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British Dental Nurses' JOURNAL®

The Journal of the British Association of Dental Nurses



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Front Cover: BADN President Jacqui Elsdon (centre) with retiring Chairman Jane Dalgarno (left) and former Chairman Dr Debbie Reed (right) at the BADN 80 + 1 Anniversary Drinks Reception

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From your President



Welcome to the Winter Edition of the British Dental Nurses Journal.

We have been busy behind the scenes, planning for the upcoming 2022 dental exhibitions and attending numerous meetings online, with a few functions that have been face to face.

The BADN Annual General Meeting took place in London in November and was followed by a Drinks Reception celebrating our 80th + 1 birthday. It was important to celebrate BADN's longstanding existence, respected reputation amongst the dental profession and long-standing support to dental nurses across the UK. We know we are an important part of the dental team; however, sometimes we need to speak up and remind others about this.

During the first hybrid AGM (face-to-face and Zoom) Jane Dalgarno (Chair) and Joan Hatchard (Treasurer) stood down from their roles after completing their terms of office and I welcomed Debra Worthington as President-elect, Michelle Brand as incoming Treasurer, and Joan Hatchard as incoming Chair. I continue to be your President for a further year and will hand over to Debra later in the year.

The Drinks Reception was attended by BADN members and invited guests from many dental and non-dental organisations with whom we have collaborated during the past 80 years and continue to work with today. It was my absolute pleasure, during the event, to present BADN member Dr Debbie Reed with BADN's Outstanding Contribution to Dental Nursing Professional Practice Award, to acknowledge the accomplishment of her Doctorate in Education and her reciprocity of the CGDent Janet Goodwin Award. Three outstanding achievements from a BADN member who is, in my opinion, a truly inspirational dental nurse of the 21st century.

In addition to these well-deserved celebrations, I represented BADN at: the Chief Dental Officer's Workshops; the Mouth Cancer Action Charter event in November for Mouth Cancer Action Month; the BSDHT conference also in November; the Colgate Robin Davies DCP Research Awards; meetings with BUPA, {my}dentist, Dental Nursing Journal, BDJ Team, British Association of Dental Therapists (BADT), British Society of Dental Hygiene and Therapy (BSDHT), Health Education England (HEE), Oral Health Foundation (OHF), Purple Media, The Probe, Dentistry Online, and the National Examining Board for Dental Nurses (NEBDN). BADN was also represented at the launch of the new College of General Dentistry in late October.

I am continuing to host the online Coffee Catch Ups on the last Saturday of every month for an informal chat and to provide some formal CPD for you. To ensure you have the very latest information from us, you can sign up to the BADN e-newsletter, which will keep you informed of any news and events, on our website: www.badn.org.uk.

As I continue into my third year of office, I hope that this year I will be able to meet many more of you at the upcoming national dental exhibitions, shows and events that are planned for 2022, in particular at the Dentistry Show in May when we are hosting the Dental Nurse Forum and celebrating our delayed 80th Anniversary with an Afternoon Tea (details will be circulated shortly via our website, e-newsletter and Journal). Please come and say hello if you have the opportunity to attend. If you have any comments or suggestions, please do write to me at enquiries@badn.org.uk

Let's stand together to support our dental nursing profession.

Jacqui Elsdon

BADN President

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The 2021 BADN AGM and 80th Anniversary Celebrations

The 2021 BADN AGM was held on 23 November 2021 at the Naval & Military Club, St James's Square, London, as well as via Zoom – the Association's first ever hybrid AGM!

President Jacqui Elsdon chaired the Meeting, which included the presentation and approval of the 2020 AGM Minutes, the 2021 Executive Committee Report, the 2020 Annual Accounts and the re-appointment of Jones Harris as auditors. Jacqui also presented the new Executive Committee members – President-elect Debra Worthington, incoming Treasurer Michelle Brand and incoming Chair Joan Hatchard, together with Education Representative Anita Stanforth – and thanked outgoing Chair Jane Dalgarno and outgoing Treasurer Joan Hatchard for all their hard work over their two terms of office.

All the AGM documents, together with the 2021 Minutes, are available to members in the members' area of the BADN website: www.badn.org.uk.

Outgoing Chair Jane Dalgarno was presented with flowers, while Dr Debbie Reed, long-standing BADN member and former BADN Chair, was presented with both the BADN 2020 Outstanding Contribution Award by President Jacqui and the FGDP(UK) Janet Goodwin DCP Award by CGDent President Dr Abhi Pal.



The AGM was followed by the delayed BADN 80th Anniversary Drinks Reception, which was attended by BADN members and guests from the dental press, other dental and non-dental organisations, and BADN supporters/providers – Parliament Hill, CFC Underwriting, Denplan, {my}dentist, BUPA, The Probe, BDJ Team, Dental Nursing magazine, Dental Review, Dentistry Online, GDC, BDA, BADT, Oral Health Foundation, British Orthodontic Society, Dental Technicians Association, Orthodontic National Group, Orthodontic Technicians Association, NEBDN, College of General Dentistry, Health Education England, and other leading dental figures.



BADN CONDUCTS VACCINATION SURVEY

Following the recent Government announcements regarding mandatory vaccinations for healthcare workers, the British Association of Dental Nurses (BADN), the UK's professional association for dental nurses, are conducting a survey to gather data on how many dental nurses are vaccinated.

The survey is completely anonymous and will only take couple of minutes to complete.

All dental nurses – Registered and Student, BADN member and non-member - are invited to complete the survey, which can be found at <https://www.badn.org.uk/News/Dental-Nurse-Vaccination-Survey.aspx>.

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Health & Care

Oral Health Foundation appoints Mhari Coxon as new president

Mhari Coxon has been revealed as the new president of the Oral Health Foundation. With a longstanding passion for oral healthcare, Mhari was officially appointed on 6 December when the board of trustees met at the Royal Society of Public Health.

Mhari worked in dentistry from 1992-2010, with a portfolio of career progression across dental practices, associations, faculties, and hospital environments. She remains a registered dental hygienist, moving to a second career in healthcare marketing in 2010, and is currently Healthcare and Prescription Marketing Strategy Lead for Northern Europe at Johnson & Johnson. Mhari is also a member at the Chartered Institute of Marketing and a fellow of the Chartered Management Institute.



Mhari believes the charity continues to have a key role helping to create healthier communities and reduce the harm caused by dental disease, commenting: "In the past two years, the way in which we view our health has changed drastically, yet rates of tooth decay, gum disease and mouth cancer continue to climb, and we are still seeing disparities across the country with access issues continuing to pose a problem for many people.

"As an organisation we're regarded as one of the leading voices on oral health in the UK. During my presidency, I hope to shape and build upon this and use our position to help influence how the public view their oral health, how they connect it to their overall health, and empower them to get familiar with their oral health, encouraging early detection of disease and pushing the power of prevention.

"I look forward to supporting the charity to achieve its' full potential and helping more people have better oral health."

Mhari becomes the charity's 13th president, taking over from Manchester-based dentist Ben Atkins.

"I'd like to acknowledge the work done by Ben Atkins in leading the board over the last two years," Mhari adds. "Being president of the charity throughout the pandemic is not a small task and the work which he has done during this time leading the Oral Health Foundation is exceptionally admirable."

Ben Atkins, who remains on the charity's board of trustees, was keen to welcome Mhari as president: "I am sad to be ending my term as president, but I am confident that Mhari will do a fantastic job. She brings a lot of valuable experience to the Oral Health Foundation, and I am looking forward to seeing what she will bring to the role."

Dr Nigel Carter OBE, Chief Executive of the Oral Health Foundation, adds: "We're looking forward to having Mhari start her term as president. Everyone here at the Oral Health Foundation is so proud of what we have achieved over the past two years, and we have navigated the challenges we faced to the best of our ability. We also know that with Mhari's expertise, we will be able to promote our key message of Better Oral Health for all' to even more people and help everyone to become more mouthaware."

At the same event, Georgios Tsakos was welcomed onto the Oral Health Foundation's board of trustees. Georgios is Professor in Dental Public Health at University College London and Chair of the Platform for Better Oral Health in Europe.

The Board was sad to say farewell to two Trustees who reached the end of their term, Tracy Posner and Prof Liz Kay who preceded Ben as President of the organisation. Both had contributed greatly to the Foundation's recent success and will be sadly missed.

Dental Nurse uses BSL to share oral health messages at youth club.

CDS Dental Nurse, Sarah Nunn, has visited a youth club and used her British Sign Language knowledge to help share oral health education among children and their families.

Sarah, who is a Level 3 BSL student, was invited by Families of Deaf Children Essex to attend their youth club on 9th November. During the session, Sarah was able to talk and use her British Sign Language knowledge to communicate with the families and hand out toothbrush packs to the children. "The families had at least one member who is deaf, so I gave the information in BSL as well as English. I really enjoyed interacting with the children and their parents. I am currently studying for my Level 3 qualification and in attendance with me at the event were 2 interpreters. I am so proud of where my BSL journey has taken me. It was a great success and I've had some lovely feedback from the families that attended. To be able to connect with the deaf community and deliver information about good oral health is all I have ever wanted to achieve".



Families of Deaf Children (Essex) thanked Sarah for a successful evening: "A big thank you to Sarah Nunn from Community Dental Services for spending time putting packs together to bring to tonight's youth club. Sarah spent two hours talking and using her British Sign Language knowledge to communicate with our families."

Sarah is enjoying studying to become Level 3 qualified in BSL. "I have been very fortunate that CDS has enabled me to gain my qualification in British Sign Language Level 1 and Level 2. I have also attended a deaf awareness course and this has enabled me to share knowledge and tips with the wider Essex team. CDS is a referral only dental service treating patients with additional needs who may not be able to communicate verbally, and BSL is one way we can communicate with some patients. CDS will always book an interpreter for appointments if required, but in addition to their presence I feel my knowledge of BSL has helped me open communication with patients who I personally was unable to be support in this way. My favourite moment with CDS so far was a little boy who was so excited that he could sign with me. His mother told me that it made the appointment so special for him. I look forward to continuing to learn this skill and share this information with my colleagues."

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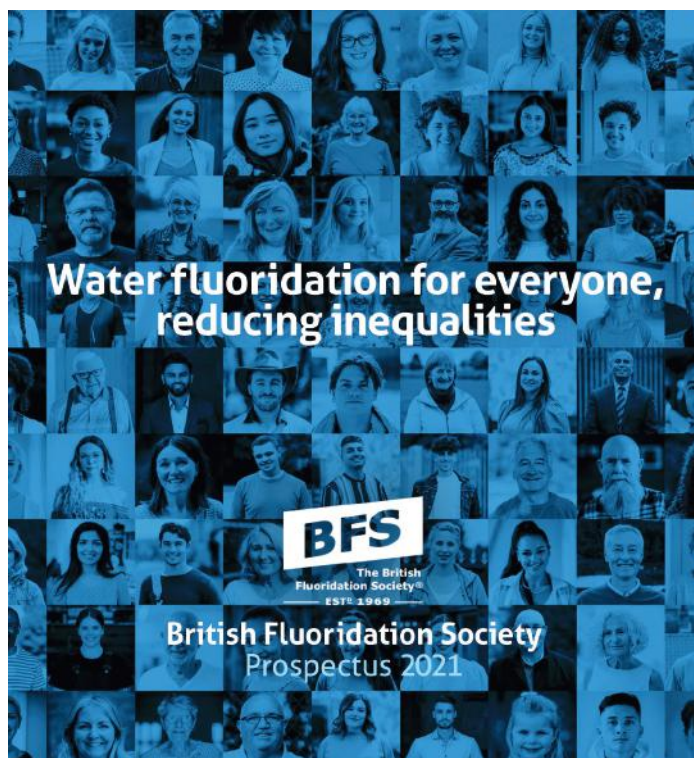
The British Fluoridation Society relaunch

Birmingham Dental School was the venue for the “Making a Difference” conference held on Saturday 23 October 2021, to relaunch the British Fluoridation Society (BFS) and its accompanying prospectus. The event was chaired by Barry Cockcroft, former chief dental officer for England and chair of the BFS. There was a formidable list of speakers:

- Anna Ireland, National Lead for Dental Public Health
- Eddie Crouch, Chair of the Principal Executive Committee of the BDA
- Sandra White, Clinical Director, Association of Dental Groups
- Maria Morgan, President of the British Association for the Study of Community Dentistry (BASCD)
- Yewande Oduwale and Victoria Ojetunde, young dentists with an interest in social media
- Fiona Ellwood, Executive Director of the Society of British Dental Nurses.

Lord Philip Hunt, President of the BFS and a long-term advocate for water fluoridation, opened the conference with a combined history of water fluoridation and an update on the clauses in the Bill referring to water fluoridation, which was currently before Parliament. He said of the Bill: “Clause 148 of a large bill essentially hands over the power of local authorities to the Secretary of State to initiate new water fluoridation schemes. I think this really must be welcome.”

The newly appointed Minister for Health Maria Caulfield MP recorded a short welcome address by video link, which suggested a period of anticipated joint working between the Department of Health and Social Care and the BFS.



Anna Ireland, National Lead for Dental Public Health, pointed out that some important issues remain to be settled, for example consultation when introducing new schemes: “it’s not confirmed yet whether that would be a single national consultation, for example, or it’d be more regional/subnational”.

Overall, the conference was positive and supportive of water fluoridation as an intervention and optimistic for the future of implementation in the UK.

For those who could not attend, the conference was recorded and is available to watch on the BFS website <https://bfsweb.org/>. Electronic copies of the prospectus are also available on the website.

Vaccination as a condition of deployment (VCOD) for all healthcare workers

On 6 January 2022, the Government made new legislation, approved by Parliament, which amended the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the 2014 Regulations”). In accordance with these regulations, individuals undertaking CQC regulated activities in England must be fully vaccinated against Covid-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care. The regulations will apply equally across the public (NHS) and independent health sector.



A 12-week grace period, beginning on 6 January, allows unvaccinated individuals to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.

The regulations provide that the registered person can only deploy or otherwise engage a person for the purposes of the provision of a CQC-regulated activity, in which they have direct, face to face contact with patients and service users, if the person provides evidence that they have been vaccinated with a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved Covid-19 vaccine. This is subject to specific exemptions and conditions.

The vaccination as a condition of deployment (VCOD) requirements include front-line workers, as well as non-clinical workers not directly involved in patient care but who may have face to face contact with patients, including ancillary staff such as porters, cleaners or receptionists.

The requirement will not apply to those who:

- Are under the age of 18
- Are medically exempt
- Have participated in a clinical trial for a Covid-19 vaccine
- Are pregnant and have a temporary exemption which will be valid until they are 16 weeks post birth
- Are not in scope of the VCOD regulations

Key dates:

- **6th January 2022** – this is when the 12-week grace period between the regulations being made and coming into force, commences. This period is intended to give providers and workers time to prepare and meet the new regulatory requirements. Communication and engagement with staff, supportive in nature, should have commenced with workers before this date, to respond to vaccine hesitancy and drive vaccination uptake
- **3rd February 2022** – the last date for workers in scope of the regulations to get their first dose of an authorised vaccine (unless exempt) so they can be fully vaccinated with a complete course of doses of an authorised vaccine (as listed in guidance on the approved Covid-19 vaccines and countries and territories with approved proof of vaccination) by 1 April 2022. Under current vaccination guidance, eight weeks are required between the first and second vaccine dose
- **1st April 2022** regulations come into force

For more information, visit <https://bit.ly/350Mfwh>.



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Brush up on CPD



Hello and welcome to Brush up on CPD. This program, produced by Purple Media Solutions, provides you with clinical features from which you can claim up to two hours of Continuing Professional Development (CPD), a mandatory part of registration with the General Dental Council. Each article offers an hour verifiable CPD on subjects.

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Brush Up on CPD appears in *The Probe* throughout the year. All certificates are issued online. Readers must be registered with www.the-probe.co.uk in order to gain access to the CPD questions and multiple choice answers. Once you have logged in, click on 'Brush Up' to see the question and answer options. When you have submitted the correct answers for both articles, you will be able to print out your two hours' verified CPD certificate.

To answer the questions below, visit www.the-probe.co.uk and log in.

Click on the 'CPD - Brush Up' tab.

The questions for this Brush Up will appear under 'Brush Up – BDNJ Winter 2022

CPD questions – Consent and the dental team

1. To be valid, a patient's consent must be:

- a) In writing
- b) Voluntary and informed
- c) Verbal
- d) The professional's recommendation

2. The CQC requires conversations with patients about treatment to:

- a) Meet the patient's communication needs
- b) Be quick
- c) Be video recorded
- d) Take place outside the surgery

3. The Montgomery v Lanarkshire Health Board led to what changes in the medical consenting process?

- a) No changes
- b) The process was made longer
- c) Redefined standards in informed consent
- d) Steps were removed from the mandatory process

4. In what situations might a patient lack the capacity to consent?

- a) Those with dementia
- b) Those with learning disabilities
- c) Those with mental health conditions
- d) All of the above

5. In appropriate situations, what does the Gillick competency regulation allow?

- a) Patients under 16 to consent to treatment
- b) Every patient over 12 to consent to treatment
- c) It cannot be used in dentistry
- d) The provision of implants to under-18s

6. How can dental nurses ensure informed consent?

- a) Provide all relevant information
- b) Give the patient time
- c) Be clear about costs
- d) All of the above

CPD questions – No smoke without fire

1) What percentage of the UK population is currently believed to smoke?

- a) 13%
- b) 13.7%
- c) 14.7%
- d) 15%

2. How many smoking-related deaths were there in England in 2019?

- a) 55,000
- b) 60,600
- c) 64,000
- d) 74,600

3. How much is smoking thought to cost the NHS in England each year?

- a) £2.5 billion
- b) £1.5 billion
- c) £1 billion
- d) £2.5 million

4. Which oral health conditions are associated with smoking cigarettes?

- a) Bad breath
- b) Tooth loss
- c) Oral cancers
- d) All of the above and more

5. Smokers are at a greater risk of periodontal disease than non-smokers by how many times?

- a) 1.5 to 2.5 times
- b) 2.5 to 2.5 times
- c) We don't know
- d) They are not more at risk

6. Local stop smoking services increases smokers' chances of quitting by how much?

- a) They don't help
- b) Double the chance
- c) Three-fold chance
- d) There's no data to show



Consent and the dental team

Learning objectives

- To understand what constitutes valid consent
- To be aware of the regulations surrounding capacity to consent
- To understand how the dental nurse can enhance the consent process

GDC Development Outcome: A

Obtaining valid consent from patients is a routine task for the dental team. It is required to commence treatment, to decline treatment, to acknowledge advice given and confirm receipt of important information. Dental nurses can aid in the consent process in a number of ways, from helping to convey the right messages, supporting patient understanding and documenting the process to ensure accurate clinical records. To do so effectively, it is important to understand exactly what consent means and to be aware of what can hinder consent.

Valid consent

Any consent provided by patients must be voluntary and informed, and they must have the capacity to make an informed decision for themselves.ⁱ It is a legal duty of the dental team to obtain valid patient consent before embarking on any treatment. Principle 3 of the GDC Standards for the Dental Teamⁱⁱ outlines exactly what is expected of dental professionals, highlighting the need to “explain all relevant options and the possible costs”, as well as discussing potential risks associated with proposed treatments. It also mandates that steps are taken to ensure the patient has understood the information provided and that consent is valid at each stage of treatment as part of an on-going process.

The CQCⁱⁱⁱ builds on the requirements set out by the Health and Social Care Act 2008 to provide guidance



on ensuring valid consent. It states that conversations with patients about treatment must meet their communication needs, so these should be assessed and catered to on an individual basis. The guidance also promotes the importance of the team member obtaining consent from the patient to be aware of the relevant codes of conduct.

Montgomery v Lanarkshire Health Board

You will likely know the story of how Nadine Montgomery sued doctors for negligence after experiencing complications during the birth of

her child, who was born with severe disabilities. Mrs Montgomery, a type 1 diabetic, claims she had not been made aware of the risks with her having a ‘traditional’ delivery and that she would have opted for a caesarean section had she known them. The UK Supreme Court ruled in her favour in March 2015 and this ultimately redefined standards relating to informed consent and full disclosure of information for all health and care professions. Many praised the change to allow for enhanced clarity as well as better alignment between law and guidance from professional healthcare bodies.^{iv}

As such, clinicians are now required

to provide information on all material risks, including details of any risk to which a reasonable person would attach significance.ⁱ Material risks depend on its frequency and magnitude, but should also be patient-specific. For example, if a potential negative consequence is rare but would have a significant impact on a patient's quality of life or ability work, then it is crucial they are made aware.

Capacity to consent

In some situations, a patient's capacity to consent to their own treatment may be compromised and the dental team will need to consult a care giver, next of kin or power of attorney. This might include those with dementia, learning disabilities, brain injuries, mental health conditions or who have had a stroke or who are suddenly unconscious due to a reaction or accident.^v The Mental Capacity Act 2005^{vi} is very clear that all patients should be assumed to have capacity, unless special circumstances are proven. A person should not be treated differently or their capacity to consent questioned based solely on their age, appearance or on past decisions deemed unwise by the healthcare professional.

When given reason to assess an individual's capacity to consent, the regulations state that people are unable to make an informed decision for themselves if they cannot understand or retain the information provided, to use it as part of the decision-making process or communicate their resulting decision clearly. A patient should still be supported and encouraged to engage with the decision-making process and all reasonable steps should be taken by the dental team to ascertain their feelings about proposed treatment. When capacity to consent is lacking, care decisions must be made in the individual's best interests, for which it is crucial to consult with others. A family member, next of kin, care giver or appointed attorney, for example, would be able to help ensure that recommended treatment is in the person's best interests.

At the other end of the scale, Gillick competency may apply to patients who are legally considered minors. Though

consent can typically only be provided by those over the age of 16, in some circumstances where an under-18, or under-16, demonstrates comprehension and maturity to make their own decision, their consent may be valid.^{vii}

Enhancing the process

Obtaining patient consent is a shared responsibility among the entire dental team. Each time you begin treatment in the surgery, you must ensure that the patient has consented. For extended duties dental nurses or those running dental nurse-led clinics, it is even more important to be confident in knowing how to consistently ensure informed, valid consent.

To enhance quality of consent, it is important to:ⁱ

- Provide all the necessary information in a way the patient will understand
- Give the patient sufficient time to explore and digest the information provided
- Be clear about all possible costs
- Ensure consent is obtained regularly – it is an on-going process
- Accurately document conversations and interactions with patients, as well as the signed consent itself

It is also worth noting the impact that Covid has had on the consent process. There are various anecdotal reports of dental professionals finding it more difficult to obtain informed consent when conducting remote consultations. The wearing of increased PPE, especially facemasks, could be hindering the communication process and preventing the most effective transfer of information and support. Being aware of the potential consequences of this and adding other communication tools such as visual or written aids, could be beneficial when liaising with some patients.

If you are unsure about your role in obtaining consent or would like further support in developing your skills, Colosseum Dental UK offers a wealth of education and training for all team members to help you deliver exceptional patient care in every situation.

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No smoke without fire

Learning objectives

- To appreciate the current prevalence of smoking in the UK
- To understand the impact of smoking on health and the economy
- To understand what role dental professionals can play in smoking cessation among patients

GDC Development Outcome: C

Educating the population and encouraging patients to make healthier lifestyle choices is a significant part of the modern healthcare professional's role. Prevention is very much better than cure, and it is hoped that with the right information and motivation, more individuals will be able to look after their bodies and minds better.

One lifestyle choice that medical and dental professionals are united in the fight against is smoking. Though substantial progress has been made in the UK in recent years, there is still more to be done to help those who are struggling to kick the habit. Dental nurses play an important role in connecting with and educating patients, as well as inspiring them to quit for good.

Know the numbers

According to Action on Smoking and Health (ASH),ⁱ the smoking of tobacco has been in decline since 1974 when government surveys began in the UK. Approximately 14.7% of the UK population smoked cigarettes in 2019, with the proportion of never smokers increasing to 60.4%. Men were still more likely to smoke than women, though the gap between the genders was relatively small. Prevalence of cigarette smoking was also fairly spread out over the age groups, though much lower in the over 60s.

Why all the fuss?

The numbers are moving in the right direction, but there are still millions of UK people smoking cigarettes. This is troublesome due to the negative health implications of the habit and the cost this has on health services.

NHS statistics from 2019ⁱⁱ suggested that there were approximately 74,600 smoking-related deaths in England,



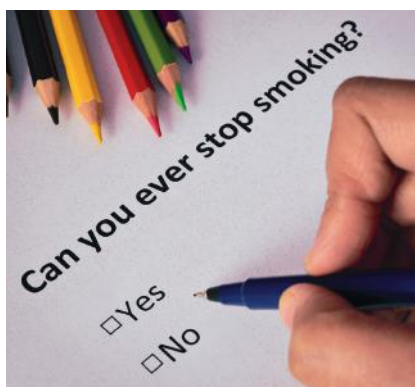
which represents 15% of all deaths that year. When looking at the specific causes, 35% were from respiratory diseases, 25% from cancers and 12% from circulatory diseases. As if the impact on population health wasn't bad enough, more than 500,00 hospital admissions were attributed to smoking in the same year – which equates to 4% of all hospital admissions in 2019/20. The total cost of smoking on the NHS in England alone is estimated to be a massive £2.5 billion each year.ⁱ

But this is not the only way in which smoking may be putting extra strain on the nation's infrastructure. The International Longevity Centre (ILC) UKⁱⁱⁱ has postulated that current and ex-smokers cost the UK economy an estimated £19.1 million per year. The same report highlighted a strong correlation between smoking and disability, suggesting further ways in which the lifestyle habit could be impacting the wider healthcare system.

Smoking and oral health

The relationship between smoking tobacco and oral health is well-established in the literature and all dental professionals will be aware of the links. Smoking is associated with a range of dental diseases and conditions, including staining of the teeth, bad breath, tooth loss, loss of taste and smell, reduced blood supply to the mouth, increased plaque and tartar build-up, impaired wound healing and oral cancers.^{iv}

It is also a major risk factor for periodontal disease, with smokers at a 2.5 to 3.5 times greater risk of severe periodontal attachment loss than their non-smoking counterparts. They are also believed to experience deeper periodontal pockets, greater gingival recession and more alveolar bone loss than non-smokers.^v In addition, long-term smoking significantly reduces salivary flow rate and consequentially increases the risk of xerostomia-related dental conditions.^{vi}



This is just a snapshot of how smoking negatively impacts oral health. Interestingly, some links may be drawn between patient knowledge and understanding of the topic and smoking status. A study found that non-smokers were more aware of how all related conditions were affected by smoking than active smokers.^{vi} This supports the concept that improved patient education could help to further reduce prevalence of smoking. It also highlights the potential for dental professionals to induce change by discussing the impact of smoking on oral and general health specifically with those patients who admit a daily habit.

Cessation support from the dental nurse

Patients often feel more comfortable speaking to the dental nurse than the dentist should they have any questions, meaning they are well-placed to provide bespoke advice regarding smoking and oral health. Many dental nurses may also expand their roles to include oral health education, in which they would be communicating the subject directly to patients. The first step is to help them realise the dangers to their health. At this point, cessation should be discussed so that it might be tailored to their specific situation for greater success.

Dental nurses should be aware of effective cessation strategies and how to implement them in order to support patients effectively. According to Public Health England,^{viii} it is believed that around 60% of smokers in England want to quit, with around 10% intending to do so in the near future. It also states that willpower alone is the least effective method, so most patients will need extra help if they are to be successful. Dental nurses can signpost patients towards their local stop smoking services that

offer behavioural support to increase their chance quitting threefold. Referral to a GP or pharmacist can help them get a prescription for stop smoking medicine, or over-the-counter nicotine patches, gum or e-cigarettes (which could soon also be available on the NHS in England^{ix}) may also be useful in their quest for a smoke-free life.

Sometimes, all patients need is some additional motivation. Dental nurses should consider:^x

- Communicating positive affirmations in the patient's ability to quit
- Asking how they feel and discussing their specific fears about quitting
- Expressing a keen willingness to help
- Reminding them of why they want to quit
- Recognising and celebrating their achievements
- Helping with challenges as they arise

A healthier future

With the impact that smoking has on the health of the population and the global economy, helping more people quit is crucial. Dental professionals see their patients more regularly than other healthcare professionals and so are well-placed to support cessation attempts. It is important that dental nurses feel confident in communicating with patients over such an issue, which is why dental providers like Colosseum Dental UK deliver comprehensive training and education to all team members within their practices.

To find out more go to <https://www.colosseumdental.co.uk/>

#WeCare More

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A Career That Suits You



Dental nurses are integral to the dental profession. Some would say they're the backbone of any great practice as not only do they support dentists but patients too. Colosseum Dental UK takes pride in the opportunities, support, and rewards they have to offer dental nurses.

The Promises We Make

Of course, as a dental nurse the reward in your job comes from what you can do for your patients but Colosseum Dental UK understands that other benefits in your career go a long way too. As this is integral to a sustained career, we have come up with eight promises to you if you join one of our teams and they are:



1. Excellent clinical facilities and working environment
2. High standard of clinical governance and support
3. Opportunities for continuous professional development
4. GDC membership and indemnity fees paid
5. The chance to work across different dental specialisms
6. Career progression opportunities
7. Secure hours with flexible working options
8. A new Pastelli uniform

As you can see Colosseum Dental UK has really thought of everything you could need for a great working life.

But Wait, There's More!

While professional benefits are great and working in a supportive and progressive environment is everyone's goal, Colosseum Dental UK understands the importance of personal benefits too. Not only will you receive a competitive salary package but helping you enjoy life is a priority also. This is why we also offer:

- Workplace nursery: save tax and NI on up to 100% of your fees!
- Cycle to work scheme: save tax and NI on bikes and accessories.
- Discounted Gym Membership: make big savings as you get into shape.
- Birthday day off! Colosseum Dental UK wants you to enjoy your birthday.
- Holiday purchase scheme: enjoy a better work life balance!
- Will writing: this comes at a discounted price, will save NI contributions and spread the cost.
- Discounted technology: purchase the latest tech and save NI contributions.
- Cashplan scheme: for your peace of mind.
- Employee assistance programme: for extra support.
- Pension with employer contribution!

A Great Working Environment

We are also continually investing in not just our people but our practices too. Whether the place needs some fresh paint, new surgeries or a comfier waiting room, Colosseum Dental UK has it covered. Working in an environment that has the latest technology and solutions makes everyone's lives easier – including the patients!



Career Progression

It's quite clear that Colosseum Dental UK considers our people to be our strength. Due to this, we also focus on training, developing, empowering, and rewarding our employees. There are a number of options for you to take advantage of when it comes to what's on offer. As a dental nurse, you could decide to specialise in a particular area such as orthodontics or implantology and we would be able to offer you the training and/or opportunities necessary for you to do this.

However, if a specialism doesn't sound like you then you may want to take on more of a managerial role. There are various avenues to take and these include treatment co-ordinator, practice manager cover, lead dental nurse, and secondment as practice manager. If you're the type of person who is good with people, adapts well to change, and enjoys leading others then Colosseum Dental UK can support you on your journey to a role that will empower you.

That's not all, you may be interested in a role that allows you to educate others in some capacity and you could do this as an NVQ assessor or as a dental nurse trainer. Educating colleagues can be just as rewarding as caring for patients and dental nurses have a natural capacity to help people achieve something, whether it's overcoming treatment anxiety or learning new skills. Colosseum Dental UK recognises the great potential of the dental nurse and that's why we want to nurture their growth.



In summary, the dental profession needs dental nurses to run as smoothly as it does and Colosseum Dental UK appreciates that. People who are happy at work, home, and with where they're headed will be able to provide the best patient care of their ability and, at the end of the day, that's everyone's aim.

For more information, about Colosseum Dental, please visit <https://www.colosseumdental.co.uk/careers/job-opportunities/dental-nurses>

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Bee prepared...

...to make changes to the way oral health advice is delivered

Rebecca (Bee) Power has been a dental nurse for nearly 10 years working across many different specialities in dentistry. She is currently based at the NHS Norfolk and Norwich University Hospital in the maxillofacial and orthodontic department. Like many of her peers, the need to reach out to multidisciplinary healthcare teams to promote oral health has been on her mind for a long time.

For Bee, it all started with a conversation with a hospital Professional Midwifery Advocate Ella Caine, where she is based. Having worked in paediatric practices across the UK and London, Bee realised how poor the oral health information provided to parents or future parents was. Oral disease is often preventable, with appropriate oral hygiene knowledge, so having the right messengers - midwives - to deliver the information to parents at the right time, when they are open to health advice made so much sense to her.

Through many conversations with Ella, Bee's understanding of how midwives could reinforce the messages that pregnant women are more susceptible to periodontal disease increased. She was already aware that advanced gum disease has been linked with premature birth and low birth weight infants, and that cariogenic bacteria can lead to early childhood caries. This was shown by BMC Oral Health in a study published in 2021 (<https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-020-01372-4>).

Bee acknowledges that over the years dental professionals have tried to raise awareness of the potential negative impact of poor oral hygiene on the health of both mothers and babies but by handing the baton to midwives, and working in conjunction with them, it may be possible to make a difference.

To bring this vision to life, Bee joined the Smile Revolution business course run by Victoria Wilson, and sponsored by Philips, to see how she could find ways of collaborating more closely with the midwifery groups. She admitted that having access to a midwife who is also a lecturer at university linked to where she works has definitely opened doors and she felt very privileged to have gained their trust.

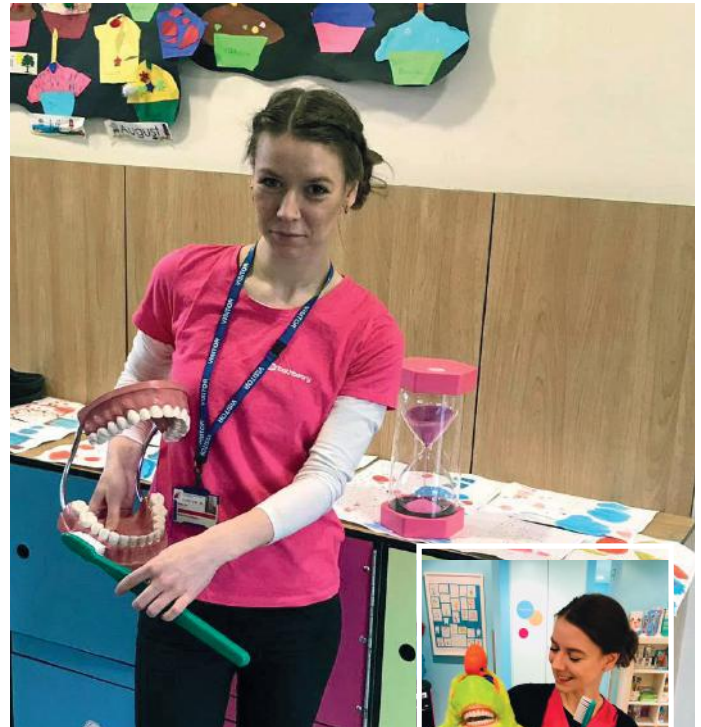
As a result of her initiative, in-person lectures have been scheduled with the first cohort of student midwives at The University of East Anglia teaching hospital. After that, Bee hopes that the lectures will be offered as extra training for midwives in the hospital every year. Follow up information and guidelines will also be provided for their continued professional development. Bee has also arranged an opportunity, with the help of Ella, and the Divisional and Deputy Divisional Director of Midwifery, Stephanie Pease and Kelly Stevens respectively, to present her vision and ideas to midwives in her hospital.

Bee is also keen to approach the Nursing and Midwifery Council to discuss this project further. In the meantime, Ella in her role as editorial board member of The Practising Midwife is pursuing the possibility of Bee writing about her educational project for the journal. The British Society of Paediatrics Dentistry is also on board with the idea, and Bee is hoping that the organisation will support her project.

She commented: 'I am thrilled to have progressed with this project. Victoria Wilson who runs the Smile Revolution business course has been a great sounding board and I would not have reached the position I have with the project without her. She is amazing at networking and the fact she shares the same passion for oral health promotion as all of us on the course helps us move in the right direction. It is so inspiring. I want to make this project sustainable for the long term. All the midwives I spoke to are more than willing to implement my ideas into their curriculums, so it is very promising. I would also like to say how grateful I am to Philips Oral Healthcare which has sponsored me for this. The company has demonstrated an impressive level of care and has really helped numerous oral health projects come to fruition, it is very commendable'.

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About the author

Rebecca Power is a registered Dental Nurse at Norfolk and Norwich University Hospital. As a passionate dental health professional. She is committed to helping improve oral health amongst pre and post natal mothers. Rebecca will be working with midwives to help spread the messages on the importance of maintaining optimal oral health amongst pre and post natal mothers. She is an oral health tutor, DCP representative for her local LDN, she has a big following on social media and is a positive role model for mentoring of many other DNs.



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Unfiltered, unrefined, the power of the mind

My Fight through homelessness and domestic abuse by Haleema Abbas

Phew, that headline's a mouthful. Maybe we should start from the beginning, let me introduce myself. Hi, my name is Haleema and I am going to discuss a few difficult topics in this article to shed light on the struggles I faced as a victim of childhood sexual abuse and domestic abuse.

Many of us hold aspirations to pursue higher education and push ourselves to achieve success. As we know, success requires hard work and determination, which is primarily how I survived through the dark times. My career in dentistry started in 2012 as your everyday, ordinary apprentice dental nurse. I applied for this role and – hey presto! – I was in. As a seventeen-year-old, I embarked on this fast-paced, unpredictable, dynamic journey, balancing student life and homelife. So far, it all seems like your ordinary struggle. Yet, I was living within a grim reality that would never subside.

The kaleidoscope through which I saw the world was tainted black and the rose-coloured glasses where distorted. Keeping hold of draining secrets from childhood, not knowing when I would set myself free. Secrets encouraged by keeping on a brave face and maintaining business-as-usual ethos. Once I qualified in 2014 with the Level 3 Diploma in Dental Nursing, I went on to work in primary and secondary care. Fast-forward to 2020 and the global pandemic hit just as I was in my first year of Dental Hygiene and Therapy at King's College Dental Hospital.

Covid-19 demonstrated the delicacy of life itself. The pandemic challenged my perspective on life as I spent more time at home without the ability to break the long-standing, vicious, twisted cycle in which I was trapped. For the first time, I was confronted with my reality.

Women's Aid revealed that, 'for the year ending March 2020, an estimated 1.6 million women aged 16 to 74 years experienced domestic abuse in the last year (ONS, 2020)'.

I was one of them.

Having nearly completed the Diploma of Dental Hygiene and Therapy, with just two months to go until my final exams in July 2021, I became homeless due to domestic abuse. A victim of a crime that became more evident as the restrictions of Covid-19 were lifted and survivors emerged demanding their basic human rights.

Domestic violence does not discriminate as victims can come from every walk of life, irrespective of educational background, occupation, culture, religion, age, gender or ethnicity.

I needed to be heard but I was presented with difficult decisions as I was afraid of how other DCPs might perceive me and felt guilty that this decision could indirectly affect my profession. As professionals, we often refrain from discussing difficult life experiences and circumstances. Some topics of conversation are still not the norm.

As it turned out, such worries were for nothing. I have been fortunate in that I have received support from the DCPs that I have confided in and they have been compassionate as well as understanding. So, here I am writing to you about my experience, so we as DCPs can openly discuss similar situations that we are experiencing. This conversation enables a better understanding when dealing with both patients and DCPs who



BADN members can access our Health & Wellness Hub through the members-only area of our website, including our Legal Helpline and our counselling/support line.

may be suffering with their own forms of abuse and require assistance. I have gradually gained my confidence, through the compassion shown by fellow DCPs despite many hardships.

Trauma does not confine me and my past does not define me. Qualifying for Dental Hygiene and Therapy has given me strength and purpose, knowing that I have survived through it all. Restoring the drive that was once taken away from me. My narrative travels with me wherever I go and as a newly qualified DHT, I am not afraid to disclose my struggles and nor should anybody else.

About the author

Haleema Abbas is a newly qualified dental hygiene therapist from Kings College Dental Hospital. Prior to completing her higher education she was a dental nurse from 2012 and has been a BADN member since 2015.





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AVAILABLE NOW FOR YOUR DENTAL PRACTICE

Keep your phone on in the surgery?

Do you struggle with time at work, is the most crucial aspect of our health delivery often an afterthought as the treatment has taken up all the allotted time? We can't buy time or empathy, but we can in the virtual world by utilising an eHealth product to support our OHI; it can deliver our advice 24/7 when we aren't there, which certainly saves time.

Everybody gets a little tired of giving the same advice repeatedly, just like a parent asking a teenager to tidy their room or a hygienist demonstrating a TePe to a Mr Jones for the eighth time. Smartphones never get tired and can be recharged quickly. It can be set to remind Mr Jones to use his TePes daily at a time convenient for him, or disclose his children's teeth weekly, and check himself for oral cancer monthly. The phone may encourage him to cut out the cigars and whiskey he never tells us about. His phone could help save his life if you encourage him to use it.

When I qualified in 1982, we knew giving OHI to our patients in the surgery wasn't very effective. It was nearly twenty years before the first iPod was launched as a "1000 songs in your pocket", and now with continual development, the teeth4life App can be a "dentist in your pocket", the behaviour of ourselves and the public hasn't developed at the same pace. And while 70% of doctors now have their primary source of information from Wikipedia, a data resource will never be as comforting or rewarding as a nice friendly smile for all of us. Instead of expecting them to engage all our OHI advice in the surgery, we can deliver it on their phone.

All my career, I was fully aware that whenever I used a drill, there was less tooth. And I was also taught if there was decay around a filling, the whole filling needed replacing. I could never make a filling smaller than the previous one. And it has been a depressing experience carrying out more complex work, which will never be as healthy as natural, unrestored teeth. For those interested, I made a website on prevention and minimal invasive dentists teeth4life.org.uk. My main interest is in delivering my vision of Promoting Public Prevention in oral health in the teeth4life App.

The following explains in an old media format of text and photos. The App is mainly video and an old dentists voice.

Home page

The emergency section was added after covid, and until access to NHS dentistry improves, we should leave it. The video content can be improved with feedback and deliver a consensus of good advice. The App can be forwarded from the front page, using social media to the download links of the App. It doesn't send their data. Try, send it to the rest of your team via your Facebook or What's App links on the home page. Hopefully, the public will forward it on to other friends and relations, including the family members we often don't see, and we can lift the general oral health of the public. The aim is to Promoting Public Prevention via social media. Whitening, straightening, fillers, and implants leave little time available for Blacks classic MO amalgams, nor OHI. This App takes the strain for the practice and arguably is more thorough.

An expert is generally just one step ahead of the novice, so press the info button to see how the App works for the public and familiarise yourself with the App on your phone.

My dentist

All the dental team can customise the App. It's promoting public prevention, and we all involved, so we can all register via the care4teeth.co.uk website. You can add your details, including hobbies and interests, as well as your professional qualifications and specialities. You can add your own social media details if you wish. To be found on the App by your patients, the practice details need inputting with contact details such as opening hours, website, phone number, so you may need to ask the practice manager. I can be found at my virtual practice teeth4life in Bristol. Look at our profiles for ideas on how the App can work for you.

My teeth

While you can customise the App and appear on the practice site, the user can personalise the App for themselves and the family. Nearly everyone has an email, and you can then forward a template with their BPE and or BEWE before they leave the surgery, and you often hear their phone ping, so you know they have received it. The teeth4life App explains a BPE from a BEWE and how to keep the scores low. The patient adds their risk factors at home, and probably more accurately than when being interrogated at the practice. The result is a score via a traffic light scoring

system that indicates potential tooth problems in the future and the likelihood of developing oral cancer. There are further explanations on plaque and bleeding scoring and a tooth map to highlight areas of concern. The video on oral cancer check is with permission from the Head and Neck cancer foundation. The advice is to set a monthly reminder in the App and check once a month for mouth cancer. While in the mood, check the rest of the body for recent abnormalities. Early diagnosis in all diseases improves outcomes.

Download an email template for BPE and Oral Cancer at <https://bit.ly/3qs1O8z>.

My care

The teeth4lifeApp is full of video advice for all age groups on avoiding dental treatment and making any treatment last longer. Creating healthy habits for children is a lot easier than improving bad habits in adults. All videos help avoid the most common preventable human diseases of caries, gingivitis, and periodontitis from a baby to a grandparent.

While there is a scoring system for the spouses we rarely see, there are also many elderly patients reliant on their own family for their oral care. There is a resource section for them and those who work in the care home sector.

Treatment

There is also a section on different types of therapy with the procedures progressing from those delivered by hygienists, dental therapists, dentists, and specialists. The advice is to avoid the need for more extensive and expensive treatments, which all in the long term have poorer outcomes than a well maintained natural tooth.

The other section on emergency advice is still current, and while recently baby bell cheeses have been used for temporary dressings, they aren't included. I'd be grateful for any more appropriate and readily resourced products to recommend to the public. Individual dentists will always debate on the best composite or bonding system, but the App relays a general professional consensus the public understand.

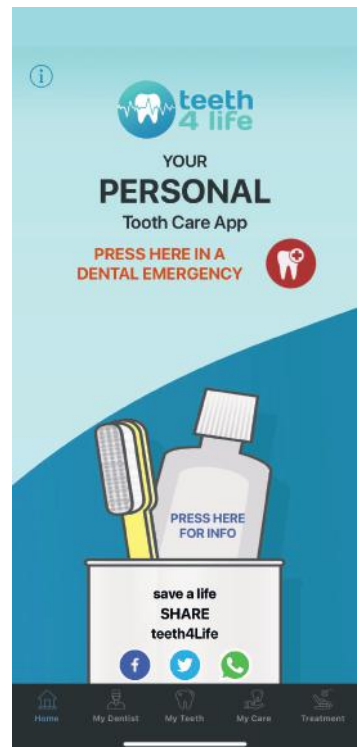
Further help

Weirdly, nearly everyone prefers to look on their phone than in someone else's mouth, often including their own. If time allows, While the dentist types up the notes, cleans your surgery, then makes your coffee. Demonstrate on your phone how to use the App to the patient and how to personalise it for themselves. Generally, the public seems to prefer your advice to the dentist.

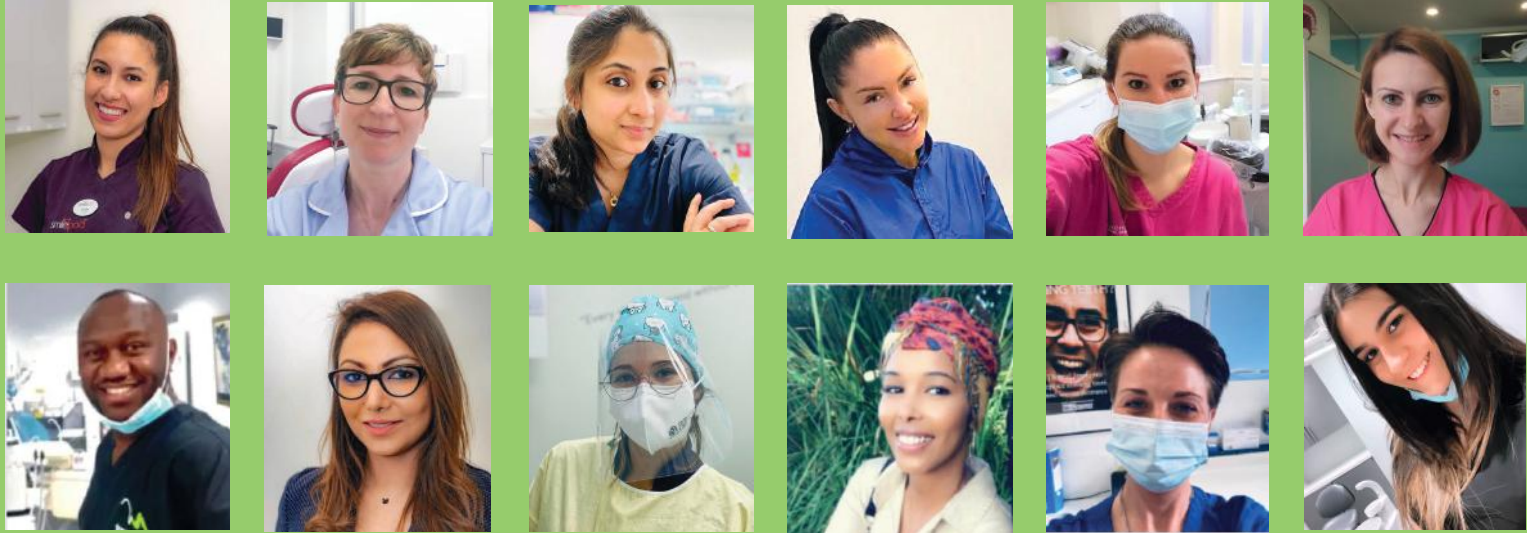
You can customise the App for yourself via care4teeth.co.uk website. It includes further advice on how to promote the APP and yourselves. There are links to videos to play in the reception area when they are available. There are many instructional videos on the teeth4life YouTube Channel to help you, and please subscribe to the channel as it helps guide the public to the App. If you want to help me with your feedback, please email tony@care4teeth.co.uk. Collaboratively and collectively, we can deliver the governments desire to "Promote Prevention is better than Cure" even though there was no funding in dentistry for anyone over five. Poor outcomes in general health, especially Covid, are directly linked to poor oral health. Despite the underfunding, let's promote prevention and the caring profession and a health team we are all proud of.

Please help provide some feedback on the App via this two minute survey, where you can also add your comments and ideas.

Help Save a life, SHARE teeth4life; try it now the App is available on the APP store, also on Google Play.



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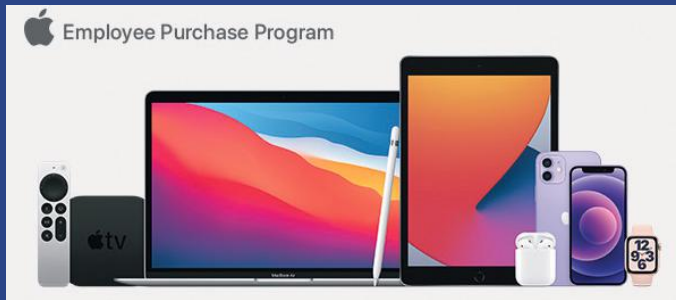
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Spring Hybrid Study Day
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<https://www.eventbrite.co.uk/e/orthodontic-national-group-spring-hybrid-study-day-19th-march-2022-tickets-76113129419>

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2022 CALENDAR

January

- 1 New Year's Day
- Ganhtan-sai (Shinto New Year)
- 3 New Year Bank Holiday
- 4 Copy date for Winter 22 British Dental Nurses' Journal
- 7 Christmas Day (Christian Orthodox)
- 14-23 NEBDN National Diploma OSCE exam
- 27 Winter 2022 edition of British Dental Nurses' Journal published
- 30 Mahayana New Year (Buddhist New Year)

February

- 1 Chinese New Year
- 1 Closing date for NEBDN April 22 exam/June 22 OSCEs
- 7 BADN Executive Committee meeting

March

- 2 Ash Wednesday (Lent begins)
- 5 Royal College of Surgeons Edinburgh DCP Conference, Edinburgh
- 11 NEBDN post-registration written exams
- 12 North of England Show, Manchester
- 17 Purim
- 17 St Patrick's Day Bank Holiday (N. Ireland only)
- 18 Holi
- 19 ONG Spring Study Day – contact Sally Dye ongteam25@gmail.com
- 21 Naw-Ruz (Bahai New Year)
- 25-26 Dental Showcase, ExCel London
- 27 Mothers' Day
- 27 BST begins (clocks go forward)

April

- 2 Hindu New Year
- 3 Ramadan begins (ends 2 May)
- 4 Copy date for Spring 22 British Dental Nurses' Journal
- 8 NEBDN National Diploma written exam
- 15 Good Friday
- 16 Pesach (Passover) begins (ends 23 April)
- 18 Easter Monday (not Scotland)
- 24 Easter Day (Christian Orthodox)
- 28 Spring 2022 edition of British Dental Nurses' Journal published

May

- 1 Closing date for provisional entry NEBDN Nov 22 written exam/OSCEs
- 2 May Day Bank Holiday
- 3 BADN Executive Committee meeting
- 3 Eid al Fitr
- 6 Royal College of Surgeons Edinburgh DCP Study Day, Edinburgh – Event/Course Details – DCP Study Day | RCSEd
- 9 Results of NEBDN written exam issued
- 13-14 The Dentistry Show, NEC Birmingham
- 14 BADN 80 + 1 Anniversary Afternoon Tea, NEC Hilton
- 24 Declaration of the Bab

June

- 2-3 Queen's Platinum Jubilee
- 5 Pentecost (Whitsun)
- 17-26 NEBDN National Diploma OSCE exam
- 19 Fathers' Day
- 24-25 Scottish Dental Show, Braehead (tbc)

July

- 4 Copy date for Summer 2022 British Dental Nurses' Journal
- 10-13 Eid al Adha
- 12 Orangeman's Day Bank Holiday (N. Ireland only)
- 28 Summer 2022 edition of British Dental Nurses' Journal published
- 29-30 Al Hijra (Islamic New Year)

August

- 1 Bank Holiday (Scotland only)
- 1 Results of NEBDN OSCEs issued
- 18 BADN Executive Committee meeting
- 29 Summer Bank Holiday (not Scotland)

September

- 1 Closing date for confirmation NEBDN Nov 22 written exam/OSCEs
- 9 NEBDN Post-Registration written exam
- 15 – 17 British Orthodontic Conference Birmingham ICC (contact ann.wright@bos.org.uk)
- 25-27 Rosh Hashanah (Jewish New Year)

October

- 3 Copy date for Autumn 2021 edition of the British Dental Nurses' Journal
- 4-5 Yom Kippur
- 7-8 London Dentistry Show, ExCel London
- 24 Diwali
- 27 Autumn 2021 edition of British Dental Nurses' Journal published
- 30 BST ends (clocks go back)

November

- 11 NEBDN National Diploma written exam (OSCEs 27, 28 January 2023)
- 12 Birth of Baha'u'llah
- BADN Executive Committee meeting
- 30 St Andrew's Day (Scotland only)

December

- 12 Results of NEBDN Nov 22 written exam issued (OSCE results 13 March 2023)
- 18 Hanukkah begins (ends 26 December)
- 25 Christmas Day
- 26 Boxing Day
- 27 Christmas Day Bank Holiday

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