

# DENTAL HEALTH

VOLUME 62 | NO 2 OF 6

MARCH 2023



BSDHT.ORG.UK

THE JOURNAL OF THE BRITISH SOCIETY OF DENTAL HYGIENE AND THERAPY



**SPOTLIGHT  
ON MENTORING**

**THE DENTAL  
PROFESSIONAL'S  
IMPACT ON  
HEALTH INEQUALITIES**

**VOLUNTEERING  
IN PANAMA**

**NOW BOOKING**

# 2023 FULL DAY GBT WORKSHOPS

Guided Biofilm Therapy (GBT) is the systematic, predictable solution for dental biofilm management in professional prophylaxis using state of the art AIRFLOW®, PERIOFLOW® and PIEZON® technologies.

GBT is proven by scientific evidence and consists of treatment protocols based on individual patient diagnosis and risk assessment in order to achieve optimal results. The treatment is given in the least invasive way, with the highest level of comfort, safety and efficiency.



“Our patients have told us that GBT is leagues beyond what they have experienced elsewhere. In fact, we find that patients often come to the hygienist through the direct access mechanism. As consumer awareness of GBT continues to rise, if you don't offer it, you're going to get left behind.”

Dr George Cheetham, Fulham Road Dental Practice

**EMS<sup>+</sup>**



## 2023 DATES

04.03.23 **LIVERPOOL**

17.03.23 **GLASGOW**

05.04.23 **BIRMINGHAM**

22.04.23 **OXFORD**

26.05.23 **LONDON**

10.06.23 **BRIGHTON**

21.06.23 **LEEDS**

**BOOK A GBT COURSE**



[www.ems-dental.com](http://www.ems-dental.com)  
[info@ems-unitedkingdom.com](mailto:info@ems-unitedkingdom.com)



The mission of BSDHT is to represent the interests of members and to provide a consultative body for public and private organisations on all matters relating to dental hygiene and therapy. We aim to work with other professional and regulatory groups to provide the highest level of information to our members as well as to the general public. The Society seeks to increase the range of benefits offered to members and to support this with a clear business and financial strategy. The Society will continue to work to increase membership for the benefit of the profession.



BRITISH SOCIETY OF DENTAL HYGIENE AND THERAPY  
Promoting health, preventing disease, providing skills

[bsdht.org.uk](http://bsdht.org.uk)

DENTAL HEALTH – ISSN 0011-8605

**EDITOR**

Heather L Lewis,  
Bragborough Hall Business Centre, Welton Road,  
Braunston NN11 7JG  
Email: [editor@bsdht.org.uk](mailto:editor@bsdht.org.uk)

**BSDHT NATIONAL ENQUIRY LINE**

Tel: 01788 575050  
Email: [enquiries@bsdht.org.uk](mailto:enquiries@bsdht.org.uk)

**ADVERTISING SALES**

Fay Higgin  
Email: [sales@bsdht.org.uk](mailto:sales@bsdht.org.uk)

**CLASSIFIEDS & JOBLINE**

Tel: 01788 575050  
Email: [enquiries@bsdht.org.uk](mailto:enquiries@bsdht.org.uk)

**PUBLICATIONS TEAM**

Marina Harris  
Alistair Lomax  
Ali Lowe  
Patricia Macpherson  
Simone Ruzario  
Elaine Tilling

**EDITORIAL BOARD**

Susan Bissett  
Stacey Clough  
Latha Davda  
Kenneth Eaton  
Shaun Hodge  
Cassandra Lewis  
Jeanie Suvan  
Victoria Wilson

**eCPD INDEPENDENT REVIEW PANEL**

Marina Harris  
Patricia Macpherson  
Simone Ruzario  
Ali Lowe

Annual Subscriptions for non-members: £128.00 per annum  
UK 6 issues including postage and packing. Air and Surface Mail upon request.

© Dental Health – The British Society of Dental Hygiene and Therapy 2023. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying or otherwise without the prior permission of Dental Health.

Views and opinions expressed in Dental Health are not necessarily those of the Editor or The British Society of Dental Hygiene and Therapy.

Warners Midlands plc  
The Maltings, Manor Lane, Bourne,  
Lincolnshire PE10 9PH  
Telephone: 01778 391000  
Email: [helpdesk@warners.co.uk](mailto:helpdesk@warners.co.uk)  
Web: [www.warners.co.uk](http://www.warners.co.uk)



This journal is printed on paper  
from an FSC® certified merchant

# DENTAL HEALTH

28



**ON THE COVER**

Reflections five years on student-led community engagement

- 05 Editorial
- 06 From the president
- 07 New! refresh and refine
- 08 Photo competition
- 09 Will the current financial crisis impact oral health? A student's view
- 11 A day in the life of student president at cardiff university
- 13 OHC2022 feedback review
- 16 Spotlight on mentoring
- 20 Found in panama! A dental hygienist's purpose
- 23 My experience as a clinical tutor a personal reflection
- 24 Book review
- 25 Readers' forum
- 28 Reflections five years on student-led community engagement
- 34 Thinking about your professional indemnity...?
- 36 The dental professional's impact on health inequalities
- 39 Clinical quiz
- 41 Recruitment/Diary dates
- 42 BSDHT Admin



Made in Sweden



## Make your choice today for tomorrow

Life is filled with everyday decisions – some more important than others. The choices we make today, affect our future tomorrow. At TePe we've made it our priority to make good choices easier. With this in mind we have developed the TePe Choice toothbrush.

- A reusable beechwood handle made with FSC wood from Sweden
- And three replaceable brush heads made from plant based plastic
- Means 80% less plastic compared with using 3 standard toothbrushes

TePe Choice. Because everyday choices matter.  
**#achoicehatmatters**



Available from dental wholesalers.  
Find out more at [tepe.com](https://tepe.com)



## Clinical holding



There is no doubt about it! Dentistry is a demanding profession. Aside from the challenges brought by a public facing role, and performing multiple skilled procedures every day, we will all encounter difficult situations when trying to carry out an examination or treatment for patients who are unable to sit still in the dental chair and maintain an open mouth.

The most common reason is anxiety, but for some patients, aspects of their wider medical history are also relevant, such as learning disability or dementia, impacting understanding and related challenging behaviours. Also, neurological diagnoses, such as cerebral palsy or Parkinson's disease, may be associated with uncontrollable movements. Many such patients may have attended the practice or service over many years and had a gradual or sudden decline in health, requiring a significant change in approach to their care. This often leaves the dental team with questions about how to proceed, as well as potential ethical and legal considerations.

Clinical holding is not often discussed in the context of dentistry, yet for some patient groups it is an essential aspect of their care. The British Society of Special Care Dentistry defines this as: 'The use of physical holds to assist or support a patient to receive clinical dental care or treatment in situations where their behaviour may limit the ability of the dental team to effectively deliver treatment, or where the patient's behaviour may present a safety risk to themselves, members of the dental team or accompanying persons', i.e. clinical holding is related to managing the risk associated with movement or behaviours, not to force compliance with a procedure.<sup>1</sup>

This may apply in a number of situations: a patient may explicitly consent to clinical holding, for example holding of hands during administration of local anaesthetic if anxious; or holding of the head to support assessment due to uncontrolled shaking related to a movement disorder. In situations where a patient lacks capacity to consent, however, clinical holding may be considered the least restrictive option in their best interests for necessary care when other non-physical methods have been ineffective – sometimes this may be planned alongside pharmacological support. Emergency situations may also arise, where any patient displays

behaviours which present a significant risk to themselves or others, such that holding may be reasonable under common law.<sup>1</sup>

Clinical holding is not without risk to the patient or those around them and should be recorded in an individual's treatment plan. Some people may find this distressing, and others may encounter physical injury - outside dentistry, between 2009-2012, 126 of 823 physical intervention incidents caused moderate or severe harm and even led to the death of two patients in the acute healthcare setting. Even where physical intervention only involves what is perceived as minimum force, such

as holding a wrist, when applied to a vulnerable person, e.g an older person, it has the potential to lead to injuries such as tears in the skin, bruises and fractures.<sup>2</sup> Careful risk assessment is essential.

All patients have the right to access appropriate, safe and effective dental treatment – clinical holding plays a part within this, yet requires an additional level of both physical

and mental agility across the dental team. In some instances, referral to a community or hospital-based service may be appropriate. It must be ensured that relevant training has been undertaken by an accredited provider in order to develop a high level of knowledge and skill in evolutionary risk assessment, physical techniques and understanding of legal context, thereby developing a healthy culture of practice and preventing abuse or misuse in our care. This will inevitably become more common in our practice as people are now living longer with more complex medical and emotional histories which impact their treatment.

### Stacey Clough

Consultant in Special Care Dentistry

BSDHT HONORARY VICE PRESIDENT AND EDITORIAL BOARD MEMBER

#### References

1. British Society for Special Care Dentistry (formerly British Society for Disability and Oral Health). 2010. Clinical Holding Skills for Dental Services. Available online: BSDH\_Clinical\_Holding\_Guideline\_Jan\_2010 (Accessed 20/02/23).
2. NHS Protect. 2013. Meeting needs and reducing distress. Available online: <https://www.crisisprevention.com/CPI/media/Media/Blogs/Meeting-needs-and-reducing-distress-NHS-Protect-CB.pdf> (Accessed 20/02/23).

*'We make a living  
by what we get, but  
we make a life  
by what we give.'*

WINSTON CHURCHILL

# FROM THE PRESIDENT

Down here on the 'sunshine coast' of East Sussex, the days oscillate between gloomy grey and wintry and bright blue and crisp with the welcome promise of spring. The daffodils are starting to push through and I feel like I am also ready to come out of winter hibernation and to stride forwards into the sunshine. There is already much to feel positive about this year.

The debate in the House of Lords confirmed that once Privy Council approval is granted, the 'loophole' that permitted those who did not hold a qualification as a dental hygienist or dental therapist to register as such with the GDC, will be closed imminently. We have also seen further clarity around what the administrative amendments might mean for those of us who work in NHS general dental practice, and now have the opportunity to utilise all of our hard-earned skillset. There are still some areas that will need addressing, but we will take them in hand one by one and ensure that the system is fair and equitable.

I continue to represent BSDHT at various stakeholder meetings with groups such as: the Dental Professionals Alliance; British Dental Association; College of General Dentistry; the Alliance for a Cavity Free Future; and the General Dental Council. In November, Diane Rochford and I attended the Dental Leadership event hosted by the GDC where we must have made an impact, because they have invited me to speak at their next event in March about 'Developing the Dental Team'!

Some of the BSDHT team met at Bragborough Hall in January to review the feedback from the OHC last year. Thank you for all your contributions, there is a summary of the main points later in this issue. We were delighted to have (slightly) more than just broken even financially with the OHC last year, and so can start to plan for this year's conference with excitement. Thank you to those who came along and helped make it so much fun and such a success! As a thank you for anyone who has ever attended an OHC recently, we are holding a competition which you can read about on page 8 with the opportunity to win yourself a ticket for both days at OHC2023!

BSDHT is also planning some new exciting educational opportunities which are open for booking now. We are trying to provide the style of event that has been requested, so do please support them – if the initial dates go well, we will offer more, we will come to your town if we can if there is enough demand, so do let us know where you would like us! The Regional Groups are hosting Spring Study days: if you don't use them, you'll lose them, so do please support

your regional teams, meet up with people local to you, catch up with old friends and maybe make some new ones while learning together.

In January, we held our first Executive and Council meetings for 2023, and it was wonderful to see everyone face to face again. I would like to welcome Emma Bingham and Claire McCarthy, who nominated themselves from the Council, to join us on the Executive team for the coming year, and I would like to thank Simone Ruzario and Sabina Camber for their hard work over this previous year. Neither of them has got very far away though, Sabina remains the Southwest Peninsula Regional Group Representative, while Simone has taken the role of Honorary Treasurer in her stride! Special thanks go to Sarah Murray for taking on the duties of the Honorary Secretary for this year, with thanks also to Annette Matthews and Jolene Pinder for their contributions during their time on the Executive Team.

Coming up, BSDHT will be attending the BDIA Dental Showcase in London at the end of March, and the Dentistry Shows in Birmingham and Glasgow in May, so do please come and say hello. If not there, then I look forward to catching up with you at another event through the year!

*Miranda*  
Miranda Steeples



# NEW! REFRESH AND REFINE

A novel BSDHT course providing dental hygienists and dental therapists with the tools and confidence to work to their full scope practice.

BSDHT is proud to announce something new for members! In part prompted by the recent NHS contract amendments, we want to help you to 'Refresh and Refine' your skills by offering a brand-new educational opportunity, open to both dental hygienists and dental therapists.

The BSDHT executive team has consulted with our council team members and have analysed feedback from the regional group study days - thank you all for your comments and ideas! This has shaped the design and content of the course.

## A new educational opportunity

A new course made up of blended learning has been formulated: online education for the theoretical background knowledge initially, then you are invited to join face to face with our experienced educators to help you apply and refine those refreshed skills in a hands-on practical session. Both components must be successfully completed in order to obtain your CPD allocation. We will cover what you will need to include as part of a direct access oral health assessment, and also personalised oral care planning.

At the hands-on session, a detailed how-to guide will address: fissure sealants and fluoride application; rubber dam and matrix systems; alginate impression taking; recementing a crown with a temporary cement; temporary dressing in a posterior tooth. Finally, for the dental therapists delegates specifically, you will also learn how to achieve excellent results with an anterior composite restoration.

Whether you are a dental hygienist, a dental therapist or dually qualified, there is something for everyone!

Small numbers of bespoke groups will enable you to get the best results out of your time, and will cover the common expectations and challenges of daily life in general practice. There are 5 stations to choose from and you will have the chance to undertake 4 of the 5.



## "Refresh and Refine"

providing dental hygienists and dental therapists with the tools and confidence to work to their full scope of practice

Join invited speakers and the BSDHT team for a **Hands-on event** on **Saturday 1st July 2023** in **Bristol**

*Limited places available. For more details and fees click here*



## Date

**Part 1** – Online (date to be confirmed, but will an evening or Saturday morning)

**Part 2** – In person, hands-on event. Choose one date/venue to suit, either:

**a) Dentistry Scotland Show**

Saturday 3rd June – Edinburgh ICC

OR

**b) South West Dentistry Show**

Saturday 1st July – Ashton Gate Stadium, Bristol

**NB – you will have to attend both online and at one event in person to qualify for CPD.**

AS PLACES ARE LIMITED IN NUMBER, PLEASE ONLY BOOK IF YOU CAN COMMIT TO ATTENDING.

**Cost: £109**

## To register:

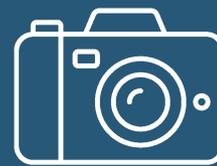


**Bristol** – <https://www.eventbrite.co.uk/e/524350686017>



**Edinburgh** – <https://www.eventbrite.co.uk/e/493640621387>

# PHOTO COMPETITION



## WIN A 2-DAY PASS FOR OHC2023!

Use your OHC2023 conference bag - or dig out an old one from days gone by - and send in a selfie, or pose for a picture with your bag!

How far has your bag travelled? What is the most unusual place it has been to? Or what is the most unique thing you have carried in it?

Make us laugh, catch our eye, and your photo may appear in a future edition of *Dental Health* and be used to launch this year's conference!

Entrants must agree to their picture entry being used in BSDHT publicity for the initial launch of OHC2023 which will be in May 2023.

Entries close at 5pm on Friday 21st April 2023 and the winner of the 2-day ticket will be chosen at random from all entries.

There will be one winner and they will be responsible for their own travel and accommodation for OHC2023.

You may enter via email to [enquiries@bsdht.org.uk](mailto:enquiries@bsdht.org.uk), or by posting on Facebook or Instagram and tagging the BSDHT and adding **#MyOHCbag**



by **BILLIE  
DUNN**

# WILL THE CURRENT FINANCIAL CRISIS IMPACT ORAL HEALTH? A STUDENT'S VIEW

The cost-of-living increases are impacting so many in society with reports of people having to choose between heating their homes and feeding their families! Will they also have to sacrifice replacing their toothbrush and interdental cleaners from their weekly shopping list?

Studies have shown that when people are struggling financially these burdens can lead to depression and anxiety. These two factors are known indicators for people to neglect their oral health and general health. As dental professionals, we all see patients who have been through hardships which have caused them to neglect their oral health. The current economic forecast concerns me, as a dental professional, about the impacts on our patients' oral health.

The scope of practice of a student dental hygienist, includes educating patients about the importance of their oral health. A key aspect of poor oral health is linked to many other general health problems such as heart disease, stroke and diabetes.<sup>1-3</sup> Educating patients is vital so we can ensure oral health is not neglected. Staff shortages within the National Health Service (NHS) and an increase in demand means our role as educator and advocate of good oral hygiene is more important than ever. The mouth is generally accepted to be the gateway to the body: we need to help protect our patients and the overstretched NHS.

Since the pandemic, NHS dentistry has changed significantly. News reports focus on how much harder it is for patients to make appointments and to register for NHS treatment. Many NHS practices have moved to private dentistry and higher payments for dental treatment. Additionally, established private practices report that some patients are cancelling their payment plan direct debits. People are making sacrifices with their oral health to afford the higher costs of living. This includes regular attenders who have always looked after their oral health.

## The power of social media

As a profession we are good at thinking outside the normal avenues. We are now able to promote oral health messages in other ways, such as social media, which many of us do already. If every dental professional could post and share their oral health tips, our messages could reach so many people. Those who work in the community could tell families and support workers to assist with delivering basic messages to friends and family.

We can still help our patients, by simply spreading our knowledge and experience to people for free. We do this because we care. Which is why our roles as dental professionals are extremely important.



Some key simple health messages and advice that I share:

1. Brush at night and one other time of day for two minutes with fluoride toothpaste.
2. Keep sugary snacks and drinks to mealtimes to reduce acid attacks.
3. If you want to snack, make sure it's a true savoury snack – watch out for hidden sugars – download the change4life sugar smart app.
4. Dried fruits - you may think it's a great lunch box snack for your child, but they are sticky and full of sugar.
5. Spit don't rinse after brushing. This can help remineralise the enamel keeping teeth healthy.

**Author:** Billie Dunn is a first-year student studying dental hygiene at Teesside University. In her free time, she loves working as a support worker for people with additional needs, which she finds extremely rewarding. In the future Billie would love to use her dental hygiene qualification in the community dental services. If you have any questions or want to say hello, she can be found on instagram - @Smile\_with\_bd

**Email:** Billie\_dunn@outlook.com

**Instagram:** @Smile\_with\_bd

#### References

1. Sanz M, Marco del Castillo A, Jepsen S, Gonzalez-Juanatey JR, D'Aiuto F, Bouchard P, Chapple I, Dietrich T, Gotsman I, Graziani F, Herrera D.

Periodontitis and cardiovascular diseases: Consensus report. *J Clin Periodontol.* 2020;**47(3)**:268-288.

2. Tonetti MS, Van Dyke TE, working group 1 of the joint EFP/AAP workshop\*. Periodontitis and atherosclerotic cardiovascular disease: consensus report of the Joint EFP/AAP Workshop on Periodontitis and Systemic Diseases. *J Periodontol.* 2013;**84**:S24-29.
3. Kinane D, Bouchard P, Group E of the European Workshop on Periodontology. Periodontal diseases and health: consensus report of the sixth European workshop on periodontology. *J Clin Periodontol.* 2008;**35**:333-337.

COPY DATES FOR

# DENTAL HEALTH

1<sup>ST</sup> APRIL FOR THE  
MAY ISSUE

The Editor would appreciate items sent  
ahead of these dates when possible

**Email:** editor@bsdht.org.uk



Is dry mouth  
impacting  
your patients?

Help give them relief  
with Oralieive

Oralieive®

## Dry mouth can impact your patients' ability to speak, swallow and eat

Oralieive's unique combination of bioactive ingredients and enzymes supplements your patients' natural saliva, helping to bring relief and restoring their quality of life.

### Recommend the Oralieive range

A complete regime for dry mouth sufferers day and night



## Oralieive is the most recommended brand by healthcare professionals for dry mouth relief\*

Request patient samples and literature by emailing  
hello@oralieive.co.uk or phone 01582 439 122.

[www.oralieive.co.uk](http://www.oralieive.co.uk)

\*Amongst 1085 surveyed healthcare professionals, data collected online. Contact: hello@oralieive.co.uk for verification.

by **LAURA  
BOSAHLN**

# A DAY IN THE LIFE OF STUDENT PRESIDENT AT CARDIFF UNIVERSITY

As the Dental Hygiene and Therapy President for 2022-23 at Cardiff University, I decided to write this article to provide some insight into the role. I hope it will help other students who may be considering this or something similar in the future.

## Why did I apply for the role of DHT Student President?

For me, becoming president was an opportunity to push myself and develop as a person. I am passionate about dental hygiene and therapy and wanted to represent my university, improve student integration and ensure the student's voice is heard. I also want to be on the front line of new and innovative ideas involving dental hygiene and therapy students. Additionally, I thought this would be a great way to meet new people with similar passions and to connect with students from other universities. Becoming part of the committee is also the perfect way to get more involved in the university community.

## What does the role entail?

As president, you are heavily involved with the 'student voice' and it is important to make fellow students feel like they can approach you with questions, suggestions or problems. I check in regularly with students and year reps to clarify matters to be raised at meetings with staff.

Following these meetings, our job as representatives is then to relay information back to our cohorts to keep them in the loop, and continuously keep track of the progression of any issues to provide relevant updates.

I also attend meetings with the Cardiff Dental Student's Society student committee; we work together to improve integration between BDS and dental BSc and diploma students through events, competitions and socials.

I am also present at university lead events, such as open days, to meet prospective students and promote the dental hygiene and therapy course, as well as to answer any questions and provide tours of our campus.

## How do I benefit from this role?

I feel that I have benefitted massively from taking on this role! My confidence has definitely improved, as well as my

organisation skills, time management and ability to take responsibility. These will all benefit me greatly when I graduate and move into practice. I have also met lots of new people with similar passions and mindsets, some of whom have become really good friends!

## How do I manage the role alongside my studies?

I usually block off a couple of hours at the beginning of each week and get as much as possible done for the week ahead (e.g. sending emails, checking in with students and year reps). This ensures that I have the rest of the week to focus on my studies. Rep meetings are held once a month with DHT reps and staff, and a student staff panel is held termly with a wider range of staff from the dental school, as well as BDS students.

## A final word

I would encourage everyone to put themselves out there while at university, be it applying for student rep, president or even just joining a society. I have met so many new people through my role whom I will definitely be keeping in contact with after university. I wish any students reading this the best of luck with your studies and becoming dental care professionals. Please feel free to contact me with any questions you may have.

**Author:** Laura is a third-year dental therapy student at Cardiff

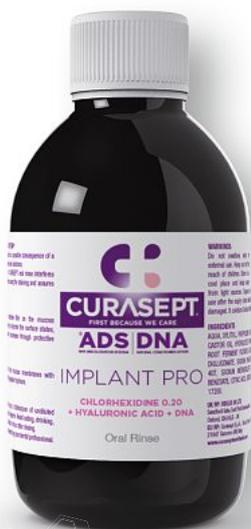
**Email:** [bosahln@cardiff.ac.uk](mailto:bosahln@cardiff.ac.uk)

**Instagram:** @laura.dental University



# KILL PLAQUE BACTERIA AND BOOST THE PERIO HEALTH OF YOUR PATIENTS WITH

## 0.20% ANTI-STAINING CHLORHEXIDINE



USE TWICE A DAY  
FOR UP TO TWO WEEKS

Ideal for the **treatment of periodontitis** or **severe gingivitis** as well as the **post-treatment care of implant** or **perio surgery**, thanks to the unique formula of **Curasept® ADS® Implant Pro Oral Rinse**, you can now provide your patients with the intense anti-bacterial benefits of 0.20% CHX - but with dramatically reduced tooth discolouration and taste disruption.

Also containing Hyaluronic Acid and sodium DNA; it is specifically designed to **reduce inflammation** and **reduce pain and irritations**, as well as **accelerate the healing process** by boosting the regeneration of the oral mucosa at a bio-cellular level.

Combine **clinical efficacy** and **patient compliance** by optimising the at-home oral hygiene routine of your valued patients with a **Curasept® ADS® Implant Pro Kit**.



Each Kit includes:

- 1 x **Implant Pro Oral Rinse** (200ml) with 0.20% CHX, Hyaluronic Acid and Sodium DNA
- 1 x **Topical Regenerating Gel** (30ml) with 0.50% CHX and Hyaluronic Acid
- 1 x **Implant Toothbrush**
- 1 x **Oral Care Kit Bag** (Colours available\*\*: White, Grey, Orange and Pink)

**Buy 12  
Kits & get  
3 Free!\***



Scan for more  
info and samples

### Ready to Join the Revolution?

Orders can be placed through your usual dental dealer. To claim free stock, please send a copy of your invoice to [jsdsales@js-davis.co.uk](mailto:jsdsales@js-davis.co.uk).

\*Offer valid until 30.06.23.

\*\*Colour options only available whilst stocks last.

**JS** J&S  
DAVIS

**CURASEPT**  
FIRST BECAUSE WE CARE

# OHC2022 FEEDBACK REVIEW

by **MIRANDA  
STEEPLES**  
PRESIDENT BSDHT

The OHC planning team met at the end of January to analyse the feedback that was submitted following the OHC in November 2022, in Manchester. We had a 60% response rate, including some opposing opinions, so I thought it would be useful to pull out some frequently occurring themes and hopefully answer some of the questions.

## Venue and Ticketing

**Some of you wanted a cheaper and bigger venue, while others wanted a smaller and cheaper venue. Some wanted a bigger and larger event, while others questioned the need for holding it over two days.**

Our requirements for the type of event we like, and that seems to be well-received, requires a main auditorium and at least two smaller rooms for the workshops and other lectures. We need a large hall for the trade exhibition and the space that they need, thus we need to stick with a purpose-built conference centre to continue attracting the delegate numbers that we do.

**Some of you mentioned that you would prefer a more central location each time and would not travel to Bournemouth for an OHC.**

BSDHT serves a membership across the UK and, as such, tries to move OHC around to different localities. Additionally, this serves the purpose of 'sharing the wealth' and whenever we

hold a conference in a different location, this means that local businesses and hospitality services will benefit from our investment in that area.

**Some of you requested different dates in different venues through the year.**

A typical OHC is 10 months in the planning. For those of you who enjoy networking and face to face learning, why not attend your local Regional Group study day event or join us for our other educational opportunities?

## Programme

**There were a few comments about the fact that, at the time of booking, there was still a number of TBC on the programme.**

This was because contracts had not been signed and returned, and we could not publicise a speaker's attendance until they had been fully contracted. This was out of our control.

**Some delegates felt that sessions were too rushed at 45 minutes long.**

However, at one hour long in 2021, feedback suggested that was too long, so sessions were shortened in 2022.

**Some feedback suggested more time was needed in between sessions.**

In planning, we try to maximise the CPD hours that can be accrued and, when designing a programme, it is unknown who will want to go to which lecture and how much time it will take them to move between sessions.



# OPTIM™

## Interdental Brushes



*If you are finding that that you don't recommend anything below a Red these days, you should try OPTIM, we think you will be pleasantly surprised at how durable our White, Pink & Orange are.*

### Strong • Flexible • Durable



For more information or to request a sample,  
visit [www.optim-idb.uk](http://www.optim-idb.uk)



## Some of you thought that you should be involved in content planning.

This is why we ask for feedback and speaker and topic suggestions; this is your opportunity to be involved! E.g. there was a comment that the medical emergency session was not required, but this topic was requested after OHC2021. Feedback requests more scientific content, but also more lived experiences type lectures. Others would like a whole conference delivered by members of our professions, but then others requested more eminent speakers within the whole of dentistry. It was questioned why Professor Chapple was on at the end of the day on Saturday; this was because this was the time that he was available! A number of delegates wanted more choice on the programme, but others felt that three streams in the programme was too many to choose from. Some felt there was too much for dental therapists; in reality, there were three sessions that were more suited for a dental therapist, so there was still plenty of content that was suitable for everybody to enjoy.

## Some of you requested CPD for 'verifiable topics'.

We are pleased to clarify that ALL of the available CPD is verifiable and is all appropriate for submission to the GDC as part of your annual declaration. Some delegates wanted CPD for visiting the trade stands, but that is out of our hands. The GDC requirements for CPD are so stringent that it would be up to the individual trade stands to provide it individually themselves.

## Lunchtime

### Some of you commented about a limited lunch.

This format was selected as part of the package, having more choices would have cost more. There was a mixture of hot and cold options and the selection was deliberately chosen to have more vegetarian options than options with meat so that everyone could enjoy them. I know this because I spent my birthday tasting them all!

### Some of you commented about seating at lunch.

This is always a problem, but we cannot provide seating for almost 300 delegates. We will endeavour to rectify this at OHC2023 in a way that suits everybody.

### Some of you would like a separate room for lunch.

This would incur additional costs. We are billed for each room that we use, and the aim was that people would eat lunch in the trade exhibition and then spend the rest of the break exploring what the different trades had to offer.

## Trade Exhibition

### Some delegates suggested that we invite different companies on Friday and Saturday.

Unfortunately, the companies all arrive early Thursday morning and spend all day building the stands and putting it all together. They also break it all down after the Saturday lunch break because there are no further allotted break

times that afternoon, so they have time to pack down and get home. Additionally, the room needs to be cleared by the end of the day or we would incur a cost for going over our contracted days, often there is something else being set up in that same room directly afterwards, and there can be a quick turnaround. We were delighted to welcome even more trade representatives to OHC2022 than the year before, let's hope OHC2023 is even bigger and better!

## It was requested that companies should have sustainable products, books and dental hygienist gifts.

This is definitely something we can explore for OHC2023. If there is anyone else you would like to see there then do ask them to approach us to exhibit at OHC2023!

## Having education stands with leaflets about courses was also mentioned.

This is also something I would like to see, but unfortunately the universities have limited budgets and they cannot always attend. I requested promotional literature from all dental schools that offer post-graduate opportunities, only a few responded.

## Whole experience

People also requested a return of the Wellness Zone, which is entirely possible in the future. Also, some of you wanted frozen margheritas, which for an Oral Health conference might not be appropriate! We have explored an App for smart phones for delegates but the costs of this are prohibitive. Some feedback wanted an earlier date, but we have to be mindful of when other dental shows are held so as not to clash with them, both for our delegates attending, and also for our trade partners and speaker availability.

People suggested we invite all the 'top people' from other organisations to the party evening – we did! It was unfortunate that they had other plans, and some who were going to come, were then impacted by the rail strikes so were unable to attend. It was requested that partners be able to attend the evening party - they have never not been able to! If you want to invite them, then go ahead! We were requested to do something for lone attendees as well and this will be explored for this year. Watch this space, you are never really alone at an OHC!

Hopefully this will explain some of the points that were raised in the feedback. We do read it all and, as far as possible, take the feedback on board and try and find the middle ground to suit the majority, which means some people will always be disappointed. We do our best to cater for both dental hygienists and dental therapists, to engage and excite all the membership and make it applicable to your day-to-day practice with a good mix of different lectures, workshops and hands-on session to suit all learning styles.

In 2022 the OHC was the only specific conference for our professions and we were delighted to have you join us for this experience. The planning group held their first meeting in January and will continue with monthly meetings between now and November to curate another novel OHC in Bournemouth. We look forward to seeing you there!

by **EMMA  
SLADE-JONES**

# SPOTLIGHT ON MENTORING

A year has passed since BSDHT launched its Coaching and Mentoring Programme for members. In the second part of this series, the focus is on mentoring and how it can help propel an individual to greater things.

There is no agreed academic definition of workplace mentoring, however the CIPD describes it as: 'a relationship in which a more experienced colleague shares their greater knowledge to support the development of an inexperienced member of staff.'<sup>1</sup>

Meggison and Clutterbuck detail further:

'Mentoring relates primarily to the identification and nurturing of potential for the whole person. It can be a long-term relationship, where the goals may change but are always set by the learner. The learner owns both the goals and the process. Feedback comes from within the mentee – the mentor helps them to develop insight and understanding through intrinsic observation, that is, becoming more aware of their own experiences.'<sup>2</sup>

## Types of Mentoring

Mentoring relationships can be both formal and informal. Formal mentoring is offered to individuals as part of an organised scheme where mentors and mentees are matched, or mentors can be self-selected from a choice of profiles.

Informal mentoring involves a mentee directly approaching a mentor, or a mentor offering their services outside of a formal programme. This relationship should still follow a similar framework to that of a formal mentoring programme but may be more relaxed in its approach. The mentor would usually have more knowledge, experience, or skills to facilitate the learning and development of the mentee.

## How does it work?

The way in which mentoring is undertaken can take on various methods:

- Traditional mentoring is the most common method whereby one person (often more senior in knowledge and experience) facilitates a mentee by offering guidance and support in their development.

BSDHT are proud to introduce a new **Coaching & Mentoring programme** for members that can help you discover your strengths and empower you in achieving your goals.

When did you last have space to reflect upon your current situation & future direction?

Do you have ambitions and ideas but not sure where to start?

Do you have something you want to achieve?

New job? Own business? Educational goals? More confidence? Retirement? Empowerment? Assertiveness?

Are you stale and bored in your current job?

What's holding you back? Do you need to make the leap but not sure how?

- Peer mentoring is where both parties are of similar age or stage in their lives and / or career and offer advice and support during development.
- Reverse mentoring encourages cross generational relationships where the more junior person is the mentor and the more senior becomes the mentee. This can be useful in developing a particular skillset or working with new and emerging technology.
- Speed mentoring can quickly match mentors and mentees as part of a scheme, or as a networking opportunity to speak to several individuals in a short space of time. It involves focused discussions that are of shorter duration than traditional mentoring sessions. The mentee can discuss one key area to develop, or several topics throughout the event.
- Situational or 'Spot' mentoring is impromptu and often focused on a specific issue that requires short term assistance. It can also be a useful way of maintaining contact with previous mentors and mentees.

## Differences between coaching and mentoring

Coaching and mentoring commonly call upon the same core skills including active listening, reflection, review, and effective questioning, whilst remaining non-judgemental. Whilst both should offer support and encouragement, coaching and mentoring are two specific activities.

Worked based coaching tends to focus on performance-based tasks and goals aimed at developing skills of the coachee. The coach shares little of their own experiences advice or solutions, instead focusing on empowering the coachee to develop their performance by assessing strengths and areas for development. Coaching is a skilled activity, usually conducted only by people trained to do so.

Whilst coaching relationships tend to be a more non-directive

form of development lasting for a brief period, mentoring tends to be longer term (anywhere from 6-24 months) and is more of a two-way process whereby the mentor shares their knowledge and experience and learns from the mentee. Examples of workplace mentoring include during an initial probationary period or working towards promotion.

Mentoring should be a voluntary relationship where both mentor and mentee are fully engaged in the process. It should not be forced upon participants nor used punitively as a corrective tool to deal with poor performance. Mentors need to be aware of their own limitations when sharing their knowledge and experience and be prepared to signpost mentees to more appropriate sources of support and information if required. Whilst mentees may confide in their mentor as a relationship of trust develops, it is important that mentoring sessions do not become 'counselling' sessions.

## Benefits of mentoring

These are numerous and include:

- Encouraged and empowered in personal development
- Identifying and achieving career goals and addressing gaps in generic skills and knowledge
- Boosting confidence
- Developing and maintaining a broader perspective on career options and opportunities
- Having access to a senior role model<sup>3</sup>

Additionally mentoring can:

- Encourage and challenge new ways of thinking
- Develop self-awareness
- Increase job satisfaction
- Grow professional networks and create new opportunities



**BSDHT** Do you feel you need support in navigating your career?

Coaching & Mentoring programme

You'll receive up to 6 sessions of coaching / mentoring, where you will explore your motivations and goals, and how to achieve them.



**Coaching and mentoring can help you to:**

- Discover your strengths and weaknesses and align these with your vision and goals
- Achieve aspirations increase commitment to positive changes
- Improve work / life balance
- Manage relationships positively
- Build resilience
- Improve communication

**What you can expect from your coach/mentor:**

- An experienced person to share knowledge whilst supporting you on your development journey
- Space to explore your current situation and future aspirations non-judgementally
- Working together as 'thinking partners' to help you achieve your goals
- Confidentiality & Commitment
- Questioning to challenge your thinking
- To hold you accountable for your commitments

# Kin Dental

## The Professionals Choice

# KIN Gingival Complex

- Chlorhexidine DG: 0.12%
- Alpantha Complex

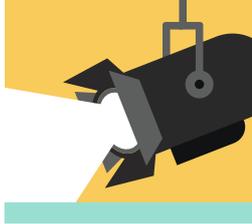


**KIN**

[www.kindental.co.uk](http://www.kindental.co.uk)

Continued...

## SPOTLIGHT ON MENTORING



### Benefits to organisations

Mentoring can prove beneficial within an organisation by developing the skills and knowledge of its staff. This can lead to increased levels of motivation, engagement, and job satisfaction. Staff turnover may reduce in a company where individuals feel supported and their needs are met, and time and resources used more effectively. Other benefits include:

- Increase in resilient individuals and organisations in times of rapid change
- Increased capacity for leadership
- Improved collaborative performance
- Good preparation for succession planning and long-term talent management
- Increased capacity as a learning community
- Integration of other key processes e.g., self-evaluation, reflective practice, feedback and listening skills<sup>4</sup>

### The BSDHT approach to mentoring

BSDHT mentors are volunteers with a wide range of skills, knowledge, and abilities. Coming from diverse backgrounds, mentors can bring a unique range of experiences to connect with mentees in sharing and supporting members.

The mentoring programme aims to provide unbiased mentoring opportunities to support all members throughout their career, from student through to retirement. Mentees are encouraged to feel connected and invested in their career choices, and whilst BSDHT supports the retention of talent within the dental hygiene and therapy cadre, it is recognised that some members may be at a crossroads and contemplating a career change.

BSDHT mentors will always work ethically to support the best interests of the mentee. The role of a dental hygienist or therapist can often be isolating, especially for those working alone without nursing support. Mentoring aims to provide a sense of belonging within the team, whilst providing support to encourage mentees in personal development and resilience.

BSDHT mentoring follows a formal, structured programme, designed to be flexible around the diverse needs of members, particularly those who are self-employed with no access to employee support programmes or mentor opportunities that often come with employment inductions or probationary periods.

The platform is accessible to all members, and mentor profiles are available for mentees to self-select via the BSDHT website mentoring page.

Mentees are invited to submit an expression of interest form via the BSDHT website. Once received, BSDHT aims to pair

mentees with one of their three mentor preferences. An introductory meeting is arranged whereby potential mentees can discuss their matters and questions with their mentor and both parties then formally agree to work together for up to six sessions. The mentoring programme is not just for students or new graduates within the profession, but open to all BSDHT members regardless of experience or longevity within their role.

For more information see: <https://www.bsdht.org.uk/mentoring/> or email: [MC1@bsdht.org.uk](mailto:MC1@bsdht.org.uk)

**Author:** Emma Slade-Jones qualified as a dental hygienist in 2004 whilst serving in the Royal Air Force. She gained teacher training qualifications whilst working as a dental tutor and went on to gain a variety of experience working within the education sector. After gaining coaching qualifications in 2017, Emma now works full time as a professional coaching mentor, supporting others in their coaching practice. She is looking forward to resuming the role of BSDHT coaching and mentoring representative on her return from maternity leave in summer 2023.

### References

1. Coaching and mentoring: Factsheets [Internet]. CIPD. [cited 2023 Jan 23]. Available from: <https://www.cipd.co.uk/knowledge/fundamentals/people/development/coaching-mentoring-factsheet#ref>
2. Megginson D, Clutterbuck D, Lancer N. Techniques for coaching and mentoring. Routledge; 2016.
3. The benefits of a mentoring relationship [Internet]. The benefits of a mentoring relationship | Professional Development | University of Southampton. [cited 2023Jan13]. Available from: <https://www.southampton.ac.uk/professional-development/mentoring/benefits-of-a-mentoring-relationship>.
4. Mentoring guidance - step into leadership [Internet]. [cited 2023Jan23]. Available from: <https://stepintoleadership.info/assets/pdf/SSSC%20Mentoring%20guidance.pdf>



# FOUND IN PANAMA! A DENTAL HYGIENIST'S PURPOSE

by **FRANCES ROBINSON**



Imagine you have had dental pain for many years and you live eight hours away, by motorboat, from the most basic healthcare facilities! You cannot afford the petrol to get yourself there and, even if you could, you cannot afford any treatment. This is the reality for the indigenous Ngabe people of the Bocas Del Toro province of Panama. And, sadly, for much of the developing world. According to the World Health Organization, as much as 65% of the world's population does not have access to dental services.<sup>1</sup>

Last August I spent a month volunteering with Floating Doctors, a charitable organisation with a small basic healthcare facility on a low-lying archipelago of islands in the northern part of Panama. The charity serves the marginalised population living on these islands with basic healthcare by visiting isolated communities every three months. The charity utilises a variety of volunteers and full-time staff and both international and local healthcare workers. Professions range from A&E doctors to paediatric physiotherapists, from dental professionals to obstetrics and gynaecology doctors.

We initially lived at the hospital base where there was a basic bunk house. Rainwater was collected for washing and

solar panels were utilised for electricity (although both were unreliable, to say the least!). We would pack the motorboats up every morning with our medical and dental supplies and travel anywhere from 1-8 hours to visit the local communities. For the communities that were very far away we did 'multi-day clinics' where we lived, sleeping outside in hammocks and washing in the rivers.

Using two portable dental chairs from Dentaaid and two pelican wheelie boxes containing our disposables and instruments, we set up our clinical area next to the medical providers wherever we had travelled to that day. Our set up spaces varied between a thatched hut on stilts, a small concrete classroom and a metal roofed open "rancho".

The dental needs of the population were stratospheric. Owing to the population's remote locations, resulting in poor access to care, lack of governmental funding for health care infrastructure and increasing adoption of a westernised diet, the presentation in each patient was acute: 99% of the very young children we saw had multiple decayed deciduous teeth. The majority of older children had grossly carious first molars which required extraction.

Due to the sheer volume of disease, our limited access to resources and challenging working environment (no clean water and no reliable electricity) we could only offer fluoride for prevention and silver diamine fluoride for treatment of active caries, unless there was pain or infection. For many of these young patients it was their first time seeing a dental professional and the less trauma we could cause through unpleasant extractions the better.

Adults had often waited months, and sometimes years, for dental treatment due to their geographical isolation and social situations. We saw many patients who requested extractions for teeth that had been painful for a very long time. The feeling of being able to help in these situations was unparalleled.

We quickly established our clinical coordination to maximise optimum patient flow. The coordinator would welcome all patients and upload their details on the charity ipad (to track data, plan for future need and attract funders).

I would triage patients: establish treatment plans; check with dentist; complete preventative and early intervention techniques as appropriate; and complete local anaesthetic as needed for extractions. I would also provide oral hygiene and diet advice. Patients would then be sent to rest for 10 minutes if LA was given. The dentist then brought them back to complete the treatment plan. Translators would float between stations helping to enhance our communication when needed, for example when providing oral hygiene/diet advice and post-operative instructions.

I am passionate about preventative dentistry in the UK and around the world. This trip was my fifth volunteer trip abroad and therefore I was able to take a more active role in the planning of the dental clinics.

I encouraged the charity to implement evidence based, long term preventative interventions in the communities. For example, I set up a fluoride clinic for children, doubling the number of patients we saw in a day.

It is all too easy when you see the volume of disease present in a population to try to treat it all. Unless prevention is put in place and the environment altered to foster more health promoting decisions, the decay will keep occurring. We have to work upstream and downstream to improve oral health, this is especially pertinent in developing countries. If we can educate and empower, alongside treating, then we can make a real tangible difference to children's futures.

Many of the areas I have identified for improvement align with activities of ChildSmile – the Scottish initiative evidenced to reduce childhood decay and reduce oral health inequalities.

Some of my recommendations include:

- Toothbrushing programmes in schools for early years – less teeth to extract in a few years' time!
- Regular fluoride clinics for all children 3-6 years, every 3 months, to safeguard teeth
- Promotion of healthy schools' approach - every school receiving fluoride or brushing should aim to provide a more health promoting environment for its pupils by becoming a low sugar, no fizz, healthy snack school

- Empower the communities to become more involved in the provision of their care and prevention through substantive and comprehensive health education

Dental hygienists and dental therapists have huge potential in preventative and early intervention techniques both in the UK and abroad. We have an important role to play in implementation for a population, and the teaching of techniques to local healthcare workers to ensure the sustainability of an oral health workforce in the future across the world.

**Author:** Frances is a dental hygienist with a Masters in Dental Public Health. She previously volunteered in Nepal, India, Cambodia and in a refugee camp in Greece in 2021. Frances is a volunteer officer for Dental Mavericks, working on grant proposals, creating training resources for local health care workers and helping to plan outreach activities for the charity. She will likely travel with them to Morocco next year. She uses her experiences to drive her passion; positive changes in global oral health.

**Email:** frances.robinson5@nhs.net

**Instagram:** @theglobalhygienist

## References

1. World Health Organization. Global oral health status report: towards universal health coverage for oral health by 2030. November 2022. Available at: <https://www.who.int/publications/i/item/9789240061484>





# Total **BIOFILM** Management

## Satisfaction guaranteed, for clinician & patient



For supra and sub gingival cleaning to achieve **total biofilm management**



The handpiece is fully portable and runs off standard high speed couplings, allowing easy movement between surgeries



The powder jet handpiece is available with **two interchangeable sub and supra nozzles**, easily swapped mid treatment



The advanced powder is completely water soluble – no residue is left in the patient's mouth, the handpiece or the suction unit

For more information visit [www.duerrdental.com/en/products/dental-care/](http://www.duerrdental.com/en/products/dental-care/)

@durr\_dental\_uk Duerr Dental UK

by **JOSHUA HUDSON**

# MY EXPERIENCE AS A CLINICAL TUTOR A PERSONAL REFLECTION



A teaching career had always been of interest to me and when an opening arose for a clinical tutor at the Eastman Dental Hospital, I jumped at the opportunity. I quickly found that being part of a large, dynamic and ever-changing team environment suited me perfectly and I felt privileged to be educating my future colleagues as part of their professional development. This experience has given me a whole new outlook on what it means to be not only a dental educator, but also a dental professional.

## Variety

When contemplating why I have enjoyed it and why I would encourage others to consider doing the same, some key themes emerged - the first being variety. I truly believe a key element to a fulfilling career is variety, be that in the type of work that you are doing, the patients you are seeing or the locations in which you are employed - becoming an educator provides that. You employ a wide number of skills and work on different projects on an almost hour-by-hour basis. There is always something new to work on or another point of view to consider. A bonus is that you are able to help build and develop potential in the students and also build and develop yourself.

## Remaining current

To teach a concept you truly have to understand it - consequently working in education ensures your knowledge is current and keeps you inquisitive. This may also mean that you develop niche areas of expertise, but also develop areas that are extremely useful to your personal development. While not always a formal requirement (although it should be considered), a role in education also opens the opportunity for post-graduate training. Be it a PGCert in Education, a masters or even a doctorate, education gives you not only the opportunity to expand your clinical knowledge, but also the opportunity to expand your academic horizons outside of dentistry.

## A true team player

'The dental team' is often quoted, but how often do we really get to implement this? Too often the 'team' is a clinician and their nurse spending most of the day together. For dental hygienists

and therapists, often the team may just be you! Teaching has allowed me to truly appreciate the skill set of each dental title and the value each can offer colleagues, the profession and the public.

## Inspiring the next generation

Lastly, but of course not least, are the students. Providing education naturally makes you reflect on your own experiences. We all had that person that gave us confidence, inspired or believed in us and every one of us can be that person for someone else. You may find yourself working outside of your contracted hours, you may find yourself stressed in exam season wondering whether things will run smoothly, but this is all insignificant when you find yourself sharing the experience of a student who finally understands something. We all get a buzz when supporting students through these happy times, but it is also a privilege to be a trusted confidant through the more challenging times and seeing them succeed despite adversity.

Working in a large dental hospital education is a given, but when you think about it, education is everywhere. Be it sharing a tip with a colleague, helping a new trainee nurse or seeking guidance yourself from those with more experience, dentistry is a continual process of the acquisition and then sharing of knowledge. You are likely to be doing these things within your career right now. Why not take the small step of formalising this process? It might be one of the most rewarding things you ever do.

**Author:** Josh is a Specialty Grade Dentist at The Eastman Dental Hospital. He splits his time between clinical treatment in the prosthodontic and periodontal departments, being a clinical tutor for the School of Dental Hygiene and Therapy and working on innovative education initiatives for the whole dental team within The Eastman Dental Hospital Education Centre.

**Email:** [joshua.hudson@nhs.net](mailto:joshua.hudson@nhs.net)

# BOOK REVIEW

## An introduction to clinical research for health and social care professionals

**Authors:** Ario Santini, Kenneth A Eaton

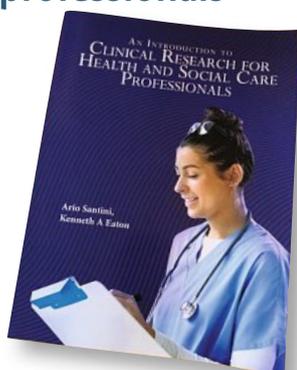
**Publisher:** AuthorHouse

**Cost:** \$36.02

**Pages:** 326

ISBN 978-1-6655-9751-7

**Reviewed by:** Marina Harris



This book is a fabulous resource for anyone who has ever thought about embarking on research, or who currently is

undertaking research, or just wishes to understand the research processes from inception of a project idea to its dissemination.

With their vast research experience, the lead authors have capitalised on collaborations with colleagues and other members of the dental team. This has resulted in an extremely readable, digestible and informative 'go- to' book which captures every aspect that needs to be considered when embarking on a research project.

The book firstly argues the point: *why do we need practice-based research?* It then proceeds with chapters dedicated to specific study designs and outlines key information to consider for adoption of the different study approaches.

There are also great chapters on how to write a robust study protocol, how to project manage a research study, as well as a comprehensive analyses of the ethical considerations applicable to research integrity. A couple of the chapters explaining statistics do need a little more focused reading to interpret, however there is a glossary of terms in the appendix which assists comprehension of terminology.

As a qualified dental hygienist who is interested in research, I will include this book in my own personal library. I would also advocate it as a reading list essential for all undergraduate students undertaking research projects.

Use		DCP Category	
	Dental Hygienist	Dental Hygienist	Dental Hygienist
CPD	***	***	**
Usefulness in practice	***	***	****
Revision Tool	**	***	****
Key: *Average	**Good	***Excellent	****Absolute must!



# DENTAL SHOWCASE

Raising the standards of oral care  
24 - 25 March 2023 • ExCeL London

## REGISTER TODAY!



SCAN THE QR CODE FOR YOUR FREE PASS TODAY



**Eddie Crouch**  
Chair of Principal Executive Committee - British Dental  
**ASSOCIATION: KEYNOTE ADDRESS - THE BDA AND HOW IT SUPPORTS THE PROFESSION**



**Diane Rochford**  
Dental Hygienist and Immediate Past President of BSDHT: United Kingdom  
**HOW DENTAL HYGIENISTS AND DENTAL THERAPISTS CAN LEAD TO A PRODUCTIVE AND PROFITABLE DENTAL PRACTICE.**

## dentalshowcase.com

 @DentalShowcase   
  BDIA dental showcase  
 BDIA Dental Showcase   
  @dentalshowcase

DISCOVER LECTURES TAILORED TO DENTAL HYGIENISTS AND THERAPISTS HERE:



# READERS FORUM

## The dental nursing crisis made our team stronger

The dental nursing recruitment crisis has affected practices nationwide and ours was no exception! I work in a busy three surgery practice in Leeds and it was difficult when some of our nursing staff did not return to work with us after the Covid pandemic lockdown.

Initially, we tried very hard to recruit new dental nurses while the team shared the workload and adapted our diaries whenever necessary. However, it was challenging to sustain this way of working. Like so many other practices, we were exhausted with the new adaptations Covid brought and the ever-increasing demand for appointments.

I knew this was not how I wanted to practice and began considering other options, such as moving practices. I quickly realised that the grass isn't always greener and knew in my heart I didn't really want to leave my team and my patients. However, this difficult time was compounded for me after the sudden loss of my beloved horse – I was distraught! I soon realised that I had reached burnout and fleetingly considered having a complete break from the profession.

I subsequently made the difficult decision to give up working at one of my practices and stay closer to home.

Although my commute was much improved, and I was finally enjoying a better work life balance, I found myself stuck with the same problems – the practice was very short staffed and we found it increasingly difficult to source locum dental nurses.

A decision was made that we need to really pull together as a team, which took multitasking to a new level! On occasion, my principle dentist provided chairside nursing support for me when not in clinic herself. Although it is always slightly daunting to have your 'boss' watching you during every appointment, it definitely brought us closer as a team. Our new found skills meant we are all once again competent in undertaking tasks we would not normally be responsible for on a daily basis, such as decontamination and sterilisation, chasing referrals and managing the practice diary.

As a team, we are now stronger than ever and very excited to have two new trainee dental nurses, who are an asset. As I was not a dental nurse previously, it is easy to overlook all the day to day tasks they have to complete. Dental nurses have always been integral members of the team, but the last six months have re-affirmed the importance and value of good dental nurses to the team.

Poppy Irvine

## BSDHT Commissioned RESEARCH

BSDHT is building a body of evidence about working conditions for dental hygienists and dental therapists and we would love to hear from you.

Email: [editor@bsdht.org.uk](mailto:editor@bsdht.org.uk)

What are the big issues affecting your daily practice?

What impacts your professional life?

What would you like to know?

Colgate®

SENSITIVE  
INSTANT® Relief

Don't let patients  
with sensitivity  
settle for less.

Give them the solution with superior<sup>†</sup>  
pain-blocking power<sup>1,2</sup>

Instant<sup>\*1</sup> relief

60.5% pain reduction<sup>‡</sup>  
immediately after application.

Long lasting<sup>§2</sup> relief

80.5% pain reduction<sup>‡</sup>  
at 8 weeks.



Recommend instant<sup>\*1</sup> and long lasting<sup>§2</sup> relief with Colgate® SENSITIVE INSTANT® Relief

\*For instant relief, apply as directed to the sensitive tooth and directly massage for 1 minute. <sup>1</sup>vs 2% potassium ions. <sup>2</sup>vs baseline in an air blast test,  $p < 0.05$ .

<sup>‡</sup>Lasting relief with 2x daily continued brushing.

**References:** 1. Nathoo S, Delgado E, Zhang YP, et al. Comparing the efficacy in providing instant relief of dentine hypersensitivity of a new toothpaste containing 8.0% arginine, calcium carbonate, and 1450 ppm fluoride relative to a benchmark desensitizing toothpaste containing 2% potassium ion and 1450 ppm fluoride, and to a control toothpaste with 1450 ppm fluoride: a three-day clinical study in New Jersey, USA. *J Clin Dent.* 2009;20(Spec Iss):123-130. 2. Docimo R, Montesani L, Maturro P, et al. Comparing the Efficacy in Reducing Dentin Hypersensitivity of a New Toothpaste Containing 8.0% Arginine, Calcium Carbonate, and 1450 ppm Fluoride to a Commercial Sensitive Toothpaste Containing 2% Potassium Ion: An Eight-Week Clinical Study in Rome, Italy. *J Clin Dent.* 2009;20(Spec Iss):17-22.



# The Colgate® SENSITIVE INSTANT Relief Patient Experience Programme results are in!

Dental professionals from across the UK invited their patients presenting with dentine hypersensitivity to participate in the Colgate® SENSITIVE INSTANT Relief Experience Programme.<sup>1</sup> Patients used Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT toothpaste twice daily for 4 weeks. Patient feedback collected from 191 patients can now be shared, providing you with the confidence to recommend Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT toothpastes to your patients with dentine hypersensitivity.

## The results of the Colgate® SENSITIVE INSTANT Relief Experience Programme<sup>1</sup>

Patient feedback revealed that almost 3 out of 4 already use a sensitive toothpaste with 99% agreeing that it is important their toothpaste maintains gum health alongside preventing the pain of sensitive teeth.<sup>1</sup>

### Patients comments included:

“The protection against sensitivity lasted so well between brushing, I forgot that I suffered from sensitive teeth. Wonderful”

“Great toothpaste. I used to use a different brand but will now be changing to this one”

“Helps with sensitivity which I was struggling with for ages!”



said they are satisfied with how Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT toothpaste managed the pain of their sensitive teeth



said Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT toothpaste gave a greater reduction in the pain of sensitive teeth, compared to their regular toothpaste



of patients are likely to recommend Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT toothpaste to someone they know with sensitive teeth



of patients are likely to purchase Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT toothpaste in the future

## Do you see patients with dentine hypersensitivity and gum problems?

You are able to recommend a toothpaste for both. Colgate® SENSITIVE INSTANT Relief REPAIR & PREVENT provides instant<sup>2,\*</sup> and long-lasting relief.<sup>3,§</sup> The addition of zinc helps to strengthen gums and prevent gum recession, a key cause of future sensitivity,<sup>5</sup> providing over 25% reduction in gum problems<sup>4,††</sup> after 6 months.

**Don't let your patients with sensitivity settle for less, give them the solution with Colgate® SENSITIVE INSTANT\* Relief toothpaste**

\*For instant relief, apply as directed to the sensitive tooth and directly massage for 1 minute. †Lasting relief with 2x daily continued brushing.

References: 1. Colgate® SENSITIVE INSTANT Relief Experience Programme, data as December 2022, n=191 patients. 2. Nathoo S, et al. J Clin Dent. 2009;20(Spec Iss):123-130. 3. Docimo R, et al. J Clin Dent. 2009;20 (Spec Iss):17- 22. 4. Hines D, et al. Poster #0742, March 2018 AADR. Colgate- Palmolive Company 2018. 5. Lai HY et al. J Clin Periodontol. 2015; 42:S17.

by **HALEEMA  
RABEEA, SCOTT  
HERITAGE, GIULIA  
PINTARITSCH**

# REFLECTIONS FIVE YEARS ON STUDENT-LED COMMUNITY ENGAGEMENT

## Introduction to Barts Community Smiles

Barts Community Smiles (BCS) is a student-led volunteering group based at Barts and the London, Queen Mary University of London.

Founded in 2018 by Debra Chow, then a third-year dental student and course representative, BCS was set up as students aimed to increase patient engagement within the Dental Outreach Clinics. East London, where the dental school is situated, is a deprived area with statistically poorer oral health compared to other areas, so the students felt the need to start something to help the community.

The group was the first of its kind at the dental school, and as student organisers, the founders noticed that BCS not only benefited members of the public but also student volunteers alike. Being “the starting point of a new and improved oral health journey” continues to be one of the group’s main aims.<sup>1</sup> BCS is an award-winning society, having been recognised at both university and national levels. The group has won volunteering awards through the Queen Mary Students’ Union and nationally, the group was officially shortlisted for the ‘Community Award’ as part of the National Societies and Volunteering awards in 2020.

BCS aims to raise awareness of oral health and deliver basic oral health promotion to the local community; engaging in online and in-person educational initiatives. BCS now has an established social media presence, and frequently collaborates with local communities, national charities and local schools, with stalls at local festivals, community centres and public spaces.

This article is written by current and previous presidents of BCS, with the aim of reflecting on the impact of student-led community engagement initiatives on student volunteers and members of the public. The value to academic training is discussed with reference to the group’s achievements and future aspirations.

## The Burden of Disease

The burden of non-communicable diseases, including dental caries, presents global and local challenges. Untreated caries in permanent teeth is the most prevalent disease worldwide, with a global prevalence of 35% for all ages combined, affecting 2.4 billion people. Untreated caries in primary teeth in children is

the 10th most prevalent disease, affecting 621 million children.<sup>2</sup> Caries can cause cavitation, pain, infection, and ultimately tooth loss. The impact of caries is not limited to the oral cavity and the disease has significant psychosocial effects on the individual, including poor self-esteem and depression.<sup>3</sup> As such, the effects of dental caries cause serious challenges to children and their families.

Our dental school is located within Tower Hamlets, a deprived area in East London, with 38.8% of 5-year-olds having experience of dental decay, compared to the London and England averages of 27% and 23.4% respectively.<sup>4</sup> Despite the preventable nature of dental caries, the disease affects a large proportion of the population in Tower Hamlets and follows a social gradient, presenting large health inequalities. Data from Public Health England shows that greater prevalence of caries experience in 5-year-olds is associated with higher levels of deprivation.<sup>4</sup> BAME groups also experience higher levels of dental caries compared to White groups, which further evidences the need to reduce racial inequalities in the UK.<sup>4</sup> As both a deprived and BAME-predominant area, Tower Hamlets suffers from the systematic impact that both racial and economic inequalities have on dental caries.

The continued use of austerity policies has crippled efforts to narrow child health inequalities. For example, Mason et al. (2021) found that spending on Sure Start children’s centres decreased on average by 53% between 2010 and 2018, with larger cuts in more deprived local authorities.<sup>5</sup> The authors estimated that as a result of the cuts, there were an additional 4575 children with obesity. Such policies compound the impact of the Covid-19 pandemic and the cost of living crisis on health.

In the borough of Tower Hamlets, the pattern of poor oral health is also observed in the adult population, with 39% adults with decayed teeth compared to 28% and 30% in London and England respectively. The high proportion of adults with poor oral hygiene is also reflected in the proportion of adults with periodontal disease at 77% compared to 46% in London and 45% in England. Adults in Tower Hamlets also have a higher rate of mouth cancer compared to other regions of London and England. Such statistics are further worsened by a lower proportion of adults in Tower Hamlets accessing dental services, which in turn results in adults receiving less dental care and preventative advice.<sup>6</sup> In addition, general health statistics in Tower Hamlets also present inequalities compared to other



regions, with a higher proportion of diabetes in the population.<sup>7</sup>

As a health promotion group, these inequalities drive the community engagement activities and the events organised. It is important to understand the burden of childhood dental caries, along with other non-communicable diseases and the common risk factors they have. Caries in childhood co-exist with childhood obesity and could lead to further non-communicable diseases in later life, such as diabetes.

## Community Involvement and Value to Academic Training

Community engagement projects have been shown to allow students to move beyond the university's clinical and academic environments. The interactions while volunteering differed to those on the clinics, with students having to adjust and tailor the information to a wider range of people and thus allowing them to reach a larger group than the usual patient demographic. Previous examples of community engagement projects have also reflected similar benefits to the students involved. A study at the Peninsula School of Dentistry found the communication skills acquired by students through the community engagement projects equipped them with more holistic communication approaches when caring for their patients. The students also expressed an increased awareness of the challenges and barriers faced by the community.<sup>8</sup>

Community engagement projects have the potential to allow students a broader understanding of the determinants of health, beyond their clinical and academic curriculum. Student organisers develop a range of leadership and entrepreneurial skills, which they can utilise in their future careers. Working with community partners and academic professionals in a dual capacity also allows student organisers to network beyond taught settings at university. The events enhance student experience and growth and embed ethical and social responsibility, within students' response to care as evidenced by many of the student volunteers choosing BCS

■ **Pictured: Volunteer setting up an oral health promotion stall with leaflets and oral hygiene demonstration aids**

# PDT Instruments

designed with just one thought in mind...



...the well being of you  
and your patients



FINER | SHARPER | STRONGER

**STAND  
J50**

**DENTAL  
SHOWCASE**  
BDIA  
Raising the standards of oral care  
24 -25 March, 2023 • ExCeL London

☎ 01535 656 312

✉ SWALLOWDENTAL.CO.UK

✉ SALES@SWALLOWDENTAL.CO.UK



**SWALLOW**



■ **Pictured:** A team of student volunteers engaging with Barts Community Smiles to deliver oral health promotion at a local community health centre

activities to fulfil their yearly volunteering as part of the social responsibility component of the curriculum.

In line with the NHS consensus statement of 'Making Every Contact Count,' the group emphasises to volunteers the importance of keeping the audience engaged.<sup>9</sup> It is very easy to fall into the trap of reciting oral hygiene advice as if it were written on a teleprompter, particularly if a volunteer is new to community-based oral health promotion. Engaging the audience keeps them interested and means that they are more likely to retain what was said. It also mirrors the way in which clinicians should involve patients in their own care in the clinic. Tailoring events to the specific group being engaged with is a key facet of oral health promotion.

## Aspirations

At present, BCS largely set up events within the spheres of our campus and outreach care centre locations within Barts Health NHS Trust around Tower Hamlets. These include: local campaigns (FizzFreeFeb, SugarSmart), and events at Barts Health NHS Trust (Sustainability Day, Hospital Open Day, stalls at outreach centres). The group also collaborates with NIHR, Action on Sugar, local social prescribers and other student-led volunteering groups such as Teddy Bear Hospital in addition to delivering events and holding stalls at the local mosques, schools, and libraries. During the COVID-19 pandemic, we grew our social media presence; created online videos, and targeted groups through webinars and social media. BCS has consistently been involved

at the QMUL Festival of Communities, an event with the greatest public-facing capacity, attracting over 300 members of the public to the oral health promotion interactive activities.

Social policy plays an invaluable role in influencing community health, and BCS has been involved in public events to increase the reach and impact of vital public health messages. As part of our involvement in the delivery of the SugarSmart Tower Hamlets programme in collaboration with Tower Hamlets Council and the university, volunteers from BCS met the Mayor of Tower Hamlets.<sup>10</sup> BCS also had the opportunity to exhibit at Action on Sugar's campaign at the Houses of Commons, as part of National Sugar Awareness Week 2020. With over 130 delegates at the event, the group had the chance to meet with Members of Parliament and leaders in healthcare, with the aim to keep issues relating to diet and ill health high on the political agenda.

In future, BCS aims to focus efforts on midstream and upstream interventions for community-based settings in adherence to strategies recommended by Public Health England.<sup>11,12</sup> Following a short period of suspension due to COVID-19, the Tower Hamlets SugarSmart scheme will be re-implemented in 2023, through which BCS will guide volunteers to perform school visits and give talks about how sugar consumption impacts our oral and general health. SugarSmart schools included in the scheme pledge to deliver basic oral health education, a class project which tracks the meals and snacks of a KS1-4 class, and choose two additional pledges centered around healthy eating and oral hygiene.<sup>13</sup> This initiative supports the implementation

■ **Pictured: Volunteers teaching children about types of teeth at the Teddy Bear Hospital Safety Day event, 2022**



of healthy food and drink policies in childhood settings, a deliverable and recommended midstream intervention. Alongside the SugarSmart programme, BCS volunteers will also begin to host regular oral health promotion stalls at the Royal London Dental Hospital from February 2023. This will enable our impact to upgrade from one-off education and extracurricular enrichment to regular public-facing sessions, further building our relationship with Barts Health to promote future volunteer opportunities.

A targeted approach to our oral health promotion however is key to truly improving oral health. Riggs and colleagues discuss the value of diet advice and breastfeeding support in reducing the risk of early childhood caries development.<sup>14</sup> Further from targeting children in childhood settings, our interventions and education should be aimed at parents and caregivers who ultimately supervise and support childrens' brushing habits from the very beginning of their lives. BCS hosted a pilot event in collaboration with the Poplar Housing and Regeneration Community Association, attended by a focus group of 20 parents and children aged 2-4. The event was a great success, with our volunteers praised by parents for being well informed and able to provide oral health information they had struggled to access due to limited dental care access through COVID-19. We hope to re-run this event in 2023 to continue targeting oral health promotion of the youngest members of our local community. This is in line with ensuring the public health advice of 'Giving Every Child the Best Start in Life.'<sup>15</sup>

## Conclusions

With continued funding and support from the Royal London Dental School and Queen Mary Student Union, we hope to inspire other dental schools across the country to implement similar student-led groups. We hope to continue our aims of advocating for oral health within and beyond Tower Hamlets.

Whether it is by engaging new and existing community partners, getting involved in research or creating an impact within social policy. BCS is currently at a fledgling stage in its development, the potential for large-scale volunteer impact in Tower Hamlets is yet to be fully realised and we are incredibly eager to see how the group will continue to grow in the future.

**Acknowledgements:** Many thanks to all previous student presidents, committee members and volunteers of BCS for their commitment to the group.

Thank you to our tutors, Dr Cassandra Lewis, Dr Huda Yusuf, Ms Sarah Murray for their continuous support and encouragement.

**Authors:** Haleema is currently a final year dental student and past co-president and committee member of Barts Community Smiles (2020-22). Haleema has been involved with BCS as a volunteer since its setup during her first year. Haleema has also completed an intercalated MSc in Global Public Health and Policy alongside her involvement with BCS.

Scott is a 4th year dental student and past co-president of Barts Community Smiles (2021-2022). He has a keen interest in public health, having completed an intercalated BSc in Global Public Health last year. Scott is hoping to pursue a career in dental public health after university.

Giulia is currently a 4th year dental student and current president of Barts Community Smiles (2021-23). Giulia first volunteered for BCS in 2020 and quickly became closely involved in the running of the society, co-ordinating society events in 2020/21. Giulia decided to pursue an intercalated BSc alongside which she served as co-president of BCS.

**Email:** [haleema.rabeea@nhs.net](mailto:haleema.rabeea@nhs.net)  
[s.k.heritage@smd18.qmul.ac.uk](mailto:s.k.heritage@smd18.qmul.ac.uk) or  
[g.pintaritsch@smd18.qmul.ac.uk](mailto:g.pintaritsch@smd18.qmul.ac.uk)

## References

1. Yeung J. In Conversation with Barts Community Smiles. [Internet]. 2020 [cited 26/12/2022]. Available from: <https://www.blcircadian.com/articles/in-conversation-with-barts-community-smiles-volunteering-leadership>.
2. Kassebaum NJ, Smith AGC, Bernabé E et al. Global, Regional, and national prevalence, incidence, and disability-adjusted life years for oral conditions for 195 countries, 1990-2015: a systematic analysis for the global burden of diseases, injuries, and risk factors. *J Dent Res*. 2017;**96(4)**:380-387.
3. Pitts NB, Zero DT, Marsh PD et al. Dental caries. *Nat Rev Dis Primers*. 2017;**3**:17030.
4. Public Health England. National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019. [Internet]. 2020 [cited 08/01/2023]. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/873492/NDEP\\_for\\_England\\_OH\\_Survey\\_5yr\\_2019\\_v1.0.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873492/NDEP_for_England_OH_Survey_5yr_2019_v1.0.pdf).
5. Mason KE, Alexiou A, Bennett DL et al. Impact of cuts to local government spending on Sure Start children's centres on childhood obesity in England: a longitudinal ecological study. *J Epidemiol Comm Health*. 2021;**75(9)**:860-866.
6. Tower Hamlets Council. JSNA Factsheet - Oral Health of Adults. [Internet]. 2015 [cited 08/01/2023]. Available from: <https://www.towerhamlets.gov.uk/Documents/Public-Health/TH-JSNA-oral-health-of-adults-2015.pdf>.
7. Public Health England. Tower Hamlets, Local Authority Health Profile 2019. [Internet]. 2020 [cited 08/01/2023]. Available from: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e09000030.html?area-name=tower%20hamlets>.
8. Hanks S, Marples C, Wall E. Reflections on learning and enhancing communication skills through community engagement: a student perspective. *Brit Dent J*. 2016;**221(2)**:81-85.
9. Public Health England. Making Every Contact Counts (MECC): consensus statement. [Internet]. 2016 [cited 26/12/2022]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf>.
10. Tower Hamlets Council. Residents get Sugar Smart during February half-term. [Internet]. 2020 [cited 26/12/2022]. Available from: [https://www.towerhamlets.gov.uk/News\\_events/2020/February-2020/Residents\\_get\\_Sugar\\_Smart\\_during\\_February\\_half\\_term.aspx](https://www.towerhamlets.gov.uk/News_events/2020/February-2020/Residents_get_Sugar_Smart_during_February_half_term.aspx).
11. Public Health England. Local authorities improving oral health: commissioning better oral health for children and young people. [Internet]. 2014 [cited 08/01/2023]. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/321503/CBOHMaindocumentJUNE2014.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf).
12. Rogers JG. Evidence-based oral health promotion resource. [Internet]. 2011 [cited 08/01/2023]. Available from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Evidence-based-oral-health-promotion-resource-2011>.
13. Tower Hamlets Education Partnership. Tower Hamlets Sugar Smart Campaign Resources, Tower Hamlets Education Partnership; Sugar Smart Campaign Resources. [Internet]. 2018 [cited 26/12/2022]. Available from: <https://www.the-partnership.org.uk/resources/tower-hamlets-sugar-smart-campaign-resources>.
14. Riggs E, Kilpatrick N, Slack-Smith L et al. Interventions with pregnant women, new mothers and other primary caregivers for preventing early childhood caries. *Cochrane Database Syst Rev*. 2019;**2019**(11).
15. Marmot M. Fair Society, Healthy Lives: The Marmot Review. [Internet]. 2010 [cited 26/12/2022]. Available from: <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf>.



Royal Navy

**KEEPING OUR NATION'S BEST ASSETS SMILING**

# ROYAL NAVY CAREERS

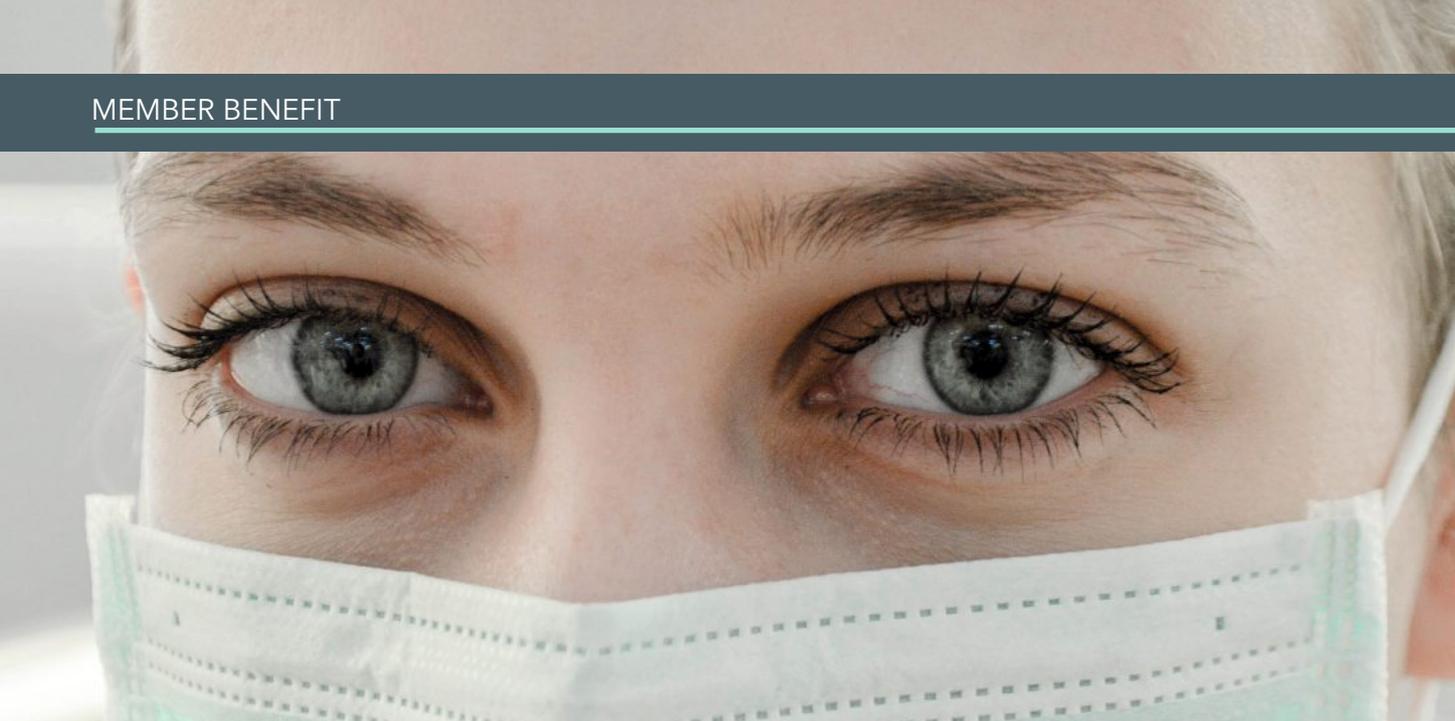
## DENTAL HYGIENIST

Competitive salary | Six weeks' holiday | Free healthcare  
| Travel the world | Professional training



**ASK ALEXA** 

"Alexa, ask the Royal Navy about..."



# THINKING ABOUT YOUR PROFESSIONAL INDEMNITY...?

## About All Med Pro

All Med Pro is a specialist provider of insurance for dental professionals. We have provided dental professionals with indemnity coverage for over ten years and have worked closely with the British Society of Dental Hygiene and Therapy for the last year in respect of other insurance member benefits. We have always looked to use collaborative innovation, working with our key dental partners and clients, to improve the dental indemnity landscape.

## What We Offer

In response to the ever-changing needs of the dental profession, we have yet again improved our dental indemnity cover and the products we can offer to BSDHT members. We now offer enhanced cover, dento-legal claims support and premium discounts on Dental Indemnity Insurance (this is not included as standard in your BSDHT Membership).

## Testimonials

*Friendly, professional, and thorough service from a team that clearly knows its stuff. Always reliable and supportive. I highly recommend them for peace of mind and complete reassurance.*



*Very efficient and helpful with setting up my account. Always responded quickly and professionally to all my queries. Very efficient online service as well.*



*All Med Pro customer support is great, they always make sure to reply back in time and are always helpful with all customer queries. The whole team is dedicated to working towards meeting customers' requirements and solving their queries.*

**To get a quote:**

**<https://quote.allmedpro.co.uk/product/BSDHT> or ring 0203 757 6950**

**LIVE WEBINAR** – April 17 @ 7:00 pm - 8:00 pm

- The unique BSDHT tracking link for the webinar is:

<https://attendee.gotowebinar.com/register/3202556737871483919?source=BSDHT>

**WHAT DID YOU SAY?** – Patient Communication**Online Event Hosted by All Med Pro**

Communications with patients is vital to ensure you have consent. How do you do it to keep yourself safe? Mel and Brian will help you and your team to get your message over, and show you what happens when you don't!

For more information & to register (this is not hosted by the BSDHT):

<https://quote.allmedpro.co.uk/product/bsdht-new/>



**ALL MED PRO**



**Melonie Prebble**

Dip DH, Dip DTh



**Brian Westbury**

Academic Dean Faculty of  
Forensic and Legal Medicine

 **LIVE**  
Webinar

**Patient  
Communication**

[Register Now](#)

**17th April 2023**

7:00-8:00PM

This webinar is part of the series 'Staying out of Trouble in 2022/23' and is brought to you by All Med PDI

## INVITATION TO BECOME BSDHT COUNCIL OBSERVERS



BSDHT Council would like to invite any interested BSDHT members to apply for the role of council observer.

It has been agreed that the work of the BSDHT Council would be more transparent to members if meetings were open to invited observers.

A number of members of the Society may attend full Council meetings purely as observers. Applicants will be accepted on a first come basis and no expenses will be paid.

**Council will meet on Thursday 7<sup>th</sup> September 2023**

To register your interest please email [enquiries@bsdht.org.uk](mailto:enquiries@bsdht.org.uk)

# The Dental Professional's Impact on Health Inequalities

## AIM

To gain an understanding of the importance of health inequalities and to highlight how the dental professional can play a pivotal role in reducing oral health inequalities.

## LEARNING OBJECTIVES

- To highlight the significance of health inequalities
- To explain the difference between equality and equity
- To provide the opportunity for dental professionals to know they have a key role to play in reducing health inequalities

## LEARNING OUTCOMES

- Readers will consider the social impact of health inequalities
- Readers will be able to identify where they can best provide a positive impact in addressing health inequalities
- Readers will understand the importance of addressing health inequalities in daily practise

**Aligned with GDC development outcome: A,B,D**



**To obtain an hour of CPD for this paper scan the QR code or follow the link:**

**[HTTPS://WWW.SURVEYMONKEY.CO.UK/R/DH-MARCH-23](https://www.surveymonkey.co.uk/r/dh-march-23)**

**Closing date for submissions: 28 April 2023**

## ABSTRACT

Health Inequalities (HI) is a term that is frequently used within health care. However, the true meaning of HI is often misunderstood or misinterpreted and as such it is important for those of us in the health profession to fully understand what it means.

The term, HI refers to the avoidable differences in the health between diverse groups of people. As health

professionals within dentistry, we also have an important role to play in tackling this public health crisis. Dental teams have ongoing contact with various sections of their local communities and across the entire age spectrum from infancy to old age and this interrelationship can really have a positive impact in tackling HI, alongside working closely with our colleagues from other health care professions.

## KEY WORDS

Equality, Equity, Oral Health

## Introduction

The term 'Health Inequalities' refers to the avoidable differences in health between diverse groups of people.<sup>1</sup> The World Health Organization (WHO) defined HI as: systemic differences in the health status of different population groups. These differences have social and economic costs to both the individual and society as a whole.<sup>2</sup> HI is the result of widespread differences due to unfair systems that negatively impact people's lives, their living conditions, access to healthcare and overall health status.

In 2008, The WHO formulated social determinants of health (SDH),<sup>3,5</sup> the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems

shaping the conditions of daily life. These forces and systems include: economic policies and systems; development agendas; social norms; social policies; and political systems.

In the years since there has been much attention surrounding HI and, in the passing of nearly four decades, it remains a topic of discussion today: individuals from the poorest quintile of families are 86% more likely to die than those from the wealthiest fifth of families.<sup>4</sup> We must therefore continue to address the disparities and work even harder as leaders and professionals to challenge policies and work tirelessly to promulgate true equity. When the issue of health differences is raised, a question needs to be asked: is it health inequality in question or is it health inequity?<sup>3</sup>

## What is the difference between equality and equity?

This is a question that is frequently asked and if we are honest, we all hear these terms but may not fully understand them. Equality and equity are often used interchangeably and that can also bring much confusion.

The image below is an ideal way to explain the two.<sup>6</sup>

Equality expresses that all individuals should have the same access to resources and opportunities. The illustration shows that even when having the same access not all individuals have the same the experience. Equity is about making society fair and removing the barriers that can hinder an individual to accessing the same opportunities as others. Equality is about providing additional support based on individual need or ability.<sup>7</sup> (For more information on the original image please see additional resources below.)

### Key Takeaways: Equity vs. Equality

- Equality provides the same level of opportunity and assistance to all segments of society, such as races and genders
- Equity provides various levels of support and assistance depending on specific needs or abilities
- Equality and equity are most often applied to the rights and opportunities of minority groups

### The Social Gradient and the Impact on Oral Health

It is important to note that it is not only the poorest sections of society that are impacted by HI: reducing HI is in everybody's best interests!

The 'social gradient' is a term used to describe people who are less advantaged in terms of socioeconomic position, have worse health (and shorter lives) than those who are more advantaged.<sup>8</sup> Watt and Sheiham (1999)<sup>9</sup> highlighted how the social gradient is an essential element in tackling and understanding HI and made recommendations back in the late 1990's. Their study was

conducted with British civil servants and the data showed a steep inverse association between social class and health and mortality from a wide range of diseases.

To reduce the social gradient in health, actions across all stakeholders must be universal, with a scale and intensity that is proportionate to the level of the disadvantage. The complex and inter-related causes of inequalities require coordinated upstream action, including healthy public policy and the creation of supportive environments for good health. However, healthcare systems, including primary care dental services, also have an important contribution to make in reducing inequalities.<sup>10</sup>

Dental teams have ongoing contact with various sections of their local communities and across the entire age spectrum, from infancy to old age. Dental teams get to know families and their lives in great detail, through continuity of care often over many years, and in some cases across generations of the same family. A trusted professional relationship is often established providing unique insight into patients' lives. Within local communities, dental professionals are respected, with a high standing and position of influence and authority. Dental teams are therefore ideally placed to take action on some of the social determinants of oral health inequalities in their local communities.<sup>10</sup>

Ten agenda items have been identified aimed at moving things forward and providing opportunities for clinical dental teams to be more active with patients and the wider community (see below - adapted agenda).<sup>10</sup>

1. The importance of workforce education and professional training
2. The need to understand the oral health needs of the total population
3. Focus on early life is the founding of good health e.g. Dental Check By One
4. Ensuring equity of access and equality of treatment outcomes; the need for reconciliation<sup>11</sup>
5. Ensuring equity of access and quality of treatment outcomes; more flexibility, consider the needs of the most vulnerable
6. The importance of having a team approach

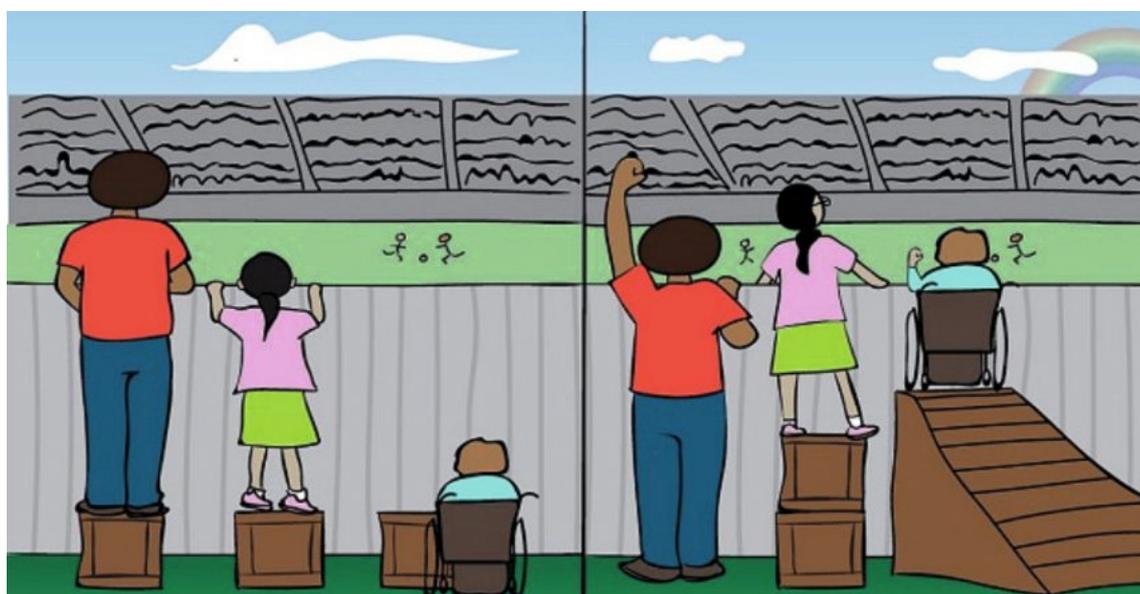


Photo Credit: The Second Line Education Blog

7. Delivering evidence-based clinical prevention
8. Signposting and linking with local partnerships
9. Having general dental practitioner as local employers
10. The role of advocacy

## Conclusion

As outlined by the published report Working for Health Equity<sup>12</sup>, primary dental care services have an important contribution to make to tackle health inequalities. In 2014 it was highlighted that urgent action is required to tackle HI<sup>10</sup> today, almost ten years later, when so many individuals and families are really struggling, it could be argued that there is an even greater need to reduce HI.

As the focus of dental hygienists (DH) and dental therapists (DT) is being spotlighted in the wake of the ever-evolving dental contract reform, it is more important that as a profession we position ourselves closer to general society and those who are marginalised to better support and provide equitable access to our care and services. When it comes to the impact we can make, as DH and DT, it is so important that we are abreast of current information and guidance to better support the communities we serve. More research within the area of HI, especially on how DH and DT can have lasting impact and positive outcomes, would only be a greater benefit to the populations we serve.

**Author:** Simone Ruzario graduated from Barts and The London Dental School in 2004 and practises as a dental hygienist and dental therapist in Bedfordshire and Hertfordshire. Simone is

the Honorary Treasurer for the BSDHT, and is an active member of the Diversity, Inclusion and Belonging Group and BSDHT Publications Team.

**Email:** Contact sayahh80@gmail.com

## References

1. Medical News Today. Available at: What is health inequality? Definition, examples, and root causes (medicalnewstoday.com) (Accessed 07/11/2022).
2. World Health Organization (2018). Available at: Health inequities and their causes (who.int) (Accessed 07/11/2022).
3. Arcaya MC, Arcaya AL, Subramanian SV. Inequalities in health: definitions, concepts, and theories. *Glob Health Act*. 2015;**8**(1):27106.
4. Murray CJ, Gakidou EE, Frenk J. Health inequalities and social group differences: what should we measure? *Bulletin World Health Organ*. 1999;**77**(7):537-543.
5. World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: WHO (2008).
6. The Inclusion Solution. Available at: <http://www.theinclusionsolution.me/staywoke-live-inclusively-equity-vs-equality/> (Accessed 21/11/2022).
7. Equity vs. Equality: What Is the Difference? (thoughtco.com) (Accessed 22/11/2022).
8. Social Gradient - IHE (instituteofhealthequity.org) (Accessed 22/11/2022).
9. Watt RG, Sheiham A. Inequalities in oral health: a review of the evidence and recommendations for action. *Brit Dent J*. 1999;**187**(1):6-12.
10. Watt RG, Williams DM, Sheiham A. The role of the dental team in promoting health equity. *Brit Dent J*. 2014;**216**(1):11-14.
11. NHS England. Starting Well Core. Available at: <https://www.england.nhs.uk/primary-care/dentistry/smile4life/starting-well-core/>
12. UCL Institute of Health Equity. Working for health equity: the role of health professionals. London: UCL (2013).

# pure income protection FOR THE SELF-EMPLOYED

dg mutual is an expert mutual insurer established in 1927

**DEDICATED & TRANSPARENT  
SERVICE AT ALL TIMES**

[www.dgmutual.co.uk](http://www.dgmutual.co.uk)



FOR A QUOTE, CALL 0121 452 1066 or EMAIL [info@dgmutual.co.uk](mailto:info@dgmutual.co.uk)



# CLINICAL QUIZ

A patient presents complaining of a painless abnormality that has been slowly growing over the last six months.

- Q1. What action, if any, would you take?
- Q2. What visible clinical feature suggests a malignancy?
- Q2: What other clinical finding on examination would support malignancy?
- Q3: Name two types of skin malignancy that could be present.
- Q4: Which of the two has the better prognosis?



SEND YOUR ANSWERS TO THE EDITOR BY 31<sup>ST</sup> MARCH (Please add your practice address as Oral-B will send your prize directly to your place of work)

**Email:** editor@bsdht.org.uk **Postal:** The Editor, Dental Health, BSDHT, Bragborough Hall Business Centre, Welton Road, Braunston NN11 7JG.



## ENTER FOR A CHANCE TO EXPERIENCE THE DIFFERENCE!

The Oral-B iO™ takes something we do every day and increases our ability to do it better. The brush combines an oscillating-rotating action with gentle micro-vibrations. The brush glides effortlessly from tooth to tooth, but as well as feeling great, its efficacy has been enhanced. The iO™ uses artificial intelligence to improve the user's technique: surfaces are all monitored via the Oral-B app. The brush will also ensure the optimum pressure is being applied – too much and a red warning light will appear, too little a white light, and when within the safe range, the light will display green. The implications for a patient's oral health are immense!

Courtesy of Oral-B 

## ANSWERS TO CLINICAL QUIZ JANUARY 2023

The winner is: **Nicola Evans**

- Q1. A male patient, in his fifties, who you know from his social history to be a recovering alcoholic, attends after a few years gap for care under direct access arrangements. He brings a walkie-talkie into the treatment room which he reports is connected to a friend. The friend is in the waiting room and is highly critical of your advice and treatment plan to your reception team while your patient is paying. He pays in cash that he has to ask the friend for, explaining that the friend takes care of his finances. What action, if any, would you take?
- A1. It would not be unusual for a friend of an alcoholic to monitor or have some control over their finances, as long there is consent. However, if you are concerned that this may not be the case then a discussion with the team and the practice safeguarding lead is appropriate. A potential referral to the local adult safeguarding partnership if other members of the team share your concerns would be in order. If no referral is made you should carefully document your reasons for not doing so.
- Q2. A child attends for routine preventive care. It has been several months since she had an examination, with several WNB annotations in her record and, you note, several new carious lesions. She has a large bruise on her cheek, which she claims to have sustained by walking into a door. What does WNB stand for?
- A2. Was Not Brought
- Q3. What action, if any, would you take?
- A3. Bruising on the soft tissue of the cheek is uncommon in an accident as injury tends to involve the bony prominences. Gently ask the child about the injury and watch for evasiveness or inconsistencies. Record your concerns carefully, preferably in a file separate to the clinical notes. Record any injuries and record the child's own words about their injury. Discuss your concerns with the guardian, particularly regarding the deteriorating oral health and if the answers are unsatisfactory discuss with the practice safeguarding lead for a potential referral to the local children safeguarding partnership.
- Q4. As a practising clinician, what level of safeguarding training should you have attained and how often should you revisit that training?
- A4. Level 2 - every 3 years.



# ATTACK PLAQUE

FROM EVERY ANGLE

## NEW PUBLISHED DATA REVEALS:

# How to tackle interproximal plaque with essential oils-based LISTERINE®

## FOR PATIENTS WHO BRUSH AND FLOSS

Adding LISTERINE® reduces interproximal plaque by **28.4%** vs brushing and flossing alone \*<sup>1</sup>

## AND FOR THOSE WHO DON'T FLOSS

LISTERINE® is shown to reduce interproximal plaque above the gumline by **4.6X** vs floss\*\*<sup>2</sup>

## Make an evidence-based recommendation with LISTERINE®

\* Sustained plaque reduction above the gumline with continual twice daily use for 12 weeks after a dental cleaning. Flossing underwent once daily supervision on weekdays. Use LISTERINE® as part of a 3-step routine.

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



Scan for  
clinical  
studies



# RECRUITMENT



**DENTAL THERAPIST EYNESHAM**

Part-time Dental Therapist required for friendly private dental practice in Eynsham, close to Oxford & Witney.

- 30 minute standard appointments
- DSA support.

Email CV: [cathyandrob@hotmail.co.uk](mailto:cathyandrob@hotmail.co.uk)



**NEW JOB Opportunity**

An excellent opportunity for an experienced **DENTAL HYGIENIST** or **DENTAL THERAPIST** in **CHIGWELL, Essex**

My highly regarded hygienist is retiring after 25 years. She is leaving behind a steady following of well maintained patients, supported by a warm and friendly team.

Please reply to: [info@chigwellsmile.co.uk](mailto:info@chigwellsmile.co.uk)



**DENTAL HYGIENIST**  
required in Chelsea  
**LONDON SW3**

This is a wonderful opportunity for an experienced **dental hygienist** who would like to work in a well-established **private practice** in **Chelsea, London**.  
**3 days per week** (ideally Monday, Tuesday and Wednesday).  
Salary would be negotiated depending on experience.

For further information please contact Sarah Payne:  
[reception@walpolestreetdental.co.uk](mailto:reception@walpolestreetdental.co.uk)



**DENTAL HYGIENIST**  
required in  
**HUNTINGDON, Cambridgeshire**

We are seeking a Dental Hygienist for two days a week, days and hours negotiable.

Friendly, busy practice based in Huntingdon with onsite parking.

01480 358888  
[stukeleydental@hotmail.com](mailto:stukeleydental@hotmail.com)



# DIARY DATES

## SPRING 2023 BSDHT REGIONAL GROUP STUDY DAYS

Contact: [enquiries@bsdht.org.uk](mailto:enquiries@bsdht.org.uk)

Regional Group	Date	Details	Contact (Group Secretary)	Contact Details
Eastern	Sat, 18th March 2023	Bar Hill Hotel, Cambridge	Nancy Gieson	<a href="mailto:easternsecretary@bsdht.org.uk">easternsecretary@bsdht.org.uk</a>
London	TBC	TBC	Simona Kilioke	<a href="mailto:londonsecretary@bsdht.org.uk">londonsecretary@bsdht.org.uk</a>
Midlands	Sat, 18th March 2023	Hilton East Midlands Airport	Joanna Ericson	<a href="mailto:midlandssecretary@bsdht.org.uk">midlandssecretary@bsdht.org.uk</a>
North East	Sat, 1st April 2023	Crowne Plaza Hotel, Kings Road, Harrogate	Julie Rosse	<a href="mailto:northeastsecretary@bsdht.org.uk">northeastsecretary@bsdht.org.uk</a>
North West	Weds, 8th March 2023	ICE Postgraduate Dental Institute & Hospital, 24 Furness Quay, Salford, M50 3XZ	Karen McBarrons	<a href="mailto:northwestsecretary@bsdht.org.uk">northwestsecretary@bsdht.org.uk</a>
Northern Ireland	Sat, 25th March 2023	Marlborough Clinic Belfast, 1 Marlborough Park, Belfast, BT9 6XS	Gill Lemon	<a href="mailto:northernirelandsecretary@bsdht.org.uk">northernirelandsecretary@bsdht.org.uk</a>
Scottish	Sat, 13th May 2023	Edinburgh: 'Social and networking' (Arthur's seat with coffee and cake afterwards in Soderberg café). NO TRADE	Ana Malove	<a href="mailto:scottishsecretary@bsdht.org.uk">scottishsecretary@bsdht.org.uk</a>
South East	Sat, 22nd April 2023	Commissioner's House, The Horical Dockyard, Chatham	Sam Davidson (Acting)	<a href="mailto:southeastsecretary@bsdht.org.uk">southeastsecretary@bsdht.org.uk</a>
Southern	Sat, 11th March 2023	Holiday Inn, Winchester	Ellie-May Ayling	<a href="mailto:southernsecretary@bsdht.org.uk">southernsecretary@bsdht.org.uk</a>
South West & South Wales	Sat, 1st April 2023	Court Colman Manor, Pen-y-fai, Bridgend CF31 4NG	Alison Trinh	<a href="mailto:swswsecretary@bsdht.org.uk">swswsecretary@bsdht.org.uk</a>
South West Peninsula	Sat, 11th March 2023	New Continental Hotel, Plymouth PL1 3LD	Lauren Binns	<a href="mailto:southwestsecretary@bsdht.org.uk">southwestsecretary@bsdht.org.uk</a>
Thames Valley	TBC	TBC	Vacant	<a href="mailto:thamesvalleysecretary@bsdht.org.uk">thamesvalleysecretary@bsdht.org.uk</a>

# BSDHT ADMIN

'Swallow' Bragborough Hall Business Centre, Welton Road, Braunston NN11 7JG. Tel: 01788 575050 Email: enquiries@bsdht.org.uk

## ADMINISTRATION

President: **Miranda Steeples** - [president@bsdht.org.uk](mailto:president@bsdht.org.uk)

President Elect:  
**Rhiannon Jones** - [presidentelect@bsdht.org.uk](mailto:presidentelect@bsdht.org.uk)

Honorary Treasurer:  
**Simone Ruzario** - [treasurer@bsdht.org.uk](mailto:treasurer@bsdht.org.uk)

Honorary Secretary:  
**Sarah Murray (Acting)** - [honsec@bsdht.org.uk](mailto:honsec@bsdht.org.uk)

Honorary Vice Presidents:  
**Stacey Clough, Nishma Sharma, Debbie Reed**

Tutor Rep: **Emma Bingham** - [tutorrep@bsdht.org.uk](mailto:tutorrep@bsdht.org.uk)

Publications Editor representative:  
**Patricia MacPherson** - [pubs@bsdht.org.uk](mailto:pubs@bsdht.org.uk)

Elected Council Members:  
**Leon Bassi** - [ECM1@bsdht.org.uk](mailto:ECM1@bsdht.org.uk)  
**Sarah Murray** - [ECM2@bsdht.org.uk](mailto:ECM2@bsdht.org.uk)  
**Claire McCarthy** - [ECM3@bsdht.org.uk](mailto:ECM3@bsdht.org.uk)  
**Sabina Camber** - [ECM4@bsdht.org.uk](mailto:ECM4@bsdht.org.uk)

Elected Council Members to Executive Team:  
**Emma Bingham, Claire McCarthy**

UK representatives to the IFDH:  
**Rhiannon Jones, Miranda Steeples**

BSDHT Representatives:  
*Institute of Health Promotion and Education:*  
**Elaine Tilling**

BSDHT representative Health Education  
England Advisory Group (HEEAG):  
**Diane Hunter**

Student representative to council:  
**Sandeep Samra** - [studentrep1@bsdht.org.uk](mailto:studentrep1@bsdht.org.uk)  
**Laura Bosah** - [studentrep2@bsdht.org.uk](mailto:studentrep2@bsdht.org.uk)

Student Representative Coordinator:  
**Claire Bennett** - [studentrep@bsdht.org.uk](mailto:studentrep@bsdht.org.uk)

Coaching and Mentoring Representative:  
**Emma Slade-Jones** - [MC1@bsdht.org.uk](mailto:MC1@bsdht.org.uk)

## REGIONAL GROUP REPRESENTATIVES ON COUNCIL

Eastern: **Andrea Hammond**  
[easternregionalrep@bsdht.org.uk](mailto:easternregionalrep@bsdht.org.uk)

London: **Sakina Sayed**  
[londonregionalrep@bsdht.org.uk](mailto:londonregionalrep@bsdht.org.uk)

Midlands: **Nina Lord**  
[midlandsregionalrep@bsdht.org.uk](mailto:midlandsregionalrep@bsdht.org.uk)

North East: **Gill Cliffe**  
[northeastregionalrep@bsdht.org.uk](mailto:northeastregionalrep@bsdht.org.uk)

North West: **Victoria Griffiths**  
[northwestregionalrep@bsdht.org.uk](mailto:northwestregionalrep@bsdht.org.uk)

Northern Ireland: **Ruth Morrison**  
[northernirelandregionalrep@bsdht.org.uk](mailto:northernirelandregionalrep@bsdht.org.uk)

Scotland: **Lynn Harris**  
[scottishregionalrep@bsdht.org.uk](mailto:scottishregionalrep@bsdht.org.uk)

South East: **Jodie Kendall**  
[southeastregionalrep@bsdht.org.uk](mailto:southeastregionalrep@bsdht.org.uk)

Southern: **Emma Leng**  
[southernregionalrep@bsdht.org.uk](mailto:southernregionalrep@bsdht.org.uk)

South West and South Wales: **Rhiannon Jones**  
[swwregionalrep@bsdht.org.uk](mailto:swwregionalrep@bsdht.org.uk)

South West Peninsula: **Sabina Camber**  
[southwestregionalrep@bsdht.org.uk](mailto:southwestregionalrep@bsdht.org.uk)

Thames Valley: **Fiona Stovold (acting)**  
[thamesvalleyregionalrep@bsdht.org.uk](mailto:thamesvalleyregionalrep@bsdht.org.uk)

## ADMINISTRATION

### EASTERN

Chair: **Gulab Singh**  
[easternchair@bsdht.org.uk](mailto:easternchair@bsdht.org.uk)

Secretary: **Nancy Gieson**  
[easternsecretary@bsdht.org.uk](mailto:easternsecretary@bsdht.org.uk)

Treasurer: **Pelagia Kaplanidou**  
[easterntreasurer@bsdht.org.uk](mailto:easterntreasurer@bsdht.org.uk)

Trade Liaison: **Anna Charters**  
Email: [easterntlo@bsdht.org.uk](mailto:easterntlo@bsdht.org.uk)

### LONDON

Chair: **Sakina Sayed**  
[londonchair@bsdht.org.uk](mailto:londonchair@bsdht.org.uk)

Secretary: **Simona Kilioké**  
[londonsecretary@bsdht.org.uk](mailto:londonsecretary@bsdht.org.uk)

Treasurer: **VACANT**  
[londontreasurer@bsdht.org.uk](mailto:londontreasurer@bsdht.org.uk)

Trade Liaison: **(Mary) Annastasia Kellett-Wright**  
[londontlo@bsdht.org.uk](mailto:londontlo@bsdht.org.uk)

### MIDLANDS

Chair: **Helen Westley**  
[midlandschair@bsdht.org.uk](mailto:midlandschair@bsdht.org.uk)

Secretary: **Joanna Ericson**  
[midlandssecretary@bsdht.org.uk](mailto:midlandssecretary@bsdht.org.uk)

Treasurer: **Stephanie Leyland**  
[midlandstreasurer@bsdht.org.uk](mailto:midlandstreasurer@bsdht.org.uk)

Trade Liaison: **Jenny Whittaker**  
[midlandstlo@bsdht.org.uk](mailto:midlandstlo@bsdht.org.uk)

### NORTH EAST

Chair: **Faye Donald**  
[northeastchair@bsdht.org.uk](mailto:northeastchair@bsdht.org.uk)

Secretary: **Julie Rosse**  
[northeastsecretary@bsdht.org.uk](mailto:northeastsecretary@bsdht.org.uk)

Treasurer: **Claire Stott**  
[northeasttreasurer@bsdht.org.uk](mailto:northeasttreasurer@bsdht.org.uk)

Trade Liaison: **Lydia Austin**  
[northeasttlo@bsdht.org.uk](mailto:northeasttlo@bsdht.org.uk)

### NORTH WEST

Chair: **Alison Edisbury**  
[northwestchair@bsdht.org.uk](mailto:northwestchair@bsdht.org.uk)

Secretary: **Karen McBarrons**  
[northwestsecretary@bsdht.org.uk](mailto:northwestsecretary@bsdht.org.uk)

Treasurer: **Poppy Urvine**  
[northwesttreasurer@bsdht.org.uk](mailto:northwesttreasurer@bsdht.org.uk)

Trade Liaison: **Kathryn Mayo**  
[northwesttlo@bsdht.org.uk](mailto:northwesttlo@bsdht.org.uk)

### NORTHERN IRELAND

Chair: **Tracy Doole**  
[northernirelandchair@bsdht.org.uk](mailto:northernirelandchair@bsdht.org.uk)

Secretary: **Gill Lemon**  
[northernirelandsecretary@bsdht.org.uk](mailto:northernirelandsecretary@bsdht.org.uk)

Treasurer: **Chloe Hutchinson**  
[northernirelandtreasurer@bsdht.org.uk](mailto:northernirelandtreasurer@bsdht.org.uk)

Trade Liaison: **Rachael Fletcher**  
[northernirelandtlo@bsdht.org.uk](mailto:northernirelandtlo@bsdht.org.uk)

### SCOTTISH

Chair: **Emma Hutchison**  
[scottishchair@bsdht.org.uk](mailto:scottishchair@bsdht.org.uk)

Secretary: **Ana Malove**  
[scottishsecretary@bsdht.org.uk](mailto:scottishsecretary@bsdht.org.uk)

Treasurer: **Yasmin Sutherland**  
[scottishtreasurer@bsdht.org.uk](mailto:scottishtreasurer@bsdht.org.uk)

Trade Liaison: **VACANT**  
[scottishtlo@bsdht.org.uk](mailto:scottishtlo@bsdht.org.uk)

Student representative: **Saffa-Noor Sabri**  
[scottishstudentrep@bsdht.org.uk](mailto:scottishstudentrep@bsdht.org.uk)

### SOUTH EAST

Chair: **Louisa Clarke (Acting)**  
[southeastchair@bsdht.org.uk](mailto:southeastchair@bsdht.org.uk)

Secretary: **Sam Davidson (Acting)**  
[southeastsecretary@bsdht.org.uk](mailto:southeastsecretary@bsdht.org.uk)

Treasurer: **Adelle Cager**  
[southeasttreasurer@bsdht.org.uk](mailto:southeasttreasurer@bsdht.org.uk)

Trade Liaison: **Sarah Breslin**  
[southeasttlo@bsdht.org.uk](mailto:southeasttlo@bsdht.org.uk)

### SOUTH WEST AND SOUTH WALES

Chair: **Harriet Elsworthy**  
[swwchair@bsdht.org.uk](mailto:swwchair@bsdht.org.uk)

Secretary: **Alison Trinh**  
[swwsecretary@bsdht.org.uk](mailto:swwsecretary@bsdht.org.uk)

Treasurer: **Rachael Redstone**  
[swwtreasurer@bsdht.org.uk](mailto:swwtreasurer@bsdht.org.uk)

Trade Liaison: **Adam Taylor**  
[swwtlo@bsdht.org.uk](mailto:swwtlo@bsdht.org.uk)

### SOUTH WEST PENINSULA

Chair: **Morag Powell**  
[southwestchair@bsdht.org.uk](mailto:southwestchair@bsdht.org.uk)

Secretary: **Lauren Binns**  
[southwestsecretary@bsdht.org.uk](mailto:southwestsecretary@bsdht.org.uk)

Treasurer: **VACANT**  
[southwesttreasurer@bsdht.org.uk](mailto:southwesttreasurer@bsdht.org.uk)

Trade Liaison: **Tracy Davies and Alison Brown**  
[southwesttlo@bsdht.org.uk](mailto:southwesttlo@bsdht.org.uk)

### SOUTHERN

Chair: **Kirstie Hutchings  
Karen Poulter**  
[southernchair@bsdht.org.uk](mailto:southernchair@bsdht.org.uk)

Secretary: **Ellie-May Ayling**  
[southernsecretary@bsdht.org.uk](mailto:southernsecretary@bsdht.org.uk)

Treasurer: **Karenn Helmrichne-Davila**  
[southernsecretary@bsdht.org.uk](mailto:southernsecretary@bsdht.org.uk)

Trade Liaison: **Jessica Davies**  
[southernsecretary@bsdht.org.uk](mailto:southernsecretary@bsdht.org.uk)

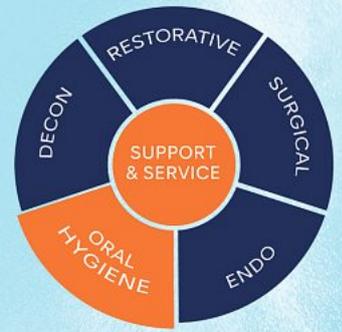
### THAMES VALLEY

Chair: **VACANT**  
[thamesvalleychair@bsdht.org.uk](mailto:thamesvalleychair@bsdht.org.uk)

Secretary: **VACANT**  
[thamesvalleysecretary@bsdht.org.uk](mailto:thamesvalleysecretary@bsdht.org.uk)

Treasurer: **Isla Baxter (acting)**  
[thamesvalleytreasurer@bsdht.org.uk](mailto:thamesvalleytreasurer@bsdht.org.uk)

Trade Liaison: **Sarah Turnbull**  
[thamesvalleytlo@bsdht.org.uk](mailto:thamesvalleytlo@bsdht.org.uk)



# Powder Therapy Made Easy

Portable with easy connection to your high speed coupling hose

"NSK Prophy-Mate neo is superb for removing stubborn stains and plaque build-up while making teeth look and feel fresh and clean."



**Chris Leech BDS**

"NSK Perio-Mate biofilm eraser is particularly useful for getting into tricky subgingival pockets and removing biofilm without injury to the soft tissues and root surfaces."



## Prophy-Mate neo SUPRAGINGIVAL AIR POLISHER



- Compact and lightweight
- Includes 60° and 80° nozzles
- 360° rotation
- Easily dismantled for autoclaving
- Use with Flash Pearl Powder(calcium carbonate)

## Perio-Mate BIOFILM REMOVER

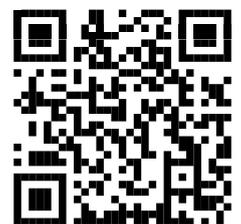
- Avoids injury to delicate periodontal pockets
- Smooth 360° rotation
- Flexible plastic nozzle tip for better access to difficult to reach areas
- Ultra-fine water spray and Perio-Mate powder (glycine) eradicate biofilm in just 20 seconds



Buy now & get a **FREE 2nd handpiece section worth £407**

Buy both air polishers & save **£523**

Scan for more offers...





**ACTEON**  
moving forward

# NEW C50 FULL HD CAMERA



The perfect HD diagnostic tool to complement our clinical workflows.



Prophylaxis  
Workflow



Caries detection  
Workflow



Orthodontic  
Workflow

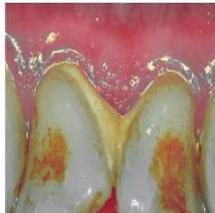
ONE CAMERA FOR ALL MODES: MACRO, INTRAORAL, SMILE AND PORTRAIT.



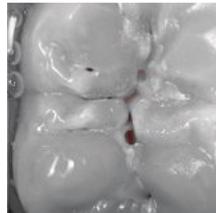
Daylight



Daylight +



Perio



Caries



Intraoral



Portrait



**Your view  
where others  
can  
only imagine**

### **INCREASE TREATMENT ACCEPTANCE BY YOUR PATIENTS**

Better understanding of the suggested treatment plan.

### **INCREASE TRUST AND PATIENT CONFIDENCE**

Communicate any changes from visit to visit.

### **ENHANCE THE VISIBILITY OF INFLAMMATION & DISEASE**

Detect plaque, gingival inflammation and caries.

Call us for a no-obligatory consultation

on **0800 038 9840**

or email [info.uk@acteongroup.com](mailto:info.uk@acteongroup.com)

