retiring: "The practice had really suffered during the recession, but I was determined – I wanted to be the one making the decisions. I had worked in industry before so had more business knowledge than most dentists, but there was lots I didn't know. My mentor let me see their business plan, which they'd used to apply for finance. I didn't think a bank would lend me money but my mentor reassured me that they would, and that made a massive difference. Getting that financing helped me to buy and completely renovate the practice". Catherine says her mentor had lots of practical advice on the renovations too: "I had a plan on how I wanted to do things, but my mentor made suggestions that saved me money, and were also much better in terms of the workflow of the surgeries. Having someone to sound things off was really good – my mentor was very calm and helpful, and it was lovely to have someone who'd been in the same boat. I think dentists should have as many mentors as possible, for clinical issues, business, and life. It's really important to stay connected".

The Irish voice in European dentistry

The IDA has been active on the European stage for over 50 years. A recent publication from the Council of European Dentists exemplifies this international collaboration.

Caoimhe Coolican

Copy editor/journalist at Think Media Ltd.

About the CED

The Council of European Dentists (CED) was established in 1961 (originally known as the EU Dental Liaison Committee) to advise the European Commission on matters relating to dentistry. It is the representative organisation for the dental profession in the EU, and is composed of national dental associations from 30 European countries, representing over 350,000 practising professionals.

This not-for-profit association, with an office in Brussels, promotes the interests of the profession and patients through policy papers and lobbying the EU Commission on regulations concerning dentistry. The CED deals with a broad range of topics, such as education and professional qualifications, e-health, patient safety, medical device regulation, oral health policy and corporate dentistry. On all of these subjects, the CED issues statements and draft amendments to proposed EU legislation in order to ensure that the views of European dentists are reflected in decisions affecting them, and to promote high standards of dental care and education. Other activities include meeting with MEPs who have an influence on health policy to advocate for the profession, providing expertise to EU institutions on health and consumer protection and dental education, and co-operating with other allied professions.

Irish influence

The Irish Dental Association (IDA) is one of the national dental associations that form the membership of the CED. Ireland has been involved with the CED since accession to the European Economic Community (EEC) in 1973. One of the many Irish representatives to have acted in this time is Dr Tom Feeney, a Board Member and Treasurer for many years who also managed the CED's transition to an independent, fully staffed office. Drs Michaela Dalton, Robin Foyle and Kieran O'Connor are current IDA representatives at the CED. Dr Robin Foyle has represented Ireland at the CED since 2007, and is now in his second three-year term on its Board. IDA CEO Fintan Hourihan also attends CED meetings.



Pictured at the May 2025 CED General Meeting in Poland are (from left): Dr Kieran O'Connor; Fintan Hourihan, IDA CEO; Dr Michaela Dalton; and, Dr Robin Foyle.

Drs Michaela Dalton and Kieran O'Connor are both members of the CED Oral Health Working Group. There are five active CED Working Groups, which are composed of dentists who are experts on specific issues and are tasked with drafting CED policy. The Oral Health Working Group monitors national laws and EU Regulations and Directives, and prepares CED policy in areas related to oral health. Its recent work includes resolutions on sugar consumption, tobacco and antimicrobial resistance.

Dr Kieran O'Connor feels it's important for IDA members to know that the Association is represented at the European level through the CED: "We're there, we contribute, and it is so important for us to have international representation because our voice is very strong. We're a small country, but our voice is heard". He believes that Ireland punches above its weight in terms of influence at the CED: "We are engaged people. Our standard of dental education is good. I think we enjoy being part of a collective – we value being at the centre of Europe. If you look across the EU level, we have become significant players".

"We are engaged people. Our standard of dental education is good. I think we enjoy being part of a collective – we value being at the centre of Europe."

White Paper on Ageing and Oral Health

One of the CED's aims is to promote oral and dental health across the life course. As part of this effort, the CED General Meeting in November 2024 directed the Oral Health Working Group Chair Dr Vasileios Stathopoulos to develop a White Paper



Dr Kieran O'Connor (left) and Prof. Gerry McKenna at the Oral Health for an Ageing Population session at the FDI World Dental Congress 2026 in Prague.

on Ageing and Oral Health. Kieran led the co-ordination and drafting of the White Paper, which was published in November 2025: "I'm a general dentist, 33 years qualified, with a master's degree in restorative dentistry. It was great to lead the writing of the piece. I was able to identify with every single problem in it. Oftentimes the older population does get neglected from the oral health point of view".

Irish dentistry was also represented among those who advised the Working Group on this project, including expert input from Prof. Gerry McKenna, Chair of Oral Health Services Research and Gerodontology in the Centre for Public Health at Queen's University Belfast.

Kieran describes the paper as a broad resource material: "It is designed to be in plain English, for policymakers to be able to read and go, okay that makes sense. The science is solid – but you don't have to be a scientist to understand it". The drafting took 14 months, with the Working Group meeting regularly to review versions of the paper before it was presented at a CED General Meeting for approval. And while not everyone in the room always agrees, Kieran says that the development of this paper was remarkable: "For countries east, west, north, and south, the core values were very easy to agree. The difficulty was cutting it down to an eight-page document! Clara Luciani, Policy Officer at the CED, provided expertise with the design, layout and impactful use of language".

An ageing population

The paper first acknowledges a significant increase in the ageing population of Europe. It outlines the economic and social challenges created by this demographic shift, underscoring a profound strain on health systems, workforces and budgets. It also identifies a failure of the EU to address acute oral health diseases in its initiatives and policies on healthy ageing.

The paper affirms that oral and general health conditions disproportionately impact the older age group. While overall life expectancy in Europe has improved, the quality of these additional years remains a major concern, as over 40% of EU citizens aged 65 and older live with at least two chronic conditions. The paper points to difficulties for this population in accessing care, through factors such as cognitive impairment, communication barriers, and lack of valid consent. Particular challenges, including frailty, polypharmacy, toothwear, oral cancer, sugar consumption, malnutrition, respiratory disease, and xerostomia, or dry mouth, are recognised. Therefore, the CED concludes that integrating the specific

"Oral health impacts everything. There's a link: better oral health, better general health. Oral health in the ageing population is a good example of that because you're dealing with all of the elements – their whole health needs to be managed".

oral health needs and conditions of older and dependant older adults must be central to disease prevention strategies.

CED recommendations

The White Paper calls for urgent, co-ordinated action to address the oral health needs of Europe's ageing population, emphasising prevention, education, and integrated care. It calls on policymakers and European Commission officials to:

- integrate oral health in all EU health policies and initiatives;
- target education through the enhancement of gerodontology training for dental professionals and the provision of oral health education for health and social care workers;
- improve workforce conditions and interprofessional collaboration; and,
- establish a dedicated oral health strategy for healthy ageing (including oral health literacy and citizen empowerment).

Oral health for well-being

A consistent theme running through the paper is oral health as a fundamental component of general health and quality of life. It's a message that the IDA continuously promotes, and one that Kieran highlights as a key takeaway: "Oral health impacts everything. There's a link: better oral health, better general health. Oral health in the ageing population is a good example of that because you're dealing with all of the elements – their whole health needs to be managed".

He explains that this policy illuminates a bigger picture: "It shows that as dentists, we're not just odontological carpenters. We're not just fixing problems; we're integrating what we do with people's medical care, residential care, social care, and having all the stakeholders working together for someone's life to be better. Sometimes as dentists, we're probably in a silo, doing stuff on our own. We have to show that we work with all the other parts of the puzzle".

Kieran is optimistic about these recommendations being pursued: "The population is getting older and everybody is dealing with it. Ageing faces us all. An increasing number of adults are retaining their natural teeth for life, and effective care requires assessment of individual, preventive strategies, early intervention, and collaboration between dentists, healthcare teams, carers, families and policymakers".

Friendship matters in dentistry

Friendships are not just a luxury – they are a vital source of well-being and a professional resource

Prof. Raj Rattan MBE

Global Adviser at Dental Protection



It is late evening in early April. *Artemis 2* has cleared the launch tower when my phone rings. It is a school friend who, knowing my longstanding interest in space travel, has waited until the launch abort window closed before calling. I answer, expecting another discussion about the ethics of space exploration – a long-running debate.

I am mistaken. He sounds distressed and wants to discuss a difficult situation with a patient he feels he did not manage well. He tells me he is calling not for dentolegal advice but as a friend. I am struck by the contrast: after decades of waiting, humanity reaches once more for the Moon, while one dentist has waited several hours, out of courtesy, before reaching out to a friend for help.

Types of friendship

In *Nicomachean Ethics*, Aristotle describes three types of friendship.¹ The first is based on utility – relationships formed because they are mutually beneficial. The second is based on pleasure, rooted in enjoyment. The third, and highest form, is friendship of virtue – relationships founded on mutual respect and shared values. In our professional lives, we build friendships of utility – colleagues we consult, refer to, collaborate with, and learn from. We also foster friendships for pleasure through conferences, peer-review groups, and social gatherings. Both types are valuable. Yet, when difficulties arise, it is friendships of virtue that we rely on. They take time to develop and are sustained by mutual trust and reciprocal regard for one another's good. Aristotle describes such relationships as *teleia philia*, meaning complete or fully realised friendship.

Likes, followers, and friends

Today, social media can blur what we mean by friendship. Followers, likes, and friends are not the same. Followers constitute an audience. They observe what you share and might feel they know you, but the relationship remains primarily one-sided. Likes are signals, not relationships. They reflect fleeting attention – effortless and easily forgotten. Friends are different. They get to know your character over time and stay by your side when times are tough.

The science and philosophy of friendship

Evidence shows that relationship quality matters more than quantity. Strong,

supportive connections reduce stress and boost resilience. Conversely, excessive social media use links to increased anxiety, depression, and lower well-being. Friendship benefits mental health in many ways. It provides emotional support through listening, understanding, and validation. Systematic reviews confirm that meaningful, supportive relationships are linked to better mental health, lower morbidity, and even longer life expectancy.² For Aristotle, friendship is not merely a social convenience, but a vital aspect of what he called *eudaimonia* – a state of human flourishing rooted in virtue, purpose, and meaningful activity. Genuine friendship, in this context, is not just about companionship but about mutual moral growth. Friends recognise the good in each other, reinforce it, and support one another in reaching their potential.

Conclusion

When I hung up the phone after speaking with my friend, he said he felt better, even though I did not say anything he did not already know. Why? Perhaps because friendship does not always have to provide new answers but helps us return to the ones we already know. Virtue friendships are not a luxury but a professional resource. For generations, such friendships have provided emotional support, perspective, and resilience. No digital platform, however sophisticated, can fully replace that.

A final thought

As I finish this article, I am reminded of John Glenn, the first American to orbit the Earth, inside a tiny spacecraft called *Friendship 7*. Its name honoured not only the Mercury astronauts, but also the camaraderie and shared purpose that united them. Aristotle might have recognised a deeper truth in that name – that achievement rests not only on skill, endeavour, and virtue, but also on the strength of meaningful friendship.

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Useful or troublesome – hypochlorous acid in the dental practice

Jenny Nixon, Business Development Director at Dentisan, explores the suitability and risks of using hypochlorous acid as a dental disinfectant.

Hypochlorous acid is a reliable solution for fighting enveloped viruses like Covid-19. Social media trends have also encouraged its use in dermatology, for the treatment of skin conditions like acne.

For dental practices, hypochlorous acid is good for infection control, but its effectiveness is dependent on diligent management and compliance. So, how suitable is it?

Hypochlorous acid and its daily use

Hypochlorous acid is naturally created in the body, when white blood cells attack invading pathogens and produce the acid in response to injury and infection.¹ Its pH range is 3-6 for aqueous solutions, with 3.5-5 considered a stable form that optimises antimicrobial activities.²

Electrolysis creates hypochlorous acid from a combination of water, non-iodised salt and vinegar. This can be achieved in eight minutes, with a safer pH of 5-6.5 that is ready to use for disinfection against a broad range of micro-organisms.³ For healthcare providers, hypochlorous acid can be used for wound care, hand hygiene, surface application, and, of note to dental professionals, to target biofilm, especially in the dental unit waterlines (DUWLs).

However, hypochlorous acid solutions that fail to meet compliance standards can increase the risk of pathogen transmission and also damage equipment in the dental practice. This means using properly formulated solutions at the recommended pH level to avoid:

- metal corrosion and rust – hypochlorous acid is an oxidiser, which means improper wiping will increase the risk of rust on metal surfaces. There is also a risk of instrument corrosion; and,
- material degradation – consistent application of hypochlorous acid to softer surfaces, such as plastic or rubber, can reduce hardness and micro-pitting.

Hypochlorous acid must meet biocide compliance standards. Depending on claims and specific intended purpose, this could be adhering to the Great Britain Biocidal Products Regulation (GB BPR) and/or the Medical Devices Regulation (MDR)/Medical Devices Directive (MDD) (UK Conformity Assessed (UKCA)/Conformité Européenne (CE)). This can be particularly problematic and ambiguous with in-practice generator systems.

How to store hypochlorous acid correctly

To further reduce the risk of damage to dental practices, hypochlorous acid must be stored in a safe and stable manner. This is because the solution is highly reactive, in turn impacting its concentration and therefore its functionality. The following steps are required:

- block any light sources by storing the acid in a dark container – this is because UV radiation and sunlight break down the active compounds after four days;
- regulate the storage temperature to below 25°C to prevent deterioration;
- keep bottles tightly sealed to prevent oxidation;
- ensure packaging is vented to prevent pressure build-up during natural degradation; and,
- use smaller batches to maintain effectiveness.³

Failure to meet the regulations and storage guidelines for hypochlorous acid can have a detrimental impact on the dental practice as its antimicrobial qualities are diminished.

For instance, in DUWLs, if the water quality is not checked and maintained to the Care Quality Commission (CQC) standard, biofilm can coat the plastic material and disperse microorganisms through the water network. This will eventually pose a risk to patients and the dental team.³

Another drawback is that any errors in measurement cause delays in time and product waste (especially when considering that the antimicrobial activity of the solution is dependent on the optimal pH).⁴ Some formulations may require a thorough rinse out of the waterlines before the end of each working day; this can be a further inconvenience and runs the risk of being overlooked.

A reliable solution

For cleaning DUWLs and other components of the dental practice, a non-toxic and non-corrosive disinfectant and maintenance solution that is easy to store is superior to hypochlorous acid solutions. It must also be effective in various forms and relatively inexpensive. The Dentisan product range is filled with reliable infection control solutions, including those for managing DUWLs. These ensure compliance with Health Technical Memorandum (HTM) 01-05 and support a seamless integration into the daily workflow. For those unsure of the correct regulations, or dental practices looking for a refresher, the Dentilearn in-practice CPD sessions are an excellent way of staying up to date on infection control compliance.

The need for correct infection control protocols means using HTM 01-05-compliant products that are properly maintained. While hypochlorous acid can be beneficial, it demands considerable attention, with a large margin for error and non-compliance. For the safety of patients and the dental team, and the reputation of the dental practice, ensure that your cleaning solutions are reliable.

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Jenny Nixon
Business Development Director at Dentisan



Classified ads

Classified advertisements are accepted via the IDA website – www.dentist.ie – only, and must be pre-paid. The deadline for receipt of advertisements for inclusion in the next edition is Friday, October 30, 2026. Classified ads placed in the *Journal* are also published on www.dentist.ie for 12 weeks.

Please note that all prices are inclusive of VAT.

Advert size	Members	Non-members
up to 25 words	€147.60	€295.20
26 to 40 words	€174.00	€355.25

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Please note that all classified adverts MUST come under one of the following headings:

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

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Associate with a view to purchasing a mostly orthodontic clinic in Dublin 1. Must have extensive experience in fixed appliances. One to two days initially, owner planning retirement/withdrawal over the next three years. Contact pdiddlums@gmail.com with CV.

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Enthusiastic associate dentist required for a busy, modern, family-run general practice in Roscrea, Co. Tipperary. Private/PRSI. Well equipped, fantastic

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Experienced dental associate wanted for modern, family-run, private practice in south Wicklow. Must be Irish Dental Council registered. Private/PRSI. Flexible working days. Contact wicklowdentaljob@gmail.com.

Experienced dental associate wanted for modern practice in Athy, Co. Kildare. Busy lists. Private/PRSI/GMS. Flexible working days. House attached to practice available to rent included. Contact info@dentalsuite.ie.

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Join our busy, modern, state-of-the-art private practice in Dublin and become part of a highly skilled, supportive, and patient-focused team. We are seeking an enthusiastic, motivated, and compassionate associate dentist who is committed to delivering exceptional care. Excellent earning potential. Contact dentalassociatepositiondublin@gmail.com.

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associate dentist three to five days. Excellent support staff, weekly visiting oral surgeon. Accommodation available close by. Further information on request. Contact mbcaro6@gmail.com.

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We are seeking an associate dentist who is committed to providing exceptional care. Fully private, well-established Cork City dental practice. Fully digital, I/O scanner, OPG/CBCT. Taking over a departing colleague's full book. High earning potential. Excellent support staff. Contact jennifer.meagher@gmail.com.

Dentists

Athlone Dental is seeking a friendly, motivated dentist for maternity cover in December. Join our busy, modern private practice with an established patient base, excellent team support and a collaborative working environment. Full- or part-time hours considered. Contact athlondental@gmail.com.

Castlebar: Full-time or part-time dentist wanted for our newly renovated Castlebar clinic. Join a friendly, supportive team with CBCT, intra-oral scanners and a high volume of new patients. Applicants must have at least nine months' experience in general practice. Contact jobs@cubedental.ie.

Dental Care Ireland Kilkenny. Fantastic opportunity for two+ year experienced dentist, maternity leave cover as of November 2026. Strong patient book on offer, high earning potential. Must have Irish Dental Council registration and reside in Ireland. Flexible options part or full time. Contact careers@dentalcareireland.ie.

Dental Care Ireland Meath. Two+ years' experience is required, strong patient book on offer within our established practices. Flexible options, fully supported by our friendly and experienced clinical teams. High earning potential. Irish Dental Council registration and currently residing in Ireland essential. Contact careers@dentalcareireland.ie.

Dental Care Ireland Waterford. Two+ years' experience required, flexible options on offer, high

earning potential. Must reside in Ireland and have Irish Dental Council registration. Experienced and friendly clinical support team in place. Strong patient books on offer. Contact careers@dentalcareireland.ie.

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Dentist: initially part-time role. Relaxed, modern practice, joining supportive general, endo, ortho, and hygiene team. Flexibility offered in terms of work-life requirements. South Kildare. Contact apply@fairgreendental.ie.

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Join our busy, state-of-the-art dental clinic in Galway City! We're seeking a motivated, patient-focused dentist to become part of our friendly, experienced team. Excellent earning potential, modern facilities, and supportive work environment. Must be Irish Dental Council registered. Contact ethna@galwaydentalgroup.ie.

Ready to take your earning potential to the next level? Join our busy, supportive dental practices nationwide with excellent earning opportunities, flexible working roster, clinical freedom and the

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Swords Dental seeks an experienced dentist on Saturdays (9-3). Busy, modern practice with excellent support staff and high earning potential. Possibility of additional days available. Contact colinpatricklynam@hotmail.com.

Specialist/limited practice

Are you a prosthodontist looking for work in a busy, state-of-the-art clinic in Galway City? Excellent referral base and flexible working arrangements. Confidential applications welcomed. Contact ethna@galwaydentalgroup.ie.

Dental Care Ireland South East – orthodontist opportunities within our established, modern practices. Busy patient books on offer, high earning potential. Flexible days, supported by our friendly and experienced clinical team. Irish Dental Council registration essential and must reside in Ireland. Contact jennifermargaretcollins@gmail.com.

Endodontist required for part-time role at Swords Dental to replace departing colleague. Busy, modern practice with friendly integrated team. Contact swordsdent@live.ie.

Irish Dental Council-registered specialist orthodontist wanted to join our friendly, well-established Dunboyne practice. Confident, independent clinician building strong patient relationships within a supportive team. Contact dunboyneorthodontics@gmail.com.

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Cavan/Meath/Louth/Monaghan – flexible opportunity for part-time Irish Dental Council-registered dental hygienist to join the growing team at Frazer Dental (two dental hygienists, ortho therapist, five dentists). Contact frazermanagement1@gmail.com.

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Immediate opening for Irish Dental Council-registered dental hygienist at our independently owned practice in Drogheda supported by own DSA, decon staff and strong clinical and admin teams. Position is flexible with two to four days/week. New graduates welcome. Contact angelamkearney@gmail.com.

Maternity leave – dental hygienist in established dental practice in Dublin 6W for two days per week (Tuesday and Friday preferred). Computerised practice, supportive team, established patient base. Contact olivia.plunkett@gmail.com.

North east multi-surgery practice seeks hygienist two to four days, must be Irish Dental Council registered. Further info on request. Contact mbcaro6@gmail.com.

Part-time role for hygienist available at Swords Dental. Longstanding book of hygienist patients with high demand. Friendly modern practice with integrated team including a periodontist. Contact colinpatricklynam@hotmail.com.

We are looking for an enthusiastic dental hygienist to join our busy, well-established dental practice in Cork City for three days/week. An excellent opportunity to take over the established hygiene book of a departing colleague. Excellent support staff. Contact jennifer.meagher@gmail.com.

Dental nurses/receptionists/practice managers/treatment co-ordinators

Dental nurse/receptionist required for four to five days per week, Monday to Friday. Previous experience is preferable but not required. No late evenings or weekends. Contact ncdreception2@gmail.com.

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Established solo practice in Cork. Principal wishes to retire and is seeking a caring dentist, committed to long-term continuity of care. Flexible purchase terms available for the right individual. Contact corkpractice2026@gmail.com.

Space for new practice. Prime downtown location Drogheda. 110m² first and second floors. Flexible layout. Scope to refurbish/redesign. Car parking. Zoned commercial. Contact **087-102 1376**.

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Carestream CS 8100 digital panoramic OPG for sale due to equipment upgrade. Supplied and installed by DMI in May 2025. Excellent working condition. €8,500 or nearest offer. Now outside manufacturer's warranty. Buyer responsible for professional de-installation, collection, transport and re-installation. Contact edpracticemanager@hotmail.com.

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Dr Inez Duane recently graduated from Dublin Dental University Hospital, and now works in private practice in Celbridge. She talks about the benefits of getting involved in all aspects of dentistry.

Caoimhe Coolican

Copy editor/journalist at Think Media Ltd.



Why did you choose dentistry as a career?

I really liked science in school, so the clinical side of dentistry appealed to me. But I also wanted something where I wasn't stuck behind a desk, where I could build relationships with patients. Ultimately what sold me on dentistry was the variety. You can be a scientist, solve problems, communicate with people, and in some cases, you can be a bit of an artist. I realised quite quickly that dentistry is as much about people as it is about teeth. That's one of the things I love: you're treating a whole person, and every patient has a different set of circumstances and expectations. That combination really appealed to me.

Can you tell us about your dental training/education?

The course in Trinity was great. It's allowed me to have such a smooth transition into working as a general dentist. I think one of the most important things was actually dealing with patients. I learned so much through treating patients from second year to fifth year. Alongside normal training, I became involved in the student side of dentistry. I was President of the Trinity Dental Society for two years, and the Irish representative of the European Dental Students' Association for three years. I also did a lot of work with the Trinity Access Programme, which works with students from disadvantaged backgrounds and helps them transition through secondary school into first year of college. I had the opportunity to meet a wide variety of people, dentists and students from so many different countries, which has definitely stood to me.

What is your favourite part of dentistry?

The most rewarding part is getting to know each of my patients and seeing their confidence develop over time. I've really enjoyed being able to take a patient who comes in to me really nervous and completely change their experience of the dentist – that's the biggest achievement for me. The main thing is that they feel listened to and that they know they're going to be okay.

You were the first ever undergraduate IDA Council member. Tell us about your experience on the Council.

It was a brilliant experience. Myself and Shane [Keating, the second undergraduate Council member] joined around the same time. I really enjoyed bringing the student perspective to our discussions. I was nervous, and thought, oh, I'm only a

student. But we learned from the really experienced dentists, and they probably learned in a completely different way from us. I was asked to continue on the Council, so myself and Shane are the new young dentist representatives this year. We've both been working for the last few months, so it's great to have experience since graduating, and to hopefully be able to make a positive impact for the next generation of dentists. It's so important that people know you don't have to wait until you graduate to start making a contribution to dentistry.

In your view, what is the value of involvement with the IDA?

Dentistry is a really individual profession and it can get lonely. The IDA is doing great work to try and fix issues in the profession, which will make everyone's jobs better on a day-to-day basis. But it also allows you to meet people, find mentors, understand the profession a bit better, no matter what age you are. The most important thing to me now is continuing to learn, keeping on top of research, because it makes a huge difference to patients. The IDA really helps you to have a support network, so that you're not just relying on your own experiences but on others who have years of experience.

What do you think are the big issues for dentistry in Ireland?

The obvious one is access to care. When someone comes in with a medical card, the majority of the time, they haven't been seen in 10 years. And instead of focusing on prevention, we're two steps behind, trying to catch up on these really severe cases. Patients who need treatment are not getting it. Workforce is another one. We need to make sure that we have enough dentists and specialists to meet population needs. It's not just the recruitment of dentists, but everything that goes with it for retention of dentists in the country: good working conditions, training opportunities, and support for early-career dentists. They're all equally important.

What are your interests outside of dentistry?

I'm a huge advocate for work-life balance. I love my job, but I also love doing completely different things. I love music – I play violin, guitar, piano, and trumpet. It's a really relaxing thing to do if you just need to unwind. I used to be big into sports as well, and was on the Irish athletics team when I was younger. I was also part of the Dublin Youth Orchestra. I've always loved my extracurriculars!

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