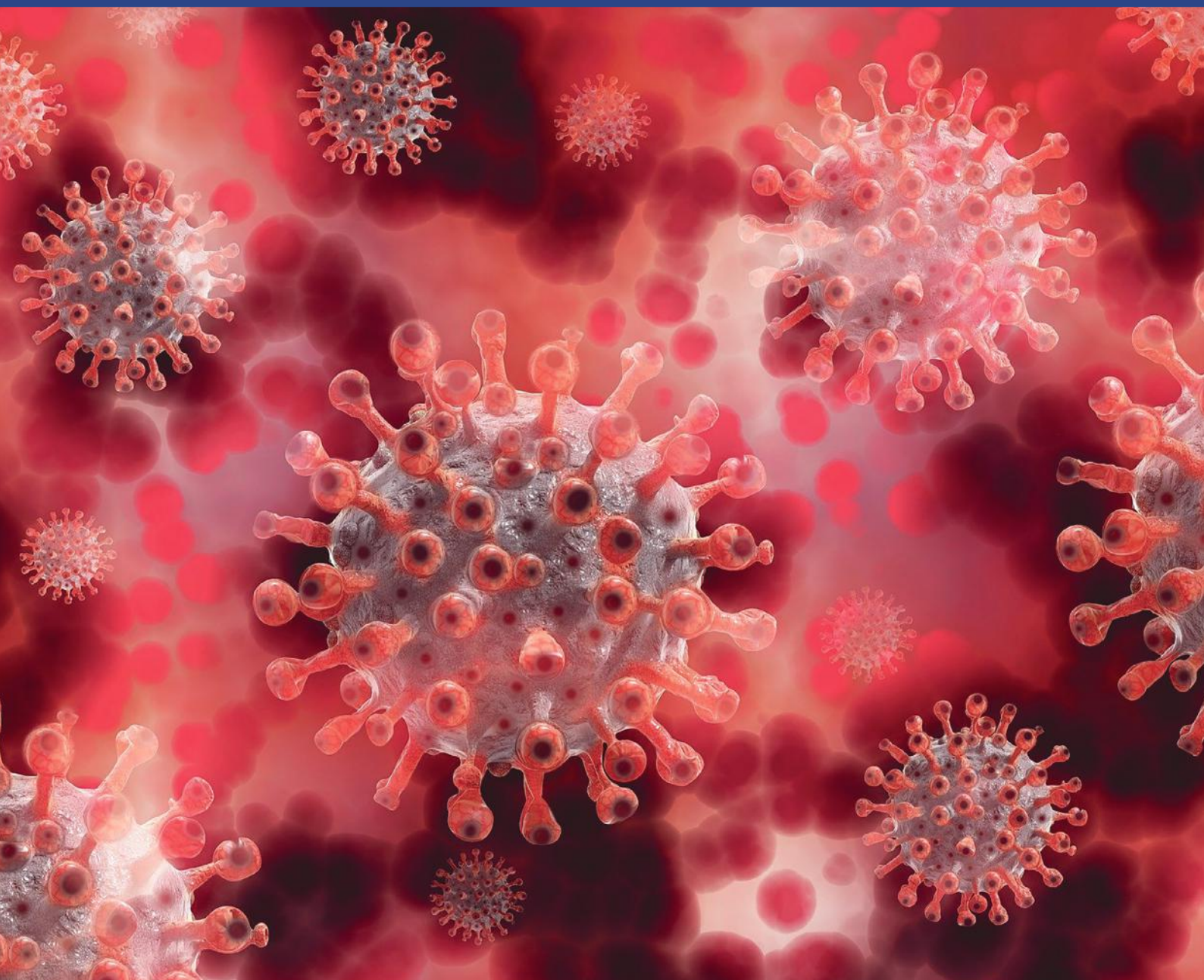


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British Dental Nurses' **JOURNAL**[®]

The Journal of the British Association of Dental Nurses



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For Executive Committee member biographies, please go to the About Us page of the BADN website: www.badn.org.uk



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From your President



First of all, I hope you and yours are all staying safe during this current difficult time. By the time you read this, many of you will be returning to work and the information circulated by the Chief Dental Officers regarding the reopening of dental practices is available on our website www.badn.org.uk, as is information on indemnity cover.

BADN staff are continuing to take calls re-directed from the office to their mobiles, and to answer queries sent to our new email address – enquiries@badn.org.uk. Our temporarily lowered membership fee of £30 will remain for the time being, as we understand that many dental nurses were forced by their employers into taking unpaid leave during lockdown, or had their salaries drastically cut.

BADN membership offers many money saving opportunities and so we have done what we can to enable members to be able to renew and continue to benefit from membership. I know that some members who renewed earlier, or even last year, feel aggrieved by this temporary fee reduction for those renewing during the lockdown period – I am very sorry that you feel this way. As I am sure most members can appreciate, BADN is funded solely through membership fees – we do not receive any funding from government, the NHS or any other agency – and the services we provide have to be paid for.

We do have, through prudent fiscal management, some limited reserves and are therefore able to cover a shortfall in membership income for a short time and offer those members who are renewing whilst receiving reduced or no pay themselves, a reduced fee. I am sure most of our members understand and support the Executive Committee's decision in this.

Many dental nurses have not supported their professional association, BADN, during their careers, but now that we are in a crisis, are turning to us for information and support. We will

of course respond to their queries and share any information we have with all dental nurses, but we cannot – and again, I am sure most members will understand and agree – open those services paid for by members, such as the Legal Helpline, to those who do not support BADN by joining.

If you know or work with any of these non-member dental nurses who have been assisted by BADN staff, or have visited our website for information, perhaps now is the time to nudge them into becoming BADN members.

The Executive Committee also took the decision that BADN would post only on our own website, Facebook page and Twitter, but not on any other sites or social media during the pandemic. I would urge you all to only obtain information from reputable websites such as ours, or the BDA's, and not to recirculate information obtained elsewhere.

Finally, not only congratulations to long time BADN member Janet Goodwin on becoming President of Blackpool & District Soroptimists – a wonderful example of dental nurses volunteering in the world of dentistry as well as in their local communities.

To those of you who volunteered your time to support the National Effort during this pandemic, please let us have your volunteering or redeployment stories (with a photo) so that we can also celebrate your achievements. Please send to pam@badn.org.uk.

I hope to see as many of you as possible at our virtual Anniversary Tea! Stay safe and stand together to support our dental nursing profession.

Jacqui Elsden
BADN President

Follow us on Twitter... @BADNUK

www.facebook.com/badn1

Syndication service provides latest NHS Covid-19 information for websites

Up to date official health information on coronavirus (COVID-19) is available for health organisations to add to their websites quickly and easily.

Through the NHS.UK syndication service, clinically-approved content from the NHS website can be used by any organisation or company on their external websites or intranet sites.

A range of tools are available, all of which provide access to information that reflects the latest official health advice, as content will automatically update whenever changes are made to the NHS website.

Ian Phoenix, Director of Citizen Health Technology at NHS Digital, said: "We know that lots of organisations and companies now want to share digital health information, but it can be time-consuming to ensure this is accurate and up-to-date.

"Users can choose whether they signpost to the NHS website or publish information from it, and all the content in the tools will automatically stay updated in line with the latest guidance."

Visit developer.api.nhs.uk/coronavirus to find out more.

CGDent & FGDP(UK) publish COVID-19 guidance synopsis

The College of General Dentistry and FGDP(UK) have published a synopsis of their guidance on the implications of COVID-19 for the safe management of general dental practice.

The new synopsis highlights key recommendations at each step of the patient journey, and is designed to be used in conjunction with the guidance document, which supports dental professionals to take a risk-based approach to providing safe care, whatever the national COVID-19 threat level.

The guidance has also now been updated with some minor amendments. Among these, prophylactic polishing of teeth has been added to the risk stratification matrix, use of face coverings by all patients and carers in non-clinical areas is now recommended (in line with government advice on preventing transmission in enclosed public spaces), and the use of shoe and head coverings is only now advised when indicated by a risk assessment. There are also some clarifications, such as around selection of PPE based on a risk assessment, and on the mopping of floors between patients following treatment carrying a high risk of exposure to aerosol.

Both the synopsis and guidance are available at <https://cgdent.uk/standards-guidance> and <https://www.fgdp.org.uk/implications-covid-19-safe-management-general-dental-practice-practical-guide>.

Production of the synopsis has been supported by Sensodyne.



FGDP(UK) & CGDent launch guidelines for return to practice

The FGDP(UK) and newly formed College of General Dentistry have convened an expert task force to review the evidence base for dental practice during the COVID-19 outbreak and have launched 'Implications of COVID-19 for the safe management of general dental practice - a practical guide.'

The UK wide task force panel includes 30 senior members of a number of organisations, including the British Dental Association, the Faculty of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow, the Faculty of Dental Surgery of the Royal College of Surgeons of Edinburgh, the Association of Dental Groups, the Association of Dental Implantology and the newly-formed British Association of Private Dentistry and has received support and input from groups across the profession including the British Society of Dental Hygiene & Therapy and the British Association of Dental Nurses. It supports dental professionals to take a risk and evidence-based approach to providing safe care in the current circumstances and allows the flexibility of setting minimum requirements whatever the national COVID-19 threat level.

Ian Mills, Dean of FGDP(UK), said: "During the initial stages of the pandemic it was important that all but emergency dentistry procedures were paused. However, we are now at a point where the risk to the oral health of the population will be impacted unless practices are able to reopen, albeit with the correct protection for patients and the dental team. This guidance has been developed as a framework to enable the confident and safe return to practice, now and also into the future as the situation with COVID-19 continues to evolve. It is the result of the collaborative effort of a team of dedicated individuals from across the profession who have spent the last few weeks committed to reviewing the evidence, assessing the risks and finding a way forward."

In line with other FGDP(UK) guidance and standards publications, the guidance adopts the ABC (Aspirational, Basic, Conditional) approach to measures with 'basic' measures being a minimum standard:

- Pre-appointment – including the important role of digital communication to minimise contact time
- Patient attendance (pre-treatment) – including the communication of new infection control and prevention procedures to patients along with changes to waiting areas
- During treatment - including recommendations for approaches to aerosol generated exposures (AGEs), developed using a model based on risk continuum and recommendations for appropriate levels of PPE

#LookingAfterYouToo

Frontline primary care colleagues are facing unprecedented challenges through Covid-19. However, staff are now able to access individual coaching support by video link or telephone with highly trained, experienced coaches.

This support is available to all clinical and non-clinical primary care workforce, either employed by the NHS or contracted to deliver work on behalf of the NHS.

The aim is that this will provide staff with opportunities

to process experiences, develop coping skills, deal with difficult conversations and develop strategies for self-management in difficult circumstances.

This service has been developed in collaboration with the Royal College of General Practitioners and will complement the wider range of health and wellbeing resources launched at www.people.nhs.uk.

Primary care staff can register at <https://people.nhs.uk/lookingafteryoutoo/> and book individual coaching in a way and at a time of day that suits them.

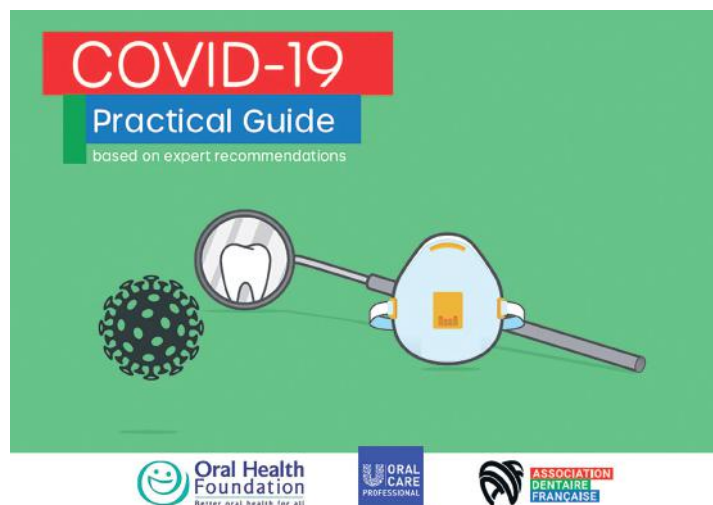


OHF teams with the French Dental Association and Unilever to launch Covid-19 guide

To assist the resumption of dental services, the Oral Health Foundation (OHF) has joined with the French Dental Association and Unilever to release some simple and easy-to-follow recommendations. 'Covid-19: Practical Guide' is available to download at <https://www.dentalhealth.org/Handlers/Download.ashx?IDMF=c0b31169-d991-457f-a857-0bbfaa8f2871> and is divided into five areas:

- Organisation of the practice
- Patients
- Treatment
- The provision of care
- Bio cleaning and waste management

In addition, the Oral Health Foundation has produced further downloadable resources for dental practices that can be found at www.dentalhealth.org/coronavirus.



Emergency dental hub in Covid-19

A dental team have described seeing their bustling practice transformed into an emergency hub for treating the most distressed patients during the Coronavirus lockdown.

Staff at M&S Dental in Fort William which serves around 15,000 people across Lochaber has been turned into one of Scotland's emergency NHS treatment centres, providing advice, relief and treatment to patients with chronic problems.

Gregor Muir, who founded the practice in 1998, which is part of Clyde Munro, said: "While it has been challenging, particularly at the beginning, once we got familiar with the new routines and processes we all got into our stride and got on with the job.

"I really want to pay tribute to the professionalism of every member of staff who has volunteered to be part of this, including a number of dentists from the NHS public dental service. They all bonded brilliantly and pulled out all of the stops.

"It's also important to recognise the fortitude, grace under pressure and good humour of the patients. Most of those we have seen during lockdown have been in a great deal of pain, sometimes for weeks, and were often badly sleep deprived

as a result.

"Yet they never take out their pain or frustration on members of the dental team. In fact, they are respectful of the restrictions we've been operating under and grateful that they are finally having their problems addressed."

During lockdown, radical changes at the practice, in the town's Glen Nevis Place, meant the introduction of a two-tiered treatment system – with a red stream for patients with potential Covid-19 symptoms and a green stream for those without any symptoms.

In both cases, patients would only be seen by staff wearing extensive protective equipment, with elaborate procedures in place for donning and removing the PPE and for moving patients through the treatment process.

Despite lockdown, the practice still received many calls from patients about possible routine appointments. Reception staff fielded up to 25 calls a day prompting dentists to triage the serious cases, prescribing pain killers or antibiotics where

possible.

A small number of patients with facial swelling, extreme pain or other severe symptoms were referred to the next stage of the NHS process. That involved being vetted for possible Covid-19 symptoms before being sent to the surgery for treatment – on average five patients per day.

Muir, who graduated in dentistry from Glasgow University in 1994, continued: "Many of the calls we have been fielding have been from people with broken crowns or missing fillings... In the case of fillings, we have even referred people to Amazon where they can buy temporary filling material."



Updated information on COVID-19 is available on our website www.badn.org.uk, including the SOPs and other information from the Chief Dental Officers, the letter to members from BADN President Jacqui Elsdon, our Return to Work advice sheet, information on indemnity, etc.

What can dental practices do to make sure they are Covid-19 secure before reopening?

With news announced that dental practices can reopen as of the June 8, dental practices throughout the UK will be looking at how to reopen safely and ensure that their practice is Covid-19 secure.

Tautvydas Karitonas, Head of Research and Development at Inivos, considers how dental practices can ensure they are COVID-secure before reopening – and how they can minimise the risk of viral spread as time goes on.

Take a proactive approach

“A proactive approach to decontamination is vital during this time. While responding to known risks is of course essential, only a regular and proactive approach to decontamination will keep transmission risks to a minimum. This is because the BMJ believes as many as 80% of Covid-19 cases could be asymptomatic, meaning the virus may be going undetected but is still spreading. Therefore, proactively decontaminating dental practices is crucial to keeping transmissions risks to an absolute minimum, even when there are no signs or positive test results.

“To break the chain of infection, dental practice must make sure that they are decontaminating all areas of the practice, including treatment rooms and waiting areas. This is crucial after aerosol generating procedures (AGPS) in particular. With a large majority of treatments with dental practice being AGPS, thorough decontamination after each patient is vital.

“Practices can also consider a professional Workplace Infection Prevention Assessment tool, in order to identify risk factors in dental practices, and understand what needs to be done to mitigate the risks.”

Manual cleaning alone is not enough

“Although manual cleaning is an absolutely necessary step to ensuring that a dental practice is COVID-secure, it is by no means enough on its own. Even the most thorough manual cleaning can lead to pathogenic micro-organisms being left behind by unintentional but unavoidable human error.

“More extensive methods are vital to ensure that the space is safe for patients and dentists. These methods include clinical decontamination innovations used in hospital settings, including hydrogen peroxide vapour (HPV) and ultraviolet-C (UV-C) light.

“These methods have been demonstrated to reduce micro-organisms much more resistant than coronavirus to safe levels. Both work by breaking down the fat and protein outer layer of the virus, before destroying the genetic material within. It is therefore often used by NHS Trusts to combat infection concerns such as Covid-19, MRSA and C.difficile – more than a third of NHS Trusts (41%) currently use Inivos’ HPV and UV-C decontamination technology and services.

“UV-C light decontamination is particularly suitable for dental practices, as it has a shorter action time than HPV. Inivos’ automated UV-C decontamination device, the Ultra-V Connect is able to decontaminate a space in eight to fifteen minutes – helping to quickly decontaminate treatment rooms in between patients.”

Having a PPE contingency plan

“Having suitable and sufficient PPE is an

essential part of a COVID-secure dental practice. As best practice, this means that single use PPE should be disposed of after use and reusable PPE should be decontaminated between patients.

“However, there are still some concerns that the supply of PPE available across the country may dip in future weeks. With this in mind, dental practices may need to consider putting a contingency plan in place to ensure that they have can manage their stock levels if there is another shortage.

“This could be as simple as sourcing different suppliers, as well as developing and testing procedures to effectively decontaminate single use PPE in case reuse becomes necessary. Although this isn’t a long term alternative to the best practice of single-use, a recent study at University Hospital Southampton has concluded that it is a viable contingency option during shortages.”

**The views expressed in this article are not those of the BADN nor its publishers and are for general information purposes only*

About the author

Tautvydas Karitonas

Tautvydas is a leading expert in harnessing decontamination technology to eliminate viruses, bacteria and other contaminants from hospitals, care homes and public spaces.

In his role as Head of Research & Development, Tautvydas has led research and development into numerous pioneering solutions for virus outbreaks, including isolation pods, automated hydrogen peroxide vapour (HPV) and ultraviolet-C (UV-C) systems and decontamination wipes.

Inivos is a leading developer and provider of decontamination technology, designed to eliminate viruses, bacteria and other contaminants from hospitals, public spaces and businesses.

Since Inivos was founded in 2007, it has worked with hundreds of hospitals around the world to provide technology, training and rapid decontamination services to meet an immediate infection need and eliminate any opportunity for a patient to acquire infection whilst in hospital.



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BADN launches one-to-one professional network

The British Association of Dental Nurses (BADN) has launched its new One-to-One Professional Network.

BADN members will be able, through the members' area of the BADN website www.badn.org.uk, to sign up to the Network to offer and/or request peer review, support and mentoring on subjects related to dental nursing, career development, personal development and other professional issues.

"We have been developing this project for some time" said BADN President

Jacqui Elsdon "and were planning to launch it at the Dentistry Show's Dental Nurse Forum, chaired by BADN, which was due to be held in May, and of course has been put on hold, together with BADN's 80th Anniversary celebrations.

"I should like to thank BADN Chair Jane Dalgarno, who has overseen development of the Network, and who would have launched it during her presentation at the Dental Nurse Forum. I am sure BADN members will find the Network to be an invaluable asset and a worthwhile addition to the benefits of BADN membership."

Fluoridation and the BADN

The National Community Water Fluoridation (CWF) Network has been set up to highlight the significant benefits that Community Water Fluoridation delivers. This follows the recent lobbying led by the Royal College of Paediatrics and Child Health (RCPCH), the British Society of Paediatric Dentistry (BSPD) and the BDA to reallocate the recurrent costs of fluoridation schemes away from cash strapped councils.

Dental Teams in fluoridated areas where the benefits are clear as well as in non-fluoridated areas where disease rates are high are being encouraged to engage more actively and support local authorities taking these steps in the interests of improving oral health and reducing inequalities.

Public Health England has provided convincing evidence of the benefits of these schemes. Their fluoridation health monitoring report (PHE, 2018) shows a 45% reduction in the numbers of children admitted to hospital for dental extractions reaching as high as 68% in the most deprived fluoridated areas.

Their most recent data (PHE, 2019) show that 2,847 0-5-year olds were

admitted to hospital for dental extractions in Yorkshire and the Humber compared with just 663 admissions in the mainly fluoridated West Midlands.

The national CWF Network now includes 19 mainly dental organisations. The National Children's Bureau joined the Network in 2019 showing that membership is starting to include membership across health and social care. The BADN became a Network partner recently and co-signed a letter of support for four Local Authorities moving towards public consultation on CWF on behalf of members.

Dental Nurses can get involved, from re-Tweeting the content of the Network Twitter feed (twitter.com/network_cwf) and the one part per million Twitter feed (twitter.com/OPPMHull).

If you work in the North East and are prepared to help with activities during the public consultation period email simon.hearnshaw@hee.nhs.uk

If you work near Leeds you can support the Network and four charities working to reduce health inequalities by attending an informal fundraising curry evening on June 26 from 5-30pm: <https://www.eventbrite.com/e/reducing-oral-health-inequalities-tickets-84512518217>

Nominations

BADN are seeking nominations for:

- **President 2021-2023** (President-elect 2020-2021, Immediate Past President 2023-2024)

Extract from paragraph 17 of the BADN Constitution:

- "Any nominee for President must be a Full Member; have been a Member for the preceding three years; and be currently registered as a dental nurse with the General Dental Council.
- If more than one valid nomination is received, there shall be a ballot of the Members in accordance with appropriate legislation in time for the President-elect to take up office at the next AGM.
- If no valid nomination is received at the due time it shall be for the Executive Committee to take action to fill the vacancy in the best interest of the Association bearing in mind any appropriate legislation."

Education Representative 2021-2023

Extract from paragraph 19 of the BADN Constitution:

- "Any nominee for Education Representative must be a Full Member; have been a Member for the preceding three years and be currently registered as a dental nurse with the General Dental Council.
- If more than one valid nomination is received, a ballot shall be conducted in accordance with appropriate legislation in time for the Education Representative to take up office at the next AGM.
- If no valid nomination is received at the due time it shall be for Executive Committee to take action to fill the vacancy in the best interest of the Association bearing in mind any appropriate legislation.

In accordance with the BADN Constitution and trade union legislation, if there are more than one nomination for either of the roles above, an independently overseen postal ballot will be held.

Members of the Education Committee

Extract from paragraph 22 of the BADN Constitution:

- Members: Five Full and/or Student Associate Members (as defined at 7.1 above) appointed by the Executive Committee. The Education Committee will be chaired by the Education Representative.
- Functions: to advise the Executive Committee on matters pertaining to the education of dental nurses.
- The Education Committee will report to the Executive Committee through the Education Representative as referred to at paragraph 19 above who is a member of the Executive Committee."

Nominations must be made in accordance with Schedule 1 – Nominations of the BADN Constitution:

- 1.1** "All nominees, proposers and seconders must be current Full or Student Associate Members of the Association.
- 1.2** All nominees must sign the nomination form to indicate their eligibility and willingness to take up office.
- 1.3** No nominee may propose or second another nominee for the same position or any other position available at the same time.
- 1.4** No proposer or seconder may propose or second any other nominee for the same position or any other position available at the same time.
- 1.5** If the nominee is already a member of the Executive Committee or the Panel of Representatives, neither the proposer nor the seconder may be members of the Executive Committee or the Panel of Representatives.
- 1.6** Any nomination proposed or seconded by a member of the Executive Committee or the Panel of Representatives must be proposed or seconded as appropriate by a Member who is not a member of either the Executive Committee or the Panel of Representatives."

Nominations forms can be obtained from the Chief Executive at pam@badn.org.uk to be returned completed by close of business on 31 July 2020.

Janet Goodwin becomes President of Blackpool Soroptimists

ongstanding BADN member Janet Goodwin has been elected President of Soroptimist International's Blackpool & District Club for a one-year term of office.

Janet began working in dentistry in 1971, working in general practice, community, dental hospitals and further education, including roles as Nurse Manager at Leeds Dental Institute and Qualifications Manager at NEBDN, for whom she also volunteered as an examiner and as Chairman. She is also the Immediate Past President of the Oral Health Foundation, was the first dental nurse to be a member of the General Dental Council and is a past Chair of its Standards Review Group, as well as a former Governing Body member of Nugent Care Charity in Liverpool and a development manager for the Strategic Health Authority.

Janet holds a degree in business management and currently consults



on management and educational projects with City & Guilds as Chief Examiner, and with Dental Team Qualification in the development and delivery of DCP programmes. Janet is a Fellow of FGDP(UK) where she has long served as a representative of the wider dental team, is a dedicated observer on the Board and a contributor to many standing committees, as well as Chair of the DCP Committee.

Soroptimist International is a global volunteer movement, working to transform the lives of women and girls, with 80,000 members in 124 countries. The

Blackpool & District Club is part of the North West England & Isle of Man Region of Soroptimist International Great Britain & Ireland (SIGBI).

Janet is a longtime supporter of BADN, the UK's professional association for dental nurses, having received her 25+ years membership brooch in 2018. She is also a recipient of the BADN Outstanding Contribution to Dental Nursing Award and a BADN Fellow.

BADN Chief Exec Pam Swain is also a member of SI Blackpool and was its President 2012-2014. Pam has taken on the role of Club Secretary.

EVENTS 2020 - 2021

July

- 1 NEBDN September Post Reg exam entry (contact www.nebdn.org)
- 13 Orangeman's Day Bank Holiday (N. Ireland only) (substitute day)
- 23 NEBDN Diploma written exam

August

Summer 2020 edition of British Dental Nurses' Journal published

- 3 Bank Holiday (Scotland only)
- 11 BADN Executive Committee meeting
- 31 Summer Bank Holiday (not Scotland)

September

- 1 NEBDN November Written Exam entry
- 11 NEBDN Post Reg exams
- 14 Copy date for Autumn 2020 BDNJ
- 18 & 19 NEBDN Diploma OSCE exam
- 25 & 26 NEBDN Diploma OSCE exam

October

- 1 NEBDN March 21 CRF entry deadline
- 15-16 BAOS Annual Scientific Meeting/Conference, Edinburgh - r.capaldi@rcsed.ac.uk | baos@rcsed.ac.uk | www.baos.org.uk | @BAOS_UK – please check with organisers
- 16 Dental Team Conference, Radisson Blu Cardiff - www.maxcourse.co.uk/walesdent or Katherine. Liddington@wales.nhs.uk – please check with organisers
- 25 BST ends (clocks go back)

November

- Autumn 2020 edition of British Dental Nurses' Journal published
- 7 NEBDN National Diploma exam
- 10 BADN Executive Committee meeting
- 11 Faculty of Dental Trainers training event, RCSEd, Edinburgh – www.fdt.rcsed.ac.uk email fdt@rcsed.ac.uk – please check with organisers
- 12 Faculty of Dental Trainers Annual Meeting, RCSEd, Edinburgh – www.fdt.rcsed.ac.uk email fdt@rcsed.ac.uk – please check with organisers
- 30 St Andrew's Day (Scotland only)

December

- 25 Christmas Day
- 26 Boxing Day

- 31 NEBDN RoE paperwork closing date (for November 2020 exam)

*UPDATES

- The Scottish Dentistry Show, due to be held at Braehead Arena in April 2020, has been re-scheduled for March 2021 – same venue, date to be announced.
- The Dentistry Show, due to be held at the NEC in May and rescheduled for September, has now been re-scheduled for 21-22 May 2021.
- The British Orthodontic Conference, due to be held in September in Manchester, has been re-scheduled for 2021 – date and venue to be announced.
- The British Society of Paediatric Dentistry Annual Conference, due to be held in September in Liverpool, has been postponed until 2021.
- The BDA Scottish Dental Conference and Exhibition, due to be held in September in Glasgow, has been cancelled.
- Dental Showcase, due to be held in October at ExCel London has been re-scheduled for 27-28 March 2021 at ExCel, London, www.dentalshowcase.com

BADN'S 80th ANNIVERSARY

BADN will now be celebrating its 81st anniversary during 2021! Our Anniversary Afternoon Tea will now be held in 2021, as part of the Dentistry Show, at the NEC Hilton on Saturday 22 May 2021. If you have already booked to attend the Afternoon Tea, we will be in touch later in the year.

However, we are holding a Virtual Afternoon Tea, via Zoom, on Saturday 22 August 2020, sponsored by Purple Media. If you would like to take part, please send your details to events@badn.org.uk by 31 July 2020 – there will be no charge for the virtual Tea. You will be sent a BADN cookie, a teabag, a commemorative booklet and a Zoom link beforehand. We hope to be able to present the BADN Awards and long term brooches and badges during the virtual Tea. Places are limited, so book early!

The BADN AGM will be held in November in London alongside the re-scheduled Drinks Reception, due to have been held on 1 July 2020. More details will be published in the Summer 20 Journal, and on our website.

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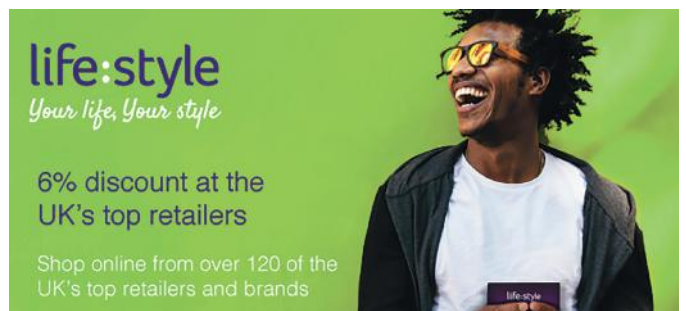
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Here to Help London

In light of Covid-19 and to show BADN members how much their efforts are appreciated, the Here to Help London Initiative, in conjunction with Blue Orchid Hotels, are offering a range of offers to members living and working in, or planning to visit, London. These include:

- Complimentary night at Blue Orchid Hotels
- Complimentary Dinner for Two at Cento Alla Torre
- Complimentary Afternoon Tea
- Complimentary lunch or dinner at Rochester Brasserie
- Complimentary beauty treatment or gents grooming
- Complimentary 1 hour personal training session

More details and how to redeem these offers are available in the members' area of our website.

Birchall Tea – special offer for BADN members!

Birchall is an independent British tea company based in London, with roots in trade dating back over 140 years. Since 2011, Birchall has won 56 gold star accolades at the prestigious Great Taste Awards and their signature Great Rift Breakfast Blend has received honours for nine years in a row.

Birchall's are now offering a 40% discount to BADN members – just email heroes@birchalltea.com with your name and BADN membership number to get your special discount code!



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Message from the Chair of the GDC

The impact of the COVID-19 pandemic continues to have a significant effect on our lives. I am very aware that the effect of the suspension of routine dental care and services is severe and that it has prevented you providing the patient treatment and care you want to - and in some cases has caused financial difficulties. We have been asked whether the GDC could respond by making changes to the Annual Retention Fee (ARF) paid by all dental professionals or by introducing an emergency payment by instalments scheme.

The Council has thought carefully about the options available to us, but we have decided not to make changes to the ARF levels or to introduce a payment scheme. These are not decisions we have taken lightly, and I know they won't be welcomed by some of those we regulate, so I want to be clear about the reasons why we have made them.

The work we have to do, which is laid down in law, has not fundamentally changed. We are required to remain financially stable and to meet our statutory obligations to ensure the public are protected and confidence in the professions is maintained.

Nearly all our incomes comes from the ARF

collection. By revising our regulatory approach and increasing our efficiency, we have been able to secure greater value for money and reduce the ARF - and we hope to continue along this path. But we don't want to make changes now that we can't sustain, and which might lead to inefficiency and increased costs in the future. We are looking hard at the way we deliver our services, both during the current emergency and beyond. One example of that is that we have rapidly developed ways of running hearings remotely. That could eventually lead to a permanent reduction in our costs, and if it does, that reduction will be reflected in the fees we charge in future.

For the time being though, significant uncertainty remains about the months ahead and it is just too early to predict what is going to happen - to the sector as a whole or to the GDC. So, it would be imprudent to make changes which might not be sustainable, or which have the potential to add further risks or cost to what we do.

In looking at the options available to us, we were also aware that even changes with very significant negative impacts on the GDC would make only a small difference to the level of the

ARF. Only the government is in a position to provide financial support to the professions and they have chosen to do so both through NHS contract arrangements and by more general support to employers and businesses. I am very aware that the benefits of that have been felt unevenly, particularly by those outside the scope of NHS contract support, but the level of the ARF is not an effective way of addressing that issue.

I very much want to see a return to healthy, safe and successful dental services, as I know you do too and I look forward to your being able once again to offer your patients the full range of care and treatment they need.

About the author Dr William Moyes

Chair, General Dental Council



BADN 'disappointed' with GDC decision on ARF

The British Association of Dental Nurses (BADN) is "very disappointed" with the GDC decision to neither lower the ARF for Dental Care Professionals, due in July, nor to allow payment in instalments to ease the financial burden on dental nurses, many of whom have not been paid since February, BADN President Jacqui Elsdon said today.

"Many dental nurses working in NHS and mixed practices have not been paid since February, despite their employers continuing to receive their NHS funding" said Jacqui. "BADN are constantly receiving calls and e-mails from general dental practice dental nurses who have been told by their employers that they will not be paid until the practices re-open. Others are being told that they will have to forfeit their annual leave for this year and even next year to cover the period that the practice is closed.

"These dental nurses are angry and disillusioned at the way they have been treated by their NHS contract holder employers, the NHS and the GDC, and many will not return to dental nursing. Now that the GDC has refused to offer any assistance with regard to paying the ARF, many more dental nurses will be unable to renew their registration in July - many can't even feed their children at the moment, let alone find

£114 to pay the GDC - and so will be unable to continue working as dental nurses from 1 August 2020. When practices do open, dentists, hygienists and therapists could find themselves without adequate dental nursing support. Without the valuable support of dental nurses across the UK, towards the latter part of the year, many questions will be raised about patient safety.

"BADN, which is also dependent on fees for its

funding, has nevertheless managed to temporarily cut its already low membership fee by 40% to allow dental nurses - the lowest paid members of the dental team even pre-COVID - to enjoy the benefits of membership. I am greatly saddened by the GDC's decision not to support dental nurses, and other registrants, at this very difficult time."



Dental Care Professionals' Annual Renewal is now open

The Annual Renewal period for UK registered dental care professionals (DCPs) is now open and the deadline for completion is July 31, 2020. To renew their registration, DCPs need to:

- make their annual or end-of-cycle CPD statement declare they have, or will have, appropriate indemnity in place
- pay their Annual Retention Fee (ARF).

The quickest and easiest way to complete the Annual Renewal is through eGDC, and it takes only five minutes to register to use the service if not already set up.

GDC Executive Director, Registration and Corporate Resources, Gurvinder Soomal, said: "We are very aware that Annual Renewal comes

at a difficult time this year for DCPs, when many have been unable to work or have had difficulty accessing CPD. Our records indicate that four out of five DCPs have already met the CPD requirements, but it is entirely possible that COVID-19 has prevented many DCPs from completing the required amount of CPD.

"While an essential part of Annual Renewal is to make an annual or end-of-cycles CPD statement, we have been clear that if professionals have a shortfall of completed CPD hours due to COVID-19, they will not be penalised for this. For anyone in this position, you still need to make the statement and we'll then be in touch to talk about next steps."

Dental Complaints Service 2019 performance review published

Three reports, all relating to the Dental Complaints Service (DCS), have been published.

The reports, which consider the performance, efficacy and social value offered by the DCS are:

- The DCS Review 2019
- Research report: Social Return on Investment of the DCS
- Research report: DCS Survey of Dental Professional Users

Together, the three reports indicate the improved performance and significant support for the assistance provided by the DCS to patients, practices, and dental professionals.

While recognising the impact that Covid-19 has had, and continues to have, on every aspect of society, the GDC says it is seeking to make progress where it is safe and reasonable to do so, which includes the publication of research which was undertaken before the pandemic struck.

The DCS Review 2019 and the DCS research reports are available to read

in detail online at dcs.gdc-uk.org/about/publications and gdc-uk.org/about-us/what-we-do/research/research respectively.



The Dental Awards 2020 – Dental Nurse of the Year

The Dental Awards

Claire Kaur's dental nursing journey began in 2004. Shortly after, she gained her NVQ Level 3 in Dental Nursing. Her career started in general practice and then transferred to working alongside a Specialist Orthodontist in 2008. From there, Claire went on to further enhance her skills and knowledge and achieved further qualifications in:

- Dental Radiography in 2009
- Orthodontic Nursing in 2010
- Impression Taking in 2011
- Oral Health Education in 2018
- Fluoride Application and Plaque Scoring in 2019

In June 2019, Claire moved to work in the Orthodontic and Oral Maxillofacial Surgery departments at four hospital sites of The Pennine

Acute Hospitals NHS Trust where she works with consultants and the maxillofacial team specialising in complex orthodontic treatments, surgical procedures and Head and Neck cancers.

With 15 years' experience in dental nursing Claire was recently awarded a BADN Fellowship in July 2019. She is an active member of the dental and orthodontic nursing community, is a member of the Orthodontic National Group, regularly attends the British Orthodontic Conference and BADN National Dental Nursing Conference and is on the BADN Panel of Representatives, representing max-fac.

At present, Claire's studying Level 3 Award in Education and Training and is a lead tutor for the Minor Oral Surgery (Dental Nursing) course with Dental Education Learning and Training Academy. She will be travelling to Morocco next year with Dentaid, sponsored in part by BADN.



Spring 2020

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.

Articles in this issue:

Infection control – keep up the good work	26-27
Sepsis	28-29
Meet the authors Q&A	30

Infection control – keep up the good work

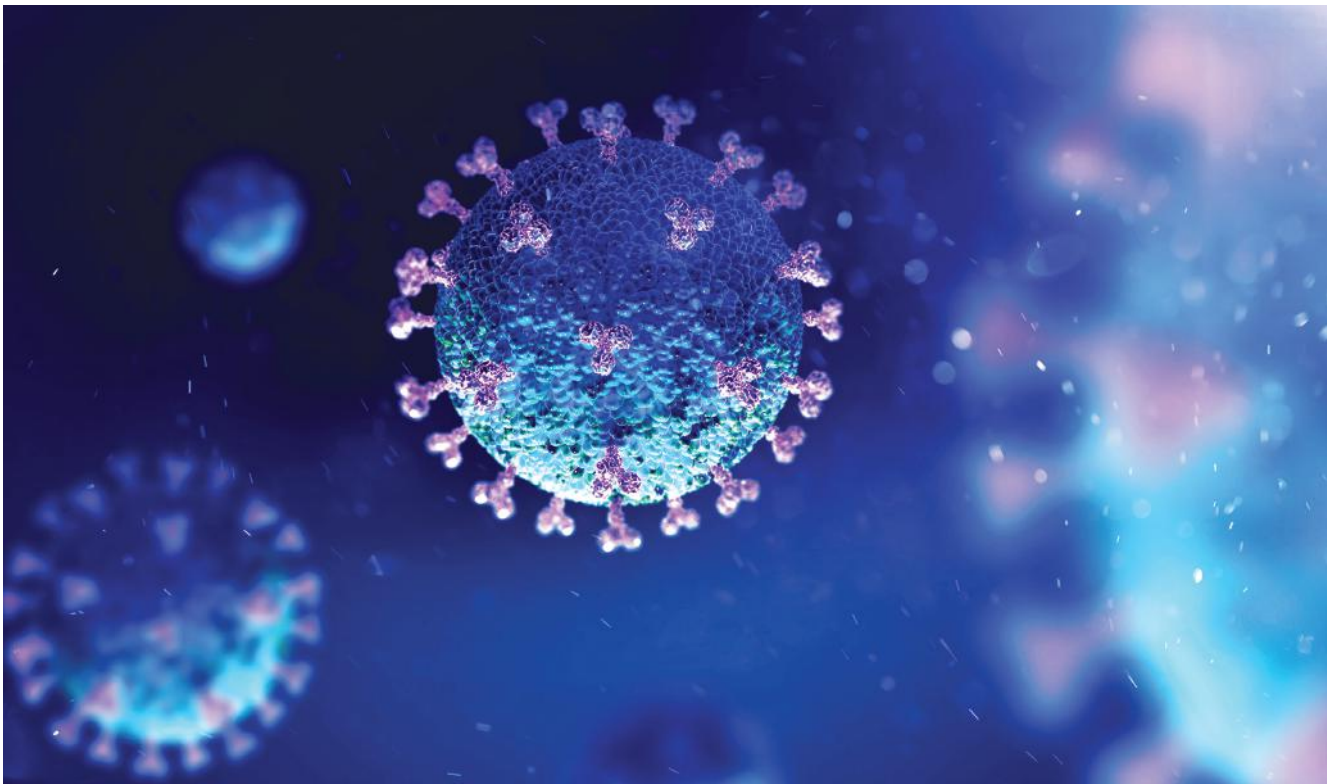
Infection control is essential for patient and staff safety within dental practices.

This year the coronavirus pandemic (COVID-19) has been a stark reminder to everyone about the importance of infection control and limiting the spread of pathogens. But within the dental nursing profession, there is never a time where infection control should be taken lightly. Dental nurses have a duty of care to patients and must also keep themselves and their colleagues safe.

There are many serious infections that can be spread by microorganisms,

and patients will not always be aware that they are carriers. There are viruses that can be transmitted through blood, such as Hepatitis B and C, as well as HIV. Fungal infections can be spread from skin and saliva contact, or indirectly from contaminated surfaces. Bacterial infections are common, and increasingly difficult to treat, as many strains are becoming resistant to widely used antibiotics. Very rarely, but also very seriously, there are prion diseases such as Creutzfeldt-Jakob disease (CJD).ⁱ

We're also learning that less serious infections can still have substantial long-term consequences for people. Some viruses can remain dormant in your cells, even changing little bits of your DNA. A virus fought off in your youth can re-emerge when your immune system is low, or in your old age. One of the more common examples of this are cold sores, which are caused by the herpes simplex virus. Normally, this virus isn't much cause for concern, but it can have serious consequences many years





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of your DNA. A virus fought off in your youth can re-emerge when your immune system is low, or in your old age. One of the more common examples of this are cold sores, which are caused by the herpes simplex virus. Normally, this virus isn't much cause for concern, but it can have serious consequences many years after infection. For example, one man was blinded by the virus when it re-emerged 46 years after first being infected and killed many of the cells in his left eye.ⁱⁱ Another common example would be chicken pox, which stays in the body permanently, and can cause shingles when an individual becomes immunosuppressed.

Viral infections may also lead to more subtle changes in those affected. For example, adenovirus 36 (Adv36) is one of many infections that causes a cold, which most people get over quickly and forget about. However, this particular virus is strongly associated with obesity, appearing to make numerous permanent changes at the cellular level that make people more likely to accumulate fat.ⁱⁱⁱ What this illustrates is that no infection should be under-estimated, and that we must always take all appropriate steps to avoid spreading infections.

Screening patients for bloodborne viruses and other infectious diseases is helpful, but it is not fool proof. Many patients are asymptomatic carriers of various illnesses and pathogens – in other words they can be infectious, but not show or feel any effects of being unwell. Therefore, caution and careful infection control must be applied in every case. These tend to be known as "universal precautions".

Contact

Infection control begins with hygiene. Handwashing with good technique is the most basic hygiene protocol. Hands should be properly lathered with soap or an alternative sterilising agent, and care should be taken to lather and clean all surfaces of the hands, including between the fingers and under the nails (which should be kept short), for at least twenty seconds. Watches and rings should be removed, and arms should be bare below the elbow. Be mindful of transference – any time you touch something then another object, some microbes will cling to your hands and others will stick to that new surface. This can quickly lead to cross-contamination, if you fail to pay attention. Hands should be washed at the beginning and end of every session



(and when sticky). Alcohol gel can be used between patients in most normal circumstances.

Regular handwashing and contact with alcohol-based disinfectants, particularly during cold weather, can leave your skin dry and cracked. This is uncomfortable, can make the skin less able to keep out microbes and will cause flaking, in turn increasing the risk of contaminating patients. The best solutions to this are simple – make sure you properly dry your hands after washing, and use a good moisturiser regularly, including when you're not on duty (for example, leave moisturiser on your hands overnight). Hand cream, however, should not be worn under gloves and during clinical sessions.

Uniforms should be changed on a daily basis, and should not be worn outside the practice where they can easily pick up all sorts of pathogens. Personal protective equipment (PPE) should be put on in the correct order: apron, headwear (single use mask, full-face visor, etc.), and finally gloves. These should also be removed in the correct order too.

Air

Many dental procedures can create

an aerosol effect, which is where instruments (especially ultrasonic scalers and burs on high-speed handpieces) can launch tiny droplets of saliva and blood into the air. Larger droplets quickly fall, but smaller particles can hang in the air for up to half an hour.^{iv} These can contain bacteria and viruses and present an infection hazard, particularly when working close to a patient.

Protective equipment will help guard against splatter during procedures such as scaling (mouth masks with a fluid shield, eyewear such as goggles, etc.). Using a correctly positioned, high-vacuum suction/evacuator near the handpiece and close to the patient's mouth reduces aerosol droplets drastically – potentially cutting the quantity by 90%. A rubber dam is also highly effective at blocking the spread of microorganisms via aerosols.^v

Pre-procedural mouth rinses using chlorhexidine have been demonstrated to greatly reduce the number of microbes present in droplets escaping the patient's mouth as well. Chlorhexidine is effective against numerous viruses including herpes and hepatitis B.^v A thorough medical

history should be taken to check for allergies.

Sharps

Injury from sharps can lead to transmission of bloodborne pathogens. Careful handling, labelling and storage of sharps is the best means of avoiding accidents. Sharp injuries, such as a needlestick injury, can be very worrying and stressful, as there is the possibility of transmission of a life-altering disease. In the event that one occurs, you should encourage the wound to bleed, ideally holding it under running water. Wash it under running water with soap, then dry the wound and cover it with a plaster or dressing. These first aid measures are designed to carry away any potential infection

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Sepsis

Sepsis is an extremely dangerous, potentially fatal condition. Sepsis has been called septicaemia, or blood poisoning. However, the latter term is misleading – sepsis is not an infection or poison from outside the body and it is not contagious. Sepsis is a very complicated condition, but it is essentially what happens when the immune system goes into overdrive while trying to fight an infection. The immune system responds so aggressively, even chaotically, to the infection that it starts damaging its own cells, which can lead to organ failure.

This is not as strange as it might first appear. Whenever we get sick, most of the uncomfortable symptoms that we experience are a by-product of our body fighting the infection, rather than the infection itself (until it starts doing

significant damage). For example, our body attempts to change our internal temperature to make it inhospitable to the invader – which we experience as a fever. Our immune system has only a set number of tools to work with, when these don't appear to work, it can resort to using the same approaches but at a greater intensity.

In the case of sepsis, the immune system overreaction can have utterly devastating consequences. Around 29% of those who develop sepsis die; each year sepsis kills 46,000 people in the UK.ⁱ In fact, in the UK sepsis kills more than breast, bowel and prostate cancer put together; sepsis cases are as common as heart attacks.ⁱⁱ

Anyone who contracts an infection can potentially develop sepsis. Bacteria, viruses and fungi can all provoke the

condition. Many cases of sepsis are actually triggered by bacteria that do not normally make people ill, though serious infections also present a serious risk, particularly if they are resistant to antibiotics as this can make treating the patient even more difficult. Around 70% of cases arise in the community, with the remainder originating within a healthcare setting. While anyone can potentially develop sepsis, certain people are more vulnerable to infection in the first place, which can therefore increase their overall risk. These include infants and young children, women following childbirth, those over 60, those recovering from surgery and anyone who is in some way immunocompromised (for example, undergoing treatment for cancer).^{iii, iv}

With treatment, the majority of people will recover from sepsis. However, it can



have long term effects on the body that can last for months or even years after an episode. These effects are referred to as post-sepsis syndrome. Patients may experience persistent weakness and difficulty sleeping, their appetite may be suppressed and their immune response may be weakened, leaving them more prone to getting ill. Sepsis can be very traumatic, as can some of its complications. As such, it can leave psychological scars as well, with patients becoming more prone to mood disorders (such as depression and/or anxiety) and post-traumatic stress disorder (PTSD).^v Where treatment is delayed, sepsis has more time to cause permanent damage, which can lead to organ dysfunction and failure, including coma and brain-damage.^{vi} Severe sepsis and septic shock can necessitate amputations in some cases, leading to lasting disability. Septic shock can make it difficult for a patient to breathe, which can indicate the use of mechanical ventilation – a resource that is currently very limited.^{vii}

Common dental care can cause bacteraemia, which is where bacteria enter the patient's bloodstream. Most of the time, the patient's immune system

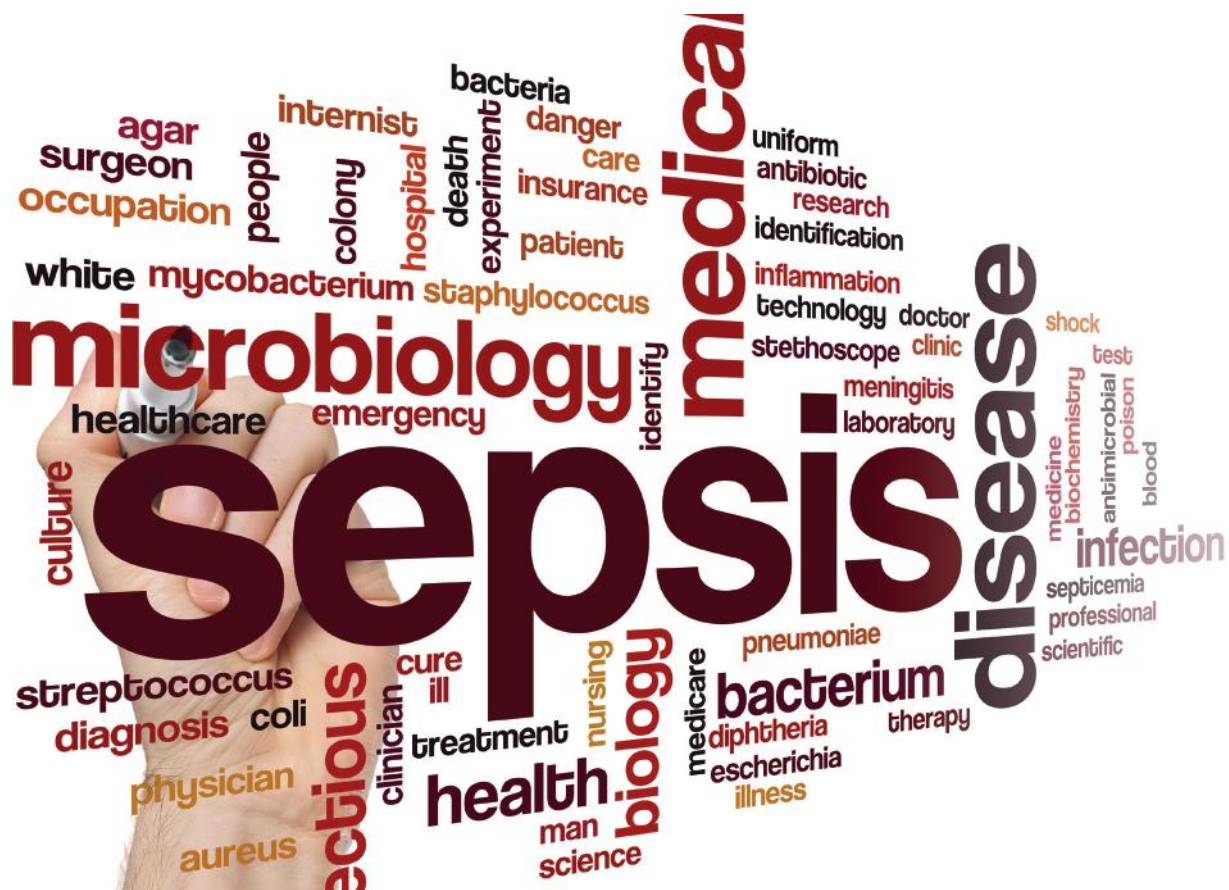
will quickly and without incident eliminate these bacteria. However, bacteraemia can potentially cause sepsis or infective endocarditis (infection of the heart), which is particularly dangerous for those with congenital heart defects or prosthetic heart valves. Procedures such as tooth extractions can cause bacteraemia, but so can routine toothbrushing and chewing.^{viii} After toothbrushing, bacteria may be detected in a minority of patients' blood for less than 15 minutes, while tooth extractions can cause detectable bacteraemia for about twice as long.^{ix} Patients, of course, still need to routinely implement oral hygiene, and not doing so will only increase the bacteria present in their mouths, so this risk can't be totally eliminated. Dental infections, which can be caused by things such as a broken tooth or partially erupted wisdom tooth, can trigger sepsis as well. Helping patients maintain their oral health can therefore help protect them from a potential diagnosis of sepsis.

Sepsis is thankfully relatively rare within a dental setting. However, the consequences of it are so devastating you should always be aware of it and seek medical attention for any patient

you suspect may have it. Early detection and treatment can make a massive difference in sepsis cases, as organ damage and death can occur rapidly.^x One study found that every hour of delay between hypertension detection (a hallmark of septic shock) and initiation of antimicrobial therapy, led to a 12% drop in survival per hour. This underscores just how much of a difference even just one hour can make in sepsis cases.^{xi}

The condition is often difficult to recognise because it can produce a wide variety of symptoms, many of which overlap with common infections. Key symptoms to look out for include:

- An altered mental state/confusion.
- Slurred speech, unable to say more than a couple of words at a time.
- Malaise/fatigue.
- Shivering.
- Muscle pain.
- Not urinating in the last day.
- Very short of breath while at rest.
- Drop in blood pressure.
- Non-blanching rash (a rash that does not fade when you press a glass to it).
- Bluish discolouration of skin, lips, tongue, fingers or toes.^{xii}



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Sepsis has many possible symptoms, and it is possible for patients to have sepsis without demonstrating all the above symptoms.

Despite the threat posed by sepsis, many patients are still not very aware of it. It may be beneficial to gently inform patients with abscesses and those that have received invasive procedures about some of the warning signs to look out for, perhaps by providing a leaflet.

Consequently, it is crucial for the dental team to provide all the necessary information to their patients. The dental nurse is often the professional that patients feel most comfortable with and able to pose questions to, so having the knowledge to answer common

queries and reassure patients is vital.

Training in the area is therefore important for all dental nurses. Some dental providers, such as Colosseum Dental, offer professional education on this topic as standard. It is their aim to ensure that all their practice team members have the knowledge, tools and support they need to deliver safe, high-quality care to every single patient.

By being aware of the symptoms of sepsis and always remembering to be on the lookout for it, we can get patients the help they urgently need as quickly as possible. Every minute counts when it comes to sepsis, and you can never be too cautious with it.

To find out more please visit the website: <https://www.colosseumdental.co.uk/>

Spring 2020

To gain your CPD certificate for this program, you must first register yourself online at www.the-probe.co.uk/courses/course_category/brush-up if you haven't already. After signing up, or signing in, click on "CPD then Brush up" to gain access to all the CPD questions and multiple choice answers. Please read the articles carefully before submitting your answers to the questions, **as you will only have two attempts to gain your certificate**. Once you have submitted the correct answers for both articles, you will be able to download and print out your CPD certificate.

Article one (one hour CPD): *Infection control – keep up the good work*

1. What is the correct order to put on personal protective equipment?
2. When someone's who has had chicken pox immune system is low, what can occur?
3. What causes the most intense aerosol effect?
4. What can reduce aerosol droplets by 90%?
5. What type of infections can be spread in a dental practice without adequate infection control?
6. Which of these should you not do following a needlestick injury?
7. Is it advisable to wear your uniform on your way to work?
8. How often should uniforms be changed?
9. Where possible, staff should receive immunisation to protect against which of the following highly infectious diseases?
10. Preprocedural mouthwashes with chlorhexidine...

Aims and objectives:

- To better understand the fundamentals of infection control
- To understand the potential threats that infection control safeguards against

Article two (one hour CPD): *Sepsis*

1. Sepsis is ____ ?
2. Every hour of delay in treatment in septic shock patients
3. Which of the following can be tell-tale signs of sepsis?
4. What is bacteraemia?
5. In UK, what percentage of people who develop sepsis die?
6. Which of the following groups is at risk of sepsis?
7. Patients with lasting effects from sepsis are said to have?
8. Sepsis can result in?
9. Who is immune to sepsis?

Aims and objectives:

- To understand the threat of sepsis
- To recognise early signs of sepsis and take appropriate action

Answer online at: www.the-probe.co.uk/courses/course_category/brush-up

Feedback

We hope that you have found this program valuable. If you would like to make any comments on the Brush up on CPD program, we would be delighted to hear from you. Please fax us on 01732 371571 or email info@purplems.com quoting "Brush up".

Concern over 'DIY' ortho treatment as number of adults seeking tooth straightening rises

As lockdown restrictions are lifted, many people will be seeking tooth straightening treatment. This is backed up by new figures released by The British Orthodontic Society (BOS) revealing that the number of adults seeking orthodontic treatment in the UK is on the increase.

As the demand for adult orthodontics increases, so do the options for patients. The stats also show concern around the dangers of 'direct to the consumer' teeth straightening – also known as 'DIY braces'. Nearly two thirds of orthodontists surveyed (65%), are concerned that more patients will be seeking 'DIY braces' both during and after lockdown.

With many practices dealing with a lockdown backlog of patients and members of the public more aware of issues surrounding close contact, there is concern that more people may put themselves in danger with 'DIY' options.

Patients are advised in all circumstances to visit a trained clinician ensuring that they have the various options open to them explained, in person, so they can make an informed decision. The Safe Brace Campaign - www.safebrace.org

Safe Brace

Safebrace is a charity campaign that gives you the very best advice about the safest and most effective way to have braces www.safebrace.org - is a trusted space where patients can get advice about the safest and most effective way to have orthodontic treatment.

When asked what kind of braces they provide to their patients, orthodontists revealed a cross section of approaches:

- Over 80% supply fixed braces with clear aesthetic brackets
- Over 30% supply lingual braces (fixed behind the teeth)
- 80% supply clear aligners

The most popular system, provided by more than 97% of orthodontists, is fixed braces on the front of the teeth, often referred to as train tracks. This figure reflects the high number of young people treated as NHS patients for whom fixed braces is the most appropriate option.

Peter McCallum, BOS Director of External Relations, commented: "It is good to see the number of adults interested in orthodontics remains high, we know that treatment can give people the straight and confident smile they have always dreamed about.

"We want to ensure patients are given the very best advice about orthodontic treatment. Our members, specialists and dentists with a special interest, offer a range of options for adults, enabling them to provide a solution to any kind of orthodontic problem."

All figures, unless otherwise stated, are from BOS. The survey was carried out online in April 2020. The BOS membership is open to dentists and orthodontists. Members of BOS work in a variety of settings, from hospital to high street practice, from academia to community clinics.

SDF for effective treatment of dental caries in children

A comprehensive set of resources to support the use of Silver Diamine Fluoride (SDF) as a treatment to arrest dental caries in the primary dentition is available on the BSPD website at www.bspd.co.uk/Professionals/Resources. The technique is expected to be more widely used in the coming months as dental teams find ways to minimise aerosol generating procedures.

Included among the resources is a Patient Information Leaflet (PIL) which has been made editable so hospitals and dental practices can add their own logo. A Standard Operating Procedure and a Consent Form have also been developed. A video to show how SDF is applied has been created on YouTube at <https://www.youtube.com/watch?v=tELmH9jRvv8>.

The resources have been compiled by Laura Timms, an Academic Clinical Fellow at the University of Sheffield Dental School with an interest in SDF. She has just won a prestigious joint grant from RCS and BSPD to make a video to explain the SDF technique to children.

SDF is licensed in the UK for the treatment of sensitivity but Laura was aware of research which shows it has good results when painted onto dental decay in the primary dentition. "Using SDF can buy time for children who cannot manage dental treatment by stopping the decay getting worse until they can have further dental treatment. It's simple, quick and effective."



The disadvantage of the technique is that it stains the dental decay black. Some parents find the staining reassuring, however, as it shows that the treatment is working on the decay. If the child is subsequently able to cope with more demanding treatment, fillings or preformed metal crowns may be placed over the SDF.

Laura added: "Ideally, I hope that the new SDF resources will help dental teams treat children in the family dental practice with which they are familiar and either delay or eliminate a referral into hospital."

Claire Stevens, spokesperson for BSPD and a Consultant in Paediatric Dentistry said: "All paediatric dental teams working in hospital departments want to keep procedures under general anaesthetic to a minimum currently which makes Laura's work timely. Ideally, more children will be treated in their family dental practice instead of being referred into secondary care for a general anaesthetic. We are very grateful to Laura for her hard work."

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HPV action in Europe

Boys are now part of the UK's national HPV vaccination programme and are being vaccinated alongside girls. This did not happen by accident or because the government's vaccination advisory committee (JCVI) took an objective look at the evidence. The decision to vaccinate boys was made as a result of an advocacy campaign, sustained over a seven-year period, by HPV Action and others.

HPV Action brought together around 50 organisations, including BADN, to back the call for gender-neutral vaccination. These came from a variety of fields, including oral health, public health, men's health and sexual health. The BDA, the Oral Health Foundation and the Mouth Cancer Foundation were among those represented and the rising rates of HPV-caused head and neck cancers featured heavily in our case for action.

HPV Action worked on a number of fronts. It sought to influence the scientific and medical community, to mobilise politicians from all parties, and to present the best-possible evidence to the JCVI. We argued that vaccinating both sexes would help to protect everyone from HPV-related cancers and genital warts, including gay men who are completely unprotected by a girls-only programme. Gender-neutral vaccination would save money in the long run and would make the programme more resilient if uptake fell because of a safety scare fuelled by fake news.

One of our members, the Throat Cancer Foundation, began the process of taking the government to court on the grounds that not vaccinating boys was sex discrimination. The JCVI decided to

recommend that boys should be vaccinated before the case was heard.

This year, HPV Action tried to persuade the government to go further and introduce a catch-up programme for older boys who had missed out. Unfortunately, we did not succeed in this. But we did win the bigger prize and the UK now stands alongside some 30 other countries which have also introduced gender-neutral programmes.

HPV Action will continue in Europe led by the European Cancer Organisation which has launched a major campaign to eliminate HPV-caused cancers across 53 countries. By 2025, it wants to see all European national cancer plans include actions to deliver gender-neutral vaccination and to have programmes up and running across Europe by 2030.

About the author

Peter Baker

Campaign Director



College of General Dentistry: an update

Despite the present, unprecedented circumstances, arrangements continue to form the College of Dentistry. The present focus is developing new career pathways and related qualifications for all members of the dental team. The new College intends to build a strong, attractive offer for the whole team, with events, publications, online communities, research and support for innovation. We are planning the appointment of an Advisory Group and continue to build the growing support for the new College.

In these difficult times, it is most unfortunate that the College of General Dentistry is not already well-established, ideally with a Royal Charter to make the strongest possible case for our patients and the profession. The new College, in working towards this goal, will seek to provide a unified, UK-wide voice of authority for its members in all aspects of dentistry. The more members and support for the new College, the greater its impact and influence. Hopefully, it will not be long before this impact and influence is similar to that enjoyed by the Royal Colleges for all the other principal healthcare professions. We are working to ramp-up the growth of the initial, Foundation Membership of the new College over the coming weeks and to attract increasing recognition as an important, new voice of all members of the profession engaged in frontline, primary oral healthcare provision in the UK. Signing up as a Foundation Member of the new College is a quick and simple procedure on the evolving College website (<https://cgdent.uk>). The more Foundation Members

and other support the College can attract in these exceptional, distressing times, the greater the part it can play in supporting primary care dentistry out of these dark times. It has an important contribution to make to the general health and wellbeing of the population.

Whatever the future holds for general dentistry in the coming months and beyond, the College of General Dentistry intends to be there to provide the support which will be required to not only 'get back on track' but meet new needs and expectations. Your support is vital. So, please visit the new College website and sign up as a Foundation Member and thereby join the groundswell of support required to give dentistry its own, independent, hopefully Royal College of Dentistry. The new College -and what better time to have one, will support and speak up for you and all other members of the dental team.

About the author

Nairn Wilson

Chair Board of Trustees College of General Dentistry



Operation Smile UK ambassador champions first all-female medical mission

TV presenter, columnist and businesswoman Saira Khan has announced she is to be an ambassador for Operation Smile UK, a charity that has provided over 300,000 successful surgeries for those born with cleft lip and cleft palate worldwide.

Saira said: "It is an absolute honour to be involved with such a life changing charity. Every three minutes, a child is born with a cleft lip or cleft palate and without surgery, struggle to eat, speak and socialise. In many of the countries where Operation Smile operates, these children and their families are often shunned and therefore the implications go way beyond the health of the child. That's why the work of the charity is absolutely vital, helping to both treat patients in need, and train local medical teams to support their long-term comprehensive care."

In the UK, if a child is born with a cleft lip or cleft palate, they will be treated by the NHS before they are six months old. However, in many countries these kind of medical resources don't exist or the costs are prohibitive – in some countries the cost of an operation is equivalent to a year's salary.

To mark International Women's Day on 8th March, Operation Smile will conduct its first all-women's medical mission in Morocco with a team comprised entirely of female volunteers. 54 female volunteers from 27 countries will deliver the highest level of surgical and multidisciplinary care to patients affected by cleft conditions. This landmark mission will also demonstrate the lasting impact women have had on their programmes; on average a mission is comprised of 60 percent female volunteers.

Saira said: "As a champion for women, I am excited and inspired ahead of Operation Smile's First All Women's Mission. Women are an integral part

of the healthcare system, and this mission honours them. I am a proud Muslim woman, so the fact that it is taking place in Morocco, a predominately Muslim country, really connected with me. It's very meaningful that these women are going to be making such a difference for some of the most vulnerable children in the country."

Children with cleft lip or cleft palate can be considered untouchable and shunned by the community who see them as cursed. Some untreated teenagers even report considering suicide.

Saira said: "It is shocking to hear about the stigma some children with cleft conditions face. As a parent of two children myself, it is heartbreaking and highlights just how important Operation Smile's community work is. They offer therapy for those affected and raise awareness about cleft conditions in remote areas where families have not heard about treatments for cleft lip or cleft palate."

Saira will be participating in an upcoming Operation Smile medical mission in the coming months.

Operation Smile



SeaFit and SmilesAtSea shortlisted for charity award

The SeaFit and SmilesAtSea partnership has been shortlisted in the Third Sector Charity Business Awards as Project of the Year, for providing free dental check-ups and emergency treatment to fishing communities from a mobile dental unit located on or near harbours in Cornwall and Devon.

The SmilesAtSea tour was started by Smile Together in 2017 and gained funding from the Seafarers Hospital Society in 2018, before it was adopted and expanded by the UK-wide SeaFit Programme. Last year's tour was the most successful yet, covering nine fishing ports in three weeks and treating 173 members of the fishing community.

SeaFit Project Delivery Manager Carol Elliott said: "We're delighted to have been shortlisted in recognition of the invaluable support we are providing to fishermen. Sadly there won't be an awards ceremony this year because of the coronavirus but it doesn't detract from the excitement for us and our partners."

"Our next tour has been provisionally planned for September and we are hoping we will once again be able to support fishermen on the quaysides."

In Cornwall alone around 25,000 people are on the NHS dental waiting list and 1,000 children a year are admitted for tooth extractions due to decay.

Joy Callender of Smile Together has led the SmilesAtSea project delivery since its inception: "This is such a great accolade which follows hot on the heels of us winning the Dental Awards 2019 for Best Outreach or Charity Initiative."

"In 2018, 70% of those we saw hadn't seen a dentist for at

least five years. Last year this number reduced because the fishermen had been to see us the previous year!"

To find out more about the SeaFit Programme call Carol Elliott on 07486 319 621 or email PDMSeaFit@fishermensmission.org.uk



Changes in employment law

New legislation making major changes to existing employment regulations came into force on April 6, 2020.

Parental bereavement leave and pay

The Parental Bereavement Leave and Pay Act 2018 gives all employed parents the right to 2 weeks' paid leave if their child aged under 18 dies, or if they have a stillbirth at 24 weeks or later.

For more information, please see <https://www.acas.org.uk/time-off-for-bereavement/parental-bereavement-leave-pay>

Written terms ('written statement of employment particulars')

Workers now have the same right as employees to written terms (a 'written statement of employment particulars') from their employer.

Employers must provide their workers and employees with their written statement on or before their first day of employment, no matter how long they're employed for.

The written statement must include details on:

- the hours and days of the week the worker or employee is required to work, and whether they may be varied and how
- entitlements to any paid leave
- any other benefits not covered elsewhere in the written statement
- any probationary period
- any training provided by the employer

For more information, see <https://www.acas.org.uk/what-must-be-written-in-an-employment-contract>

Agency workers' rights

The Swedish Derogation (referred to as 'pay between

assignments' contracts) was abolished from April 6, so all agency workers are entitled to the same rate of pay as their permanent counterparts after 12 weeks.

All agency workers are entitled to a key information document that clearly sets out the type of contract they will have and the pay they'll receive.

For more information, see <https://www.acas.org.uk/agency-workers>

Changes to holiday pay calculations

From April 6, the period used to calculate a week's pay for holiday pay purposes increases from the previous 12 weeks of work to the previous 52 weeks.

For more information, see <https://www.acas.org.uk/checking-holiday-entitlement/calculating-holiday-pay>

For more information, see <https://www.acas.org.uk/national-minimum-wage-entitlement>

NLW and NMW rates from 1 April 2020

	Previous rate	Current rate from 1 April 2020	Increase
National Living Wage	£8.21	£8.72	6.2%
21-24 Year Old Rate	£7.70	£8.20	6.5%
18-20 Year Old Rate	£6.15	£6.45	4.9%
16-17 Year Old Rate	£4.35	£4.55	4.6%
Apprentice Rate	£3.90	£4.15	6.4%

Education

Profile on NEBDN

Who is NEBDN?

The National Examining Board for Dental Nurses (NEBDN) is a leading provider of qualifications, delivering awards in both pre-registration and post-registration aspects of clinical practice. As a registered charity, NEBDN has been examining and awarding qualifications for over 75 years, and ensures that students' knowledge, understanding and practical skills are assessed by highly experienced course providers.

As a trainee dental nurse, you can achieve the National Diploma qualification with NEBDN.

If you are a qualified dental nurse via NEBDN or not, you can progress your career with one of their six Post-Registration qualifications:

- Dental Implant Nursing
- Dental Radiography
- Dental Sedation Nursing
- Oral Health Education
- Orthodontic Dental Nursing
- Special Care Dental Nursing

Why choose NEBDN?

Each student that passes an NEBDN qualification will receive a nationally recognised certificate and be able to purchase an NEBDN badge – a time old tradition since 1951. These qualifications are provided across the UK and Ireland via a network of 150+ accredited course provider sites. Each course provider is subject to regular quality assurance monitoring to ensure that NEBDN's standards are maintained.

Many courses are offered in more ways than one, for example, face to face, online, or blended learning - there will always be a course provider able to offer the qualification in the method you need.

Examination criteria

Typically, the NEBDN National Diploma exam will include an online Record of

Experience, followed by a written and practical exam to assess a trainee's skills. NEBDN is the only awarding body to offer an Objective Structured Clinical Examination (OSCE), which is nationally recognised by employers and the General Dental Council.

Our Post-Registration qualifications support personal development and include an online Record of Competence, followed by a written exam, which are also nationally recognised by employers.

What is NEBDN doing to support Dental Nurses during COVID-19?

Kate Kerslake, CEO at NEBDN, commented: "We understand the importance of developing skills for the future of Dental Nursing and recognise how the dental profession has stepped up to support in various roles across healthcare. These unprecedented circumstances have shown how resourceful people can be in both educational settings and in Dental Nursing, and therefore we are looking into new ways of working operationally, in order to be flexible and meet the needs of Dental Nurses."

Exam adaptations

One of the ways NEBDN is working to support dental nurses, is by reviewing its exam processes. So far, results have successfully been sent via email instead of post, postponed exams due to COVID-19 have been rearranged to new dates later this year, and NEBDN is looking into offering online exams.

These new ways of operating will help to support candidates who have upcoming exams and assist in reviewing how NEBDN run exams as part of its ongoing vision to be the leading provider supporting excellence in Dental Nurse education and development in the UK.

NEBDN still continue to operate business as usual remotely, and further information on exams or qualifications can be found on their Facebook and Twitter social media platforms or website www.nebdn.org

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Controlling the outcome

know it's boring and frustrating being cooped up at home as we all are, on top of which we are probably all feeling exposed and highly vulnerable right now. Fear is a weird thing. Without even realising, if we let it, fear takes control. By being tuned in to the media via news reports and Google feeds, hopping on and off Facebook and listening to friends bemoaning the situation and how hard it is living 24/7 with their spouse, is it any surprise we find ourselves fretting and worrying unnecessarily about the state of things right now?

Without all those external influences sharing their version of doom and gloom is it honestly any surprise that you are feeling anything but fear? Add to that your own internal chatter and before you know it you're looking at the shopping you just had delivered and worrying about sanitising the packets and the boxes!

So where does all this fear come from?

It depends how you are wired. Personality types, of which there are distinctly four, will naturally handle this situation four very different ways. We all have our own personality blueprint and when you can read your own blueprint and that of others you will have an idea about how this might be impacting them or driving their behaviours.

Take, for example, a timid person who is feeling fearful, they may not be sleeping well as they are constantly worrying and their inner dialogue runs a loop about all the things they are hearing in the media. They feel cut off, life is out of control and they can see no obvious exit from it.

A dominant personality takes a more pragmatic approach. They choose not to listen 24/7 to the constant media dialogue and pointless Facebook posts. They focus on survival as survive they will. The internal dialogue is calmer as there is an inner belief that they are doing something productive. In fact as much as they want isolation to end, they hope it lasts long enough for them to complete their tasks!

The key to it all, no matter which way you are wired is to take back control. Only when you assume responsibility for the things you can control and accept there will always be elements outside of your control, will you quiet that annoying inner voice of fear.

So what can you control?

If you love cooking then it's a great time to try out new recipes. Always wanted to learn sign language, start your own business or focus on self-development? Then isolation is a gift to follow your heart uninterrupted (other than the kids, of course!) Start planning for those difficult conversations with colleagues and patients for when lockdown is a distant memory and get those verbal skills honed to handle these effortlessly and effectively.

When you start to review what you can do rather than what you can't, all of a sudden the whole complexion of lockdown changes for the better. So start to change the view from your window by choosing not to listen to the pedlars of negativity and join the elite who choose achievement instead by making 'I can handle it' their daily mantra.

If you want help preparing for those difficult rsations then give me a call



or join me on one of my NBS Virtual Coffee Mornings by signing up to my newsletter at www.nbstraining.co.uk where the details are announced every week.

Tracy Stuart

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About the author

Tracy Stuart

Dental Business Coach and Behavioural Specialist, NBS Training



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Dental Mavericks: Lebanon

On my second trip to Morocco I was approached by Dental Mavericks' Director Cally Gedge and asked if I would consider volunteering on a trip to Lebanon, which was new territory for the charity. I asked for more details as I was interested in what this might entail. In my ignorance, I declined thinking of past horror stories I'd heard of Beirut from the civil war in Lebanon in years gone by and the recent news reports of current war torn Syria, wondering why anyone would ask me to put myself in that position...

But Cally wouldn't let it go! She was so passionate about this new project and it seemed there were a lot of other potential volunteers feeling the same way as me! I could sense Cally's frustration as she assured me it would be safe and how the last thing she would do is send out volunteers to a region where they would be in any danger.

The more we spoke the more I came round to the idea of helping the vulnerable Syrian refugees and I decided to do some research on how safe it would actually be, the area where the project would take place and assess the risks.

After a lot of deliberation and arguments with my family, I decided that I was going to go no matter what and I booked my first trip, which coincided with my birthday!

To say I was nervous leading up to my flight to Beirut is an understatement! Although I'd already done two projects in Morocco, I felt even more out of my comfort zone than I had done previously and really didn't know what to expect. The plan for the week was that the team would meet at the airport in arrivals and travel together from Beirut down to the Beqaa Valley on the Lebanese/Syrian border, and stay with a Syrian host family living in the small Lebanese town of Qab Elias. This would be our base for the week, and from here we would travel daily to a clinic and work from here treating Syrian refugees while also going on outreach projects to visit refugees in their camps.

When we arrived at the home of our host family we were made to feel so at home, their hospitality was incredible and we settled in with ease. This was the beginning of lifelong friendships being formed!

The week passed and we were treating huge numbers of patients! The queues of people waiting seemed to be ever growing and quite daunting, but we ploughed on through being fed and watered throughout the day by the wonderful staff who worked at the clinic.

We met the network of people Cally had brought on board and their hospitality showed no bounds, we had all come together with the same vision, all wanting the same outcome and together we just clicked!

We visited camps and I just couldn't believe how people were expected to live in such conditions; it was such an eye opener for me having lived a very comfortable, easy and privileged life. It really put things into perspective for me to see children playing happily in the dirt, laughing and smiling, making up their own games – some with no shoes at all.

One evening, towards the end of the week, we had our evening meal as usual when it seemed there was whispering – something going on that I

wasn't aware of. The next thing I knew there was an announcement made that we were going out; a driver arrived to pick us up and off we went to what turned out to be a surprise birthday party for me. It included my host family's children and their friends playing happy birthday to me on drums and other instruments, and a huge birthday cake with my picture on the top. They certainly know how to throw a party – and definitely one I will never forget!

The following night we were invited back to one of the Syrian doctors' tents in a camp to meet her family for food and drink. To think how little they had, I was surprised at how much they offered us, it was like a feast and we were treated like royalty! I was completely overwhelmed and bowled over by their generosity and hospitality. This was the week I fell in love with Lebanon and knew I would keep returning!

Over the last couple of years I have been on two more trips to Morocco – but seven trips to Lebanon!

I've seen a lot of changes on the Lebanese trips... It's great how things are forever altering and moving forward, as no trip is ever the same and each trip is like a new experience. Although the friends I've made along the way haven't changed, the circle has grown! Now, instead of staying with our original host family, we are based in the same small town but with an apartment of our own.

Depending on need and the projects arranged, we will usually either work from there or be based in Beirut in a hotel or Airbnb accommodation. The projects are varied. The main problem is a lack of oral hygiene education and information. We work closely with another charity, Salam LADC, which is close to the town in which we are based and has a camp on its doorstep that we frequently visit. Here we treat children with fluoride, and give OHI and toothbrushing instruction; Salam LADC continue in our absence with toothbrushing clubs, and we can monitor progress being made over a period of time. The same is carried out at local schools, and in Beirut we work alongside a local church-based charity.

While Dental Mavericks is primarily a charity focussed on ending daily dental pain, extractions and fillings solve the problem there and then, but I love how people look at the bigger picture with our help. With prevention at the forefront, educating the children and reaching out to as many as possible will hopefully reduce the amount of treatment we find ourselves currently doing over time.

With three more projects booked this year, I'm just as excited as always to be visiting my Dental Maverick family, a country that I adore and the friendly and grateful patients that we will be treating.

Another highlight I always look forward to is welcoming new team members who will be joining us on their first trips and seeing them throughout the week fall in love with Lebanon, our 'family' and the work of the Dental Mavericks just as much as me!

Gina Goddard



My life and the Orthodontic National Group (ONG)

Where do I start! 20 years of involvement has gone by – how I don't know, but they have. There have been ups and downs. Times when I have been on the roller coaster and not been able to get off! But predominantly "ups".

My ONG journey began, at the British Orthodontic Conference in Brighton, in September 2000, when I joined the ONG committee. ONG was formed in June 1994, meaning when I joined the committee ONG had only been established for six years. If you can cast your memories back 20 years to a time when there was no post qualification course in orthodontic nursing, no orthodontic therapists – I would go so far as to say that orthodontic nurses were not fully integrated into the orthodontic team at all.

I would like to give you a short and brief flavour of some of the achievements of the Orthodontic National Group, many of which I have been fortunate to be involved in.

Looking at orthodontic therapists specifically – what a momentous achievement this has been – I am honoured that ONG has been part of this process. Below is a very, very brief excerpt from a document which tracks the development of orthodontic therapy over a forty year period:

'A history of the events which lead to the establishment of orthodontic therapists in the UK' by CJR Kettler and CD Stephens.

"The establishment of the first training course for Orthodontic Therapists in Leeds in July 2007 was the culmination of over forty years of campaigning by orthodontists."

12 August 1999 there was a meeting at the General Dental Council to discuss Orthodontic Auxiliaries (original name before orthodontic therapists) and orthodontic nurses. Amongst many influential people present were Janet Robins, Alex Moss and Ann Jones.

December 1999, the GDC asked the BOS to set up a working group to consider the curriculum for orthodontic therapists. The Orthodontic National Group was represented by Alex Moss, from the Eastman and Ann Jones from Manchester.

The two members of the ONG were invited as they were chiefly responsible for writing the curriculum for the Certificate in Orthodontic Nursing.

The first meeting of the working group was held on 22nd March 2000. Followed by numerous meetings and questions back and forth to the GDC.

May 2006 Laura Mitchell sets out a Proposal for a joint FDS/FGDP course for Orthodontic Therapists

2008 The first Orthodontic Therapists qualify with a Diploma in Orthodontic Therapy RCS(Eng)

The above is an example of the invaluable role ONG plays nationally whilst working on behalf of orthodontic nurses and orthodontic therapists.

Joining the committee in 2000 meant I was doing so right in the middle of all the above. This is where everything took off for ONG. Who would have thought back in 1994 that we would now have a voice at a national level?

Starting out on the ONG committee was daunting; like a first day at school, committee meetings were held four times per year and were full of things I had never heard of! I felt like a fish out of water. I would say it took

a good 12 months to find my feet before everything started to gel together.

A couple of years in and I had found my feet I was asked to take up the role of administration secretary; I was acutely aware that following Maureen Dickinson into this role I had big shoes to fill. This was before ONG affiliated with the British Orthodontic Society – everything was completed by committee members in our own homes – all aspects of "running the group" were undertaken by our own committee members.

In 2008 I was immensely proud to become chair of ONG. 2008 was another milestone in the history of ONG; we officially affiliated with the British Orthodontic Society (BOS). Numerous meetings were held in the run up to the final agreement being signed. Affiliation meant we had access to the office staff at BOS (based on Grays Inn Road in those days), our administration and membership is now run by the office – a huge help to the working orthodontic nurses and therapists we all are!

Our committee attend meetings with the General Dental Council, the British Dental Association, The Royal College of Surgeons (Edin), NHS England and of course at the BOS. Many of us doing so in our own time – often using annual leave from our day jobs to attend. Why do we do it? We are passionate about orthodontics and the development of the roles of orthodontic nurses and therapists.

Educationally we have grown from a half day at the British Orthodontic conference, to a full two-day programme for both nurses and therapists. In 2015 ONG along with Trevor Hodge (Consultant in Leeds) we organised the programme at the World Orthodontic Conference in London. Fiona Grist and I became very familiar with Leeds – journeying back and forth to organise the programme. We have purchased online CPD which is included in ONG membership; the ONG committee negotiated this at a special rate on behalf of members.

We present two awards each year to either a nurse or therapist for distinguished service to orthodontics. Details on how to nominate for these awards can be found on our website.

The committee continue to meet a minimum of three times per year, meetings are held on Saturdays either in York or London, there is always a packed agenda to get through. Between meetings the committee correspond via email, there isn't a day goes by that we are not busy answering an email or commenting on an issue on behalf of members.

My tenure as chair ended at the orthodontic conference in Manchester in 2017. I was appointed President of ONG at that same conference – a position I have held for the last three years.

What have been my favourite moments and achievements – I don't have one. I am proud of everything ONG have achieved over the last 26 years. I am more than confident that ONG will go from strength to strength – we had another "first" at the 2017 conference in Manchester; Sally Dye was appointed Chair – Sally is the first orthodontic therapist to hold this position. We have had new committee members join us over the last year, both nurses and therapists. I know they are as committed to the Group as I am and that ONG will continue to grow and succeed.

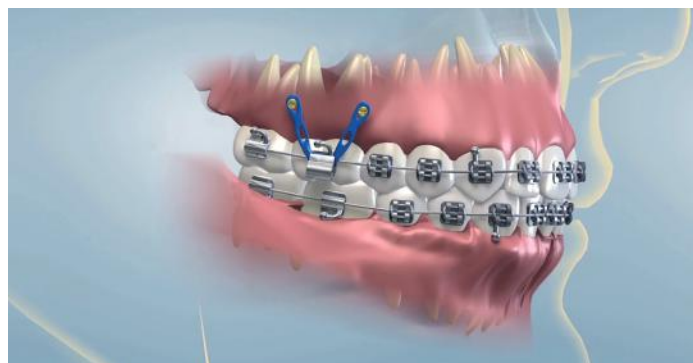
So my 20 years are coming to an end; where am I heading next? I haven't quite done yet; the committee has asked me to stay, in an advisory capacity for one more year. I will also continue with my role with the advisory board for Dental Care Professionals, at the Royal College of Surgeons of Edinburgh for the coming year; a position I have held for the last eight years.

None of the above would have been achieved without the invaluable support and guidance along the way from some very special people – too numerous to mention – but they will know who they are.

About the author

Debra Worthington

President Orthodontic National Group



From rock to root canals

A musician who retrained as a dentist after playing alongside various superstars is now raising money for the Scots hospice where his sister died.

In a glittering music career, talented guitarist David Devine performed all over the world with the likes of Calvin Harris, the Chemical Brothers, Groove Armada and Faithless, before giving up the music world to study dentistry instead.

Now the 40-year-old, who treats thousands of patients at Clyde Munro's Baillieston practice in Glasgow, is going back to his musical roots to support the hospice which cared for his cancer-stricken sister.

He has launched a 'Rock the Hospice' fundraiser to support St Andrew's Hospice in Airdrie and has also pledged to donate all proceeds from his new solo, single, One Last Time.

Among the first donations to the cause was a £500 contribution from Clyde Munro, Scotland's biggest dental group. David shared news of his fundraiser with colleagues when he performed during an online concert for Clyde Munro's 500 staff across Scotland – and bosses immediately pledged support.

David, who lives in Hamilton, saw first hand the care and devotion of hospice staff when his sister, Karen Derbyshire, spent eight months there with breast cancer before her untimely death in 2017, aged 50. She is survived by husband, Lenny and daughter, Stephanie who now has a son of her own who Karen unfortunately did not get to meet.

He added: "Like many other charities, St Andrew's Hospice has been feeling the strain on its funds during Covid-19, as 80 per cent of its income comes from fundraisers. At a time where you can feel helpless, I wanted to do something positive to give back to a hospice which I hold close to my heart.

"That's when Rock the Hospice was born – music is one of the best ways to cheer people up and bring communities together so I couldn't think of a better way to start raising money."

Now the singer-songwriter, who has taken the stage at festivals including Glastonbury and T in the Park, is encouraging the public to support the online fundraiser, which is bringing musicians together to play, donate and nominate for the hospice.

David said: "The idea behind the campaign is that people will record themselves performing a song, post it on our Facebook group, nominate people to take part and then donate what they can on our Just Giving page.

"I was amazed that within the first day of having everything up and running we had already raised £1000. The campaign really has the ability



to spiral into something much bigger and to reach a wide audience, hopefully continuing long into the future past Covid-19. We've confirmed some musicians and TV stars to perform over the next few weeks, so we'd encourage anyone interested in finding out more to join the Facebook page to ensure they will be among the first to know who they are."

Despite his hectic schedule treating both NHS and private patients, David has devoted his free time over the past two years to recording an album which is due to launch. It includes the single One Last Time which is now on sale, with 99p from every purchase donated going directly to the hospice.

He also kickstarted his Rock the Hospice fundraiser, by playing an acoustic version of the single then nominating famous faces, including Paolo Nutini and Amy MacDonald, in the hope they will also show support for the cause.

The death of his sister came at a time in David's life when he was already in the midst of significant changes, having qualified as a dentist in 2015 and embarking on his new career.

The former pupil of St Aidan's High School in Wishaw, North Lanarkshire, added: "As a full-time musician I toured across America, Europe and completed various stadium tours, but as I looked to the future I didn't see music as something which would support me forever.

"I went on to study Dentistry at Glasgow University and qualified in 2015, taking up my first position at a practice in Coatbridge before moving to Clyde Munro's Baillieston practice in 2018. Many people see the transition from a full-time musician to dentistry as being really bizarre, but I've always been interested in both and you wouldn't believe there are actually a lot of similarities in terms of the artistry and creative aspects.

"The practice in Baillieston is single-handed which means I'm the only dentist in the practice. I love it, as I get to treat both NHS and private patients – the whole Baillieston community has really taken me under their wing.

"I'm extremely grateful to Clyde Munro who made one of the first donations to St Andrew's Hospice when I started fundraising. During this

period of uncertainty, they have been there for all the staff and have really brought a sense of team spirit into these difficult times by organising online concerts and other little things to keep people positive."

Jim Hall, Clyde Munro Founder, said: "David recently treated us to one of his original songs on our online concert and his talent is incredible, so I'm sure this fundraising campaign will be a major success. We were delighted to contribute £500 to help the hospice continue its amazing work during this tough time."

Clyde Munro comprises 40 practices across Scotland, with more than 200 dentists, 350 staff and 300,000 patients. The group's ambition is to become Scotland's 'local dentist', operating an expanding network of family dentists across Scotland, with each devoted to providing the best dental care, while reflecting the needs and character of its community.



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Dental nurses are valued and rewarded with Colosseum Dental

Dental nurses are often the heart of their dental practices. They are the vital pieces that ensure daily workflows tick over smoothly. They are also commonly the professionals that patients feel most comfortable speaking to. That's why we value our amazing dental nurses at Colosseum Dental and we are looking to welcome more passionate individuals to our growing team.

So, what do we offer our dental nurses?

Training and support

Firstly, we provide all dental nurses with opportunities to develop their knowledge and skills. There is plenty of training and education available, with even more dedicated programmes currently in the making.

This is complemented by the support we provide all our clinical teams. Our management team is only ever a phone call or email away. We make it our job to make sure you have the facilities, equipment and training you need to deliver excellent patient care.

Flexibility and collaboration

We also strive to offer flexible working agreements for dental nurses who need to work around family commitments. We appreciate that everyone is in a different position and we do what we can to work together.

Collaboration is a huge part of what Colosseum Dental stands for. We actively encourage our practice teams to engage with their managers and the leadership team as often as possible. We want to hear your ideas on how to improve life in the practice or enhance patient care, and we will work with you to implement change. We have already collaborated closely with our practice managers when refurbishing all our practices over the past year. We also worked with our dental nurses to select a new uniform – the need for which came about as a direct result of feedback in the first place. This is something we are very keen to maintain with all our practice teams moving forward.

Recognition and reward

Further to all this, we run a unique and compelling incentive programme, which offers our clinical teams the chance to achieve additional remuneration on top of their basic salary. The annual Colosseum Dental Conference also offers CPD and the chance to relax and have fun with colleagues as an extra way of saying thank you. We truly appreciate everything that you do.

Word from the front line

With high engagement and collaboration among our practice and management teams, we are proud of the environment we have created for all our people. We are not just a team, but a family.

Two of our dental nurses recently commented:

"Really nice family-like environment. New management very are supportive of staff and get things done!"

"Great team working together, helping each other, we get on really well... it almost feels like we are a family."

In fact, feedback from dental nurses in our recent Great Place to Work Survey™ provided some fantastic comments that we were very proud to receive. These included:

"Free CPD, paid GDC fees, great friendly staff and all the people at Head Office are easy to talk to."

"I feel very comfortable as the place has a fantastic environment and great atmosphere, and also the team are very friendly and supportive."

"It's great that we see our executives – they are not just someone who sends emails all year. We see them, we interact. It makes you feel better about who you work for. I also love the vision they have for this company; they want to make a real difference and if everyone could dream this, then we could all achieve."

"Their focus is to put patient care first."

"Everyone is super friendly and we all treat others the way we would want to be treated. There are so many benefits and bonuses to working for the company and it's nice to get a shout out or treat when the practice is doing well."

"I enjoy working for this company. It's a wonderful place to be part of a team. I have been a dental nurse for over 15 years and I am glad to be a part of this journey that Colosseum Dental is on."

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