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British Dental Nurses' JOURNAL®

The Journal of the British Association of Dental Nurses



Remembering Dame Margaret Seward 1935-2021

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From your President



Welcome to the Summer Edition of the British Dental Nurses Journal. As the children return to new their new classes for the Autumn Term and dental education providers across the UK prepare for new and returning students, I feel slightly more optimistic about new opportunities for us all. With the gradual easing of government restrictions across the four nations, maybe just maybe, we can look forward to some near 'normal' experiences in our non-professional lives. Our 'professional' lives however are a different story. Fallow times and the wearing of enhanced PPE still exist, and I have been speaking to many members who explain to me that they are simply 'exhausted'. I still continue to chair our 'Coffee Catch Ups' on the last Saturday of the month; our last one focussed on the importance of our mental wellbeing and the yoga mindset. It is vitally important for us all to look after ourselves, especially now during a global pandemic, but I fully appreciate this is easier to say than actually do! As a BADN member, you have unlimited access to the Health and Wellbeing hub via the members' area of the website. Why not take a look and make the most of what's on offer for you?

It is more important than ever for me to keep the pressure on for us as Dental Nurses, to be recognised for not only our knowledge and skills but also for our dedication and support towards our profession. Now is the time for employers and the NHS to recognise us for who we are and what we do. I have been involved in many meetings related to our Campaign and more recently in the contract reform focus group recruitment process. I feel there is a real opportunity for us to effect some change.

One person who always recognised and supported dental nurses was Dame Margaret Seward – the first female editor of the BDNJ, first female President of the GDC, first female Chief Dental Officer and first and only dental Dame. Dame Margaret was a great supporter and Honorary Member of BADN,

and we were so sorry to hear of her death in August. BADN was represented at her funeral by Past President Hazel Coey, and BADN have made a donation to the charity About Face, in lieu of flowers, as requested. Our deepest condolences to her husband Professor Gordon Seward, son Colin and daughter Pamela.

My role has been extremely busy since the Spring as I have attended in excess of 30 meetings in 3 months. These have been mainly online with organisations such as GDC, CDO England, individual course providers, NEBDN, dental corporates including {my}dentist and BUPA, international colleagues, HEE, the dental press and individual BADN members.

If you want to know what's going on at BADN, then you can sign up to your BADN e-newsletter which will keep you up to date with the latest news and events via our website www.badn.org.uk, including when our Refer A Colleague scheme will be launched. Current members who introduce a dental nurse colleague to BADN membership will receive a £5 credit on their BADN account which can be used towards the cost of renewing their own membership, purchasing items from the online shop, or booking a place at a BADN event. Members will be able to introduce up to three colleagues each year – giving them a credit of up to £15.

As your President, I value your membership and I strive to find ways to enhance that membership experience for you together with championing the role of the dental nurse within the dental team. I am committed to represent you at national and local meetings to ensure our voice is heard and to push our Dental Nurse Recognition Campaign further forwards. If you have any comments for me, please get in touch via enquiries@badn.org.uk. Let's stand together to support our dental nursing profession.

Jacqui Elsdon
BADN President

Dame Margaret Seward 1935-2021

by Pam Swain, BADN Chief Exec



It was with great sadness that BADN learned of the death of dentistry's first Dame, Dame Margaret Seward, in August this year. I had the honour of working with Dame Margaret – always a great supporter of BADN – for many years; she was always extremely generous with her time, knowledge and experience.

Dame Margaret graduated from The London Hospital in 1959, becoming its first female resident dental house surgeon, and was later responsible for the dental unit at Highlands Hospital in north London, which featured in the film *Awakenings* starring Robert de Niro.

From 1979-1992 she was Editor of the *British Dental Journal*; and was also editor of the *International Dental Journal*, the publication of the World Dental Federation. She was the second woman to become President of the British Dental Association, the first woman President of the General Dental Council, and England's first woman Chief Dental Officer.

Dame Margaret received a CBE in 1994 and was made a Dame in 1999 – leading to several enquiries from dental wags as to where she would be starring in panto that year. Although a formidable lady and authoritative figure when necessary (watching her chair a meeting of the GDC was a delight – she had exactly the right mix of school ma'am/nanny required to manage the unruly old school tie-types who made up the GDC at the time), Margaret had a wicked sense of humour. Her Bournemouth BDA Presidential Conference in 1993 was notable – not only for being, at Margaret's instigation, a joint Conference with the DCP (or "dental auxiliary", as they were called then) associations, but also for the sponsored rubber duck race along the stream in Bournemouth Gardens. I have no idea who won the race, but I do remember the bright yellow duck hat/mask Margaret wore to oversee the proceedings. The various associations held their own dinners on the Friday night – and Dame Margaret visited all of them, eating a different course at each dinner.

Dame Margaret was a great supporter of the dental team, and of dental nurses. She was an Honorary Life Member of BADN and was a guest at most – and Master of Ceremonies of at least two – BADN Presidential Dinners, including the Masked Ball Dinner in Blackpool in 1995. Then President Paula Sleight remembers: "We worked together on the Teamwork Initiative – Margaret placed a great deal of emphasis on the entire dental team and that, of course, included dental nurses."

"Although she was incredibly career-driven, Margaret was genuinely interested in people and very welcoming. She had a fantastic smile. And, having reached several positions of power, she remained incredibly helpful to other women in industry."

As President of the GDC, Dame Margaret supported, and encouraged others to support, the campaign for registration of the whole dental team. Following the publication of the Nuffield Report in 1993, she chaired several dental-wide debates on the subject and then formed, and chaired, the Dental Auxiliaries Working Group to further investigate and develop the Nuffield proposals.

"Dame Margaret was an inspiration to so many in dentistry and one of the first to recognise the contribution of all members of the dental team," said BADN Past President Pat Harle MBE. "She chaired the GDC Dental Auxiliaries Working Group, which led to the recommendation of statutory registration for Dental Care Professionals. As a member of that Group, and someone who worked closely with Dame Margaret, I salute her vision, work and commitment in ensuring a modernised national oral health care service."

"On a personal level, I very much enjoyed working with Dame Margaret, appreciated her sense of humour, and admired her energy, determination and vision."

Dame Margaret was an inspiration to those of us women who struggled to be heard in a predominantly male environment (which dental politics was in the 90s, and still to a certain extent is); a great supporter of dental nurses and a formidable ally to BADN. Always dignified, gracious and with a wicked sense of humour! She will be greatly missed.

Dr Debbie Reed receives inaugural Janet Goodwin Award

BADN is delighted that long standing member Dr Debbie Reed is the first recipient of the FGDP(UK)'s Janet Goodwin Award, awarded to the Dental Care Professional (DCP) who has advanced the role of and empowered DCPs in order to educate and improve oral healthcare.

The Award, which honours the late dental nurse Janet Goodwin, is focused on the all-round performance and skills required to become a passionate and committed advocate for DCPs, reflecting the Janet's legacy. The Award highlights the qualities of leading by example, a commitment to lifelong learning that goes beyond statutory requirement, and a wider commitment to the dental profession.

Dr Debbie Reed is Head of the Department for Digital and Lifelong Learning at the University of Kent where she established, and remains the course director of, the Master's degree in Advanced and Specialist Healthcare. Debbie has also been leading the development of degree and higher apprenticeships for the University, building links with employers across the UK and various industries. Academically, she has researched, written and contributed on topics such as professionalisation of occupations, credentialing and qualifications, and pedagogised careers.

Debbie has been BADN member for more than 20 years, and is a former BADN Executive Committee Chair. In 2020 she was awarded the BADN Outstanding Contribution to Professional Practice Award.

"I am reassured that my work as an educator and my research has practical application" said Dr Reed "and has provided transformational opportunities to those employed across the whole of the dental sector. I had the honour to know Janet Goodwin as colleague; she also contributed to my research, which makes receiving a prize in her name so meaningful and such a poignant privilege."

"We are delighted that Debbie is the first recipient of this Award" said BADN President Jacqui Elsdon "which is in memory of Janet Goodwin, who was a BADN Fellow and member for more than 25 years until her untimely death from breast cancer last year. Janet was an inspiration to dental nurses throughout the UK, and abroad and worked tirelessly to educate and empower DCPs. It is entirely fitting that Debbie, who has done so much also to support, advance and encourage DCPs, has received this Award."

"BADN - together with the Oral Health Foundation, of which Janet was a Past President – have set up a Memorial Fund in Janet's name, which will support the future of dental nursing by providing students and professionals with bursaries for the development of their careers. Anyone wishing to make a donation to the Memorial Fund may do so online at <https://www.dentalhealth.org/appeal/janetgoodwinmemorialfund>."



BADN Member Achieves Master's Degree

BADN member Rebecca Silver has been awarded a Master's of Science in Advanced and Specialist Healthcare from the University of Kent, and has achieved a Merit.

Rebecca enrolled on this course after obtaining a Foundation Degree in Advanced Dental Nursing with Distinction. She worked full time whilst completing her MSc at weekends and evenings, whilst also trying to manage the Covid pandemic.

Her dissertation was on dental nurses in positions of influence, and how they obtained this influence.

She is hoping to now move into more of a consultancy role for dental nurses, whilst also maintaining her clinical skills part time.

Unfortunately, there was no graduation ceremony this year – it is booked for May 2022.





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BADN welcomes appointment of Angie Heilmann to General Dental Council

The British Association of Dental Nurses (BADN) welcomes the appointment of Angie Heilmann to the General Dental Council (GDC).

Angie Heilmann (formerly McBain) qualified as a Dental Nurse in 1989, went on to achieve the NEBDN qualification in Dental Sedation Nursing (with Distinction), for which she was awarded the Roche Prize in 2000, and worked in clinical practice until 2007 before focusing solely on dental nurse education.

Angie has held a number of educational and tutoring positions, most recently as the Dental Workforce Development Regional Advisor for Health Education England (East) until 2020, and is currently the Director of Dental Nurse Education at Cambridge Dental Nurse Academy, the dental nurse arm of Antwerp Dental Academy. Previously, she was part of the team that introduced Foundation Degrees in Dental Nursing at the University of Bedfordshire.

Angie is not only a Past President of BADN, but also a former Chair, Regional Coordinator and Chair of the National Teaching Group, and was awarded the BADN Outstanding Contribution to Dental Nursing Award in 2011.

Angie was also Chair of the Local Dental Education Committee at Luton and Dunstable Hospital; and is the only dental nurse to have sat on the Council of the Society for the Advancement of Anaesthesia in Dentistry (SAAD). She holds a Master's degree in Medical Education from the University of Bedfordshire and was awarded an MBE for Services to Dental Nursing in 2012.

"We are extremely pleased" said BADN President Jacqui Elsdon "that former BADN President Angie Heilmann has been appointed a registrant council member of the GDC. I have no doubt that Angie will bring to this role a wealth of expertise to ensure a fair and proportionate experience for dental professionals, leading to improved confidence in our profession."

"I should like, on behalf of BADN and the UK's dental nursing profession, to congratulate Angie on this appointment – we look forward to working with her and the rest of the GDC going forward."



BADN Afternoon Tea

A year ago, BADN held its Virtual Anniversary Afternoon Tea to celebrate our 80th Anniversary. This was such a success that we have held monthly Coffee Catch Ups ever since! However, in August we did something slightly different.

9-15 August was Afternoon Tea Week and Breast Cancer Now are using this to raise funds by encouraging everyone to hold an afternoon tea. That's why we charged £5 per person to attend – all the money raised will go to Breast Cancer Now.

Tea guests chatted with BADN President Jacqui Elsdon and other members of the Exec; and with speaker Carole Houston. Carole has been associated with the BADN for a number of years, both through her work as Communications Lead with the NEBDN and later in a similar role for Horizon, Blackpool Council's drug and alcohol support service when – along with BADN Chief Executive Pam Swain and the late Janet Goodwin – she helped to organise two highly effective dental outreach days for the homeless and for people with addiction issues.

In May 2019 Carole was diagnosed with Stage 3 Triple Negative breast cancer, a rare type of breast cancer that affects around 10-15% of patients. Carole now aims to raise awareness of breast cancer issues, especially Triple Negative breast cancer, so she was delighted to join us for the Afternoon Tea to speak openly about her treatment, its effect on her dental and mental health, and to answer questions.

The Tea included a Name this Bear competition, with a prize of a bottle of fizz from CFC Underwriting Ltd won by Carol Kukla; a How Many Scones are there in this Picture competition with a prize of an Amazon voucher from RA Sedation won by Paula Sleight; and an afternoon tea quiz with three prizes of a TePe Communicator oral health education kit won by Jo Dawson, a Lifestyle voucher from Parliament Hill Ltd won by Anita Stanforth, and a Virgin Experience voucher from TRM won by Carole.

Many thanks to everyone who attended – and to our sponsors CFC Underwriting Ltd, RA Sedation, TePe, Parliament Hill Ltd and TRM.



BADN supports call for mandatory facemasks

The British Association of Dental Nurses (BADN), the UK's professional association for dental nurses, supports the call by the British Dental Association (BDA) and other healthcare associations for mandatory facemasks, social distancing and regular handwashing by the public to remain in place in all healthcare settings, as well as the use of appropriate respiratory protection for staff in health and care settings and improvements in ventilation wherever possible.

"It is vital that a clear message from Government makes patients understand that safety precautions such as mask wearing, social distancing etc are still necessary – both for their own protection and for that of healthcare professionals" said BADN President Jacqui Elsdon. "BADN also supports the Chief Dental Officers in encouraging all dental professionals to become vaccinated."

Could you be our cover star?

There is a desperate shortage of suitable photos to be used in dental journals, on websites, social media etc showing dental nurses at work. Most of the photos used are obtained from photo agencies, and are often unsuitable – the models posing in the photos often have heavy makeup, nail polish, jewellery, long loose hair ... and as for health and safety or cross infection control!

BADN have decided to set up a bank of photos posed by REAL dental nurses, properly dressed and meeting all health & safety/cross infection control requirements. To do this, we are asking our members to take photos in their own practices/clinics (with the principal's permission, of course!) and forward them to us with written permission for us to use them.

So that we can use your photos on our website, in the Journal, on our social media and in any articles written by BADN for other dental publications, please:

- Ensure that all dental staff are correctly dressed, observing all health & safety/cross infection control protocols, using correct PPE for the situation shown in the photo
- Obtain written permission from everyone in the photo for it to be published by BADN (if you would like a specimen permission form, please contact Adam at adam@badn.org.uk)
- Blur out faces of patients, if any are included in the photo
- List the name of everyone in the photo, the practice or clinic involved, date taken and any other relevant detail
- Forward the photo(s), permission form and list to Adam at adam@badn.org.uk

We are hoping to set up a bank of suitable photos to be used not only by BADN, but by other dental press. We will, wherever possible, credit the photographer and/or the practice/clinic involved.

This will be an ongoing project, so we look forward to receiving lots of photos from BADN members on a regular basis! Thank you.

BADN ANNUAL GENERAL MEETING

The BADN Annual General Meeting will be held on Tuesday 23 November 2021 at the Naval & Military Club, St James's Square, London at 3pm.

Current members wishing to attend are requested to email adam@badn.org.uk by 30 October 2021. Members attending the AGM will also receive an invitation to attend the 80 + 2 Anniversary Drinks Reception on 23 November 2021, 5-7pm.

REQUEST FOR NOMINATIONS

Nominations are required for the following posts:

President 2022-2024 (President-elect 2021-2022)
Treasurer 2021-2023
Chairman 2021-2023

All the above posts are voluntary. Nominees must be current BADN members, registered as dental nurses with the GDC, and fulfil the appropriate criteria as set out in the BADN Rules & Constitution.

Nomination forms, job descriptions and further information are available from the Chief Exec, pam@badn.org.uk. Potential nominees are invited to contact Pam on 01253 338365 to discuss further. Completed nomination forms must be returned to Pam by close of business on 15 September 2021.

REQUEST FOR MOTIONS: Motions for consideration by the AGM must reach the Chief Executive (pam@badn.org.uk) by close of business on 31 October 2021.

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New future for dentistry with the College of General Dentistry

1st July 2021 marked a momentous day in the history of dentistry in the UK as the College of General Dentistry officially opened in a ceremony at the Barber Surgeons Hall. Dentistry now has its own, independent College.



The new College of General Dentistry embraces the whole dental team, recognising the invaluable contribution made by every member of the dental profession in delivering high quality oral health care for patients and the wider community.

As Dr Abhi Pal took office as the first elected President of the College, he said: "The College of General Dentistry looks forward to providing new leadership, much-needed career pathways, fit-for-purpose standards and cutting edge, evidence-based guidelines with much more besides. Going forward we intend to build on the fabulous legacy provided by the FGDP and to further raise the standing and status of dentistry as an important, integral, never-to-be-forgotten element of health and social care. The College considers oral health to be fundamental to general health and wellbeing at all ages."

The College officially launched, Covid-compliant, at the Barber Surgeons Hall and is ready to welcome all oral healthcare professionals into its membership.

The move to an independent college for dentistry will finally realise the long-held ambition of those who founded the Faculty of General Dental Practitioners (UK) in 1992. It was their foresight, hard work and commitment to general dental practice which allowed them to establish FGDP(UK) driven by the vision that one day dentistry would have a Royal College. The new independent College is not quite at the stage of applying for a Royal Charter, but the move to an independent College of General Dentistry is a giant step closer to that ambition.

The College will set standards and provide guidance, encouraging and recognising continuing professional development. And importantly, it will provide a unified collegiate voice for all oral healthcare professionals.

Nairn Wilson, Honorary Founding President, said of the monumental day: "Today realised a long-held ambition. The Faculty of General Dental Practitioners (UK) (FGDP) formed in 1991 and incorporated The College of General Dental Practitioners (UK) (CGDP). Today's milestone is reached thanks to thousands of hours of volunteer time, support from many individuals and organisations, generous donations and unswerving perseverance and determination; we can now officially open the doors of The College of General Dentistry. The formation of the College is so important because, at long last, dentistry will no longer be the exception amongst key healthcare professions in not having its own college, with all the associated benefits."

Engagement in the College, both individually and collectively, has the potential to positively transform the standing and status of every member of the team, both in general healthcare and in the eyes of the public.

The College, with a membership open to all GDC registrants (past and present), together with suitably qualified colleagues from across the rest of the world, is for all members of the dental team to benefit and contribute to a new, rewarding future for dentistry. Our members will be able to access a rich library of online CPD, courtesy of our partners ProDental. They will also be able to access a programme of webinars through the year tailored for the College's membership.

New Vice Deans of FGDP and Vice Presidents-Elect of CGDent

Roshni Karia and Tashfeen Kholasi have been elected as the next Vice Deans of the Faculty of General Dental Practice UK (FGDP), and will become the first Vice Presidents of the College of General Dentistry (CGDent).

Roshni Karia MFGDP(UK) qualified from King's College London in 2010, and works in Surrey as an associate dentist in general dental practice. After developing a special interest in periodontics, she completed an enhanced two-year postgraduate study programme and is now also a clinical tutor in periodontology at King's. After joining the Faculty in 2012 and completing the MJDF, she joined the FGDP Board as an Early Career Representative in 2015. She was elected as a full member of the Board in 2017 to represent the South East and South West Thames membership divisions, and re-elected for a further three years in 2020. Currently Chair of the Education and Qualifications Committee and previously Chair of the Membership Affairs Committee, she is also the Faculty's representative on Public Health England's Children's Oral Health Improvement Board. From 2019-20 she was Junior Vice Dean of the Faculty, becoming the youngest person ever elected to the post, and at 34 will now become the Faculty's youngest ever Senior Vice Dean.



Tashfeen Kholasi MFGDP(UK) is an associate dentist and Chief Clinical Information Officer in general dental practice, as well as a Clinical Tutor in Special Care & Sedation at King's College London, from where she qualified, and a health informatics clinical lead at NHS Digital. She has worked in a range of roles in primary care referral services and in secondary care, and as a Fellow in Clinical Leadership at Health Education England. With a strong interest in digital health, she has a BSc in Computer Science & Maths, is a Fellow of the Faculty of Clinical Informatics, was Clinical Lead for Digital Dentistry at NHS England and obtained her diploma in Digital Leadership from the NHS Digital Academy. She has a Diploma in Conscious Sedation and a Master's in Legal Aspects of Medical Practice, and is currently completing Master's in Healthcare Leadership & Commissioning. She joined the Faculty in 2012, served as an examiner for the MJDF, and was elected to the FGDP(UK) Board in 2020 to represent the Faculty's North East and North West Thames divisions.

Succeeding Onkar Dhanoya FFGDP(UK) and Susan Nelson MFGDP(UK), the new Vice Deans were elected by the Board for one-year terms, most of which will be served as Vice Presidents of CGDent following the transfer of the Faculty into the new organisation next month.

Abhi Pal FFGDP(UK), FGDP's new Dean and President-Elect of CGDent, said: "On behalf of all members of FGDP and CGDent, I congratulate Roshni and Tashfeen on their election as Vice Deans and future Vice Presidents. I look forward to working with them over this critical period as we seek to build on the achievements of the FGDP(UK), developing our new College of General Dentistry with enhanced services and benefits to meet the needs of general dental professionals and their patients."

"I would also like to thank Onkar and Susan for their service as Vice Deans during a year of unprecedented and unanticipated challenge for our profession, and I am delighted that they will continue to serve on the FGDP Board and CGDent Council."

CDO Scotland leads the way for DCP involvement

Tom Ferris, who is the Chief Dental Officer for Scotland is leading the way in the UK on DCP engagement. Mr Ferris recently appointed Shaun Howe as Scottish Government DCP advisor. Shaun started his dental career as a dental assistant in the Royal Army Dental Corps in 1991 and is currently a dental therapist for NHS Shetland. This is the first time any CDO has appointed a DCP to advise a Government.

Shaun is seconded 2 days a week to work for the CDO and as DCP advisor, he would like to hear YOUR thoughts on NHS dentistry in Scotland. The pandemic has hit many DCPs of all groups hard but many of our dental nurse colleagues the hardest. Many may have been furloughed or even made redundant. No matter what your complaint, query or idea is Shaun would like to hear from you. Feel free to email shaun.howe@gov.scot



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GDC announces new Chair; appoints former BADN President as Council Member

The GDC has announced the appointments of its new Chair, Baron Harris of Haringey (Lord Toby Harris), and Council Member Angie Heilmann MBE. The appointments, which have been made following a competitive recruitment process, and approval by the Privy Council, will begin on 1 October 2021.

Lord Toby Harris brings 40 years of non-executive experience to the GDC, including as Chair of several public sector bodies. He has a strong focus on the interests of patients and the public, as well as a breadth of knowledge and skills to lead the Council in what continue to be challenging times for patients and dental professions.

Angie Heilmann MBE, who, as a registered dental nurse and educator, has over 30 years' experience in the dental sector in both clinical and academic roles. Angie has held several non-executive positions, including President of the BADN, and Chair of the Local Dental Education Committee at Luton and Dunstable Hospital. She was awarded her MBE for Services to Dental Nursing in 2012.

The new Chair and Council Member will fill the places of the outgoing Chair, Dr William Moyes, and Council Member, Catherine Brady, when they leave office at the end of September.

Raisin Awareness campaign continues

After an uncertain summer it has been confirmed that the School Fruit and Veg Scheme (SFVS) will resume

giving out dried fruit snacks to 2.3 million children in September. Many more will be taking in cariogenic snacks from home every day.

Together, we dental professionals, have an opportunity to link up and make school snacks more tooth-friendly to reduce the risk of dental caries in children. If you'd like to find out more about getting your practice involved, register your interest at: <https://smilerevolutiongrowthhub.com/who-we-work-with/>

The national campaign continues as we await a response to a joint letter sent to Jo Churchill at DHSC. Have you signed the petition yet? Our target of 100,000 signatures might seem impossible but we only need 10 people in every practice and we will achieve it. Spread the word to friends and colleagues today: <https://www.change.org/BiggerBetterSchoolFruitVeg>

Are you big on social media? Love posting videos? Entertain as you spread the message, share your #RaiseASmile: <https://youtu.be/H0MhqUcZXE>

Thank you so much to all the dental nurses who have got involved so far, but we need more of us to take up the challenge. Let's prove we can make a difference as DCPs and Decrease Caries in Primary schools.



Dentaid seeking new volunteers

Dental charity Dentaid has a host of new volunteering opportunities for dental nurses as demand for charity's service in the UK soars. From Bournemouth to Folkstone and Southampton to York, the charity has already run more than 70 outreach clinics for homeless and vulnerable people this year and receives several requests for new clinics every week.

Dentaid's two mobile dental units visit soup kitchens, hostels and shelters with volunteers

providing outreach dental care for the most vulnerable people in our society. The charity also runs dental clinics for victims of domestic abuse, refugees and asylum seekers, fishing communities and those struggling with drug and alcohol addiction.

So far in 2021, Dentaid has launched new clinics in Bournemouth, Worthing, Eastbourne, Hastings, Littlehampton, Portsmouth, Folkestone and Bradford, in addition to continuing its services in Southampton, Salisbury, Chippenham, Dewsbury, Leeds, Fareham, Winchester and York. And new clinics in London, Birmingham, Thanet and Weymouth are starting later this year.

Volunteer dental professionals work alongside Dentaid staff to provide oral health checks and pain-relieving treatment for people who struggle to access dental care. "It's a sad fact that many homeless and vulnerable people can't get to see a dentist and suffer long-term dental pain as a result," said Dentaid's UK development manager, Sue Smith. "By taking a mobile dental service to locations where they already feel safe and comfortable, we are helping to break down barriers, getting people out of dental pain and stopping problems developing in the future. We are also helping to restore people's confidence which can enable them to move on to a new phase in their lives."

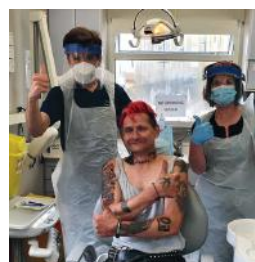
"My mouth hurts all the time, but I can't get to a dentist, so I haven't been for years," said Dentaid patient Ruth, who was homeless in Southampton. "I can't even afford a new toothbrush but because Dentaid came here I can finally get some help with my teeth."

And Martin who was treated by Dentaid volunteers at a Salvation Army drop-in centre in Eastbourne added: "I never went to the dentist before Dentaid came here. I just had to manage and get used to toothache but it hurt to eat. Last time the Dentaid dentist pulled out a tooth that was really hurting me and I'm hoping they can help me again with one on the other side because it hurts here now and there's no-one else to help me."

Dental volunteering is a hugely rewarding way to spend a day helping the most vulnerable people in your local community. Clinics run for 4-5 hours and teams see up to 12 people – although the focus is on building up trust and talking to patients about their treatment options and oral health.

"Many of our patients are scared or mistrustful at first or don't believe we can help them," added Sue. "But before long they realise that dental care can play a key part in their general health and wellbeing and it's amazing, but everyone leaves our mobile dental units with a smile on their faces."

To find out more about UK volunteering opportunities or to register your interest email UKclinics@dentaid.org or visit www.dentaid.org



GDC Profiles

Gordon Matheson

Gordon Matheson CBE is the Head of Scottish Affairs at the General Dental Council and is a member of GDC's strategy management team. He leads on GDC's stakeholder engagement in Scotland with the dental professions; the Scottish Government; NHS Scotland at national and Board levels; education and training providers; Healthcare Improvement Scotland; BDA; other regulators, and so on. In recent months, Gordon has co-delivered with a colleague a series of one-hour, online, CPD-verified training sessions on issues including the handling of low-level concerns, education quality assurance during the pandemic, and regulatory reform; forthcoming sessions are likely to address the question of professionalism; the review of scope of practice; and equality, discrimination, and inclusion within dentistry. Please email Gordon if these sessions are of interest and please note that topics can be customised.

Gordon has a career background in local government and the third sector; having managed the policy, campaigns and government affairs functions in Scotland of RNIB and Cancer Research UK; and served as an elected member of Glasgow City Council for 17 years, including as Leader of the Council during the acclaimed 2014 Commonwealth Games. Gordon is a graduate of Glasgow and Strathclyde universities; in 2016 was appointed a visiting/honorary professor at Strathclyde and



Glasgow Caledonian universities; and is a Chartered Fellow of the Chartered Institute of Personnel and Development. Email: gmatheson@gdc-uk.org

Leighton Veale

Leighton Veale is the GDC's Head of Welsh Affairs, joining the organisation in March 2020. Alongside Gordon Matheson he is a member of the Strategy Management Team. He leads on the GDC's stakeholder engagement in Wales with the profession; Welsh Government, HEIW/Cardiff Dental School, AWFDCPs and health boards. He maintains a close relationship with the other health regulators in Wales as well as engaging with the BDA. He is a member of the Welsh Dental Committee and Getting the Balance Right in Wales National Committee.

His role covers a broad spectrum of work relating to the profession in Wales including education, contract reform, access to treatment and recovery from the pandemic and Welsh language issues.

Leighton has a background in public affairs and health policy stretching back 15 years, including roles with the Royal College of Surgeons in Wales, UNISON and The Stroke Association (Wales). He was previously a local councillor for 8 years and is a serving magistrate in Swansea, as well as being a school governor and current Vice Chair of Neath Port Talbot Age Concern. Leighton lives in Mumbles, Swansea. Email lveale@gdc-uk.org





How safe is skill mix in dentistry?

The subject of skill mix is not new within the dental environment. For some time, questions have been asked about whether team members' capabilities can be better utilised in order to streamline daily workflows and deliver better care to more patients. The events of 2020/21 once again brought these issues to the fore, as dental professionals across the country were redeployed to support various other essential services. Many were able to transfer the skills and experience they had gained in dentistry to other medical, scientific or communication roles, demonstrating how valuable skill mix could be.

When it comes to permanent and long-term changes in protocols and attitudes, it is important that the new way of doing things is truly better than the traditional. In dentistry, we are very focused on evidence-based procedures, and rightly so. So, can we learn from the transfer of skills due to the Covid-19 pandemic and apply those lessons to dentistry moving forward?

Sue Boynton will be discussing this topic at the ADI Team Congress 2022. Sue has a Master's Degree in Medical Law, a Fellowship from the Faculty of General Dental Practice, a Fellowship from the Faculty of Forensic and Legal Medicine, and is an NLP Master. As an Independent Dentolegal Consultant with more than 20 years of experience in the dental profession, she is ideally placed to offer a balanced view of the potential benefits and challenges of skill mix in the dental practice.



Sue will be sharing her insights in the Team Programme, where the afternoon will be dedicated to the subject and a selection of speakers will share their expertise and perspectives with dental nurses, practice managers, dental hygienists and dental therapists. Sue discusses the key areas she thinks will need addressing:

"During the challenge of Covid-19, what has become really clear is that members of the dental team are resourceful, adaptable and able to develop and use their skills to the fullest.

"We have seen redeployed dental team members using their skills in a huge variety of ways, including virus testing, tracing, wound dressing, medical observations and monitoring, history taking, talking to relatives, and assisting patients with technology to enable them to talk to relatives.

"The cornerstone of this rapid change has been training, demonstrating competencies and working in a team, with some

existing skills being deployed within a different framework, and some new skills being developed. This is important as one of the frequent questions asked in implant dentistry is about whether we make the most of skill mix opportunities. As dental team members have demonstrated that they can safely carry out a variety of very different tasks, this is a very timely question, particularly in the context of the frequently mentioned 'new normal'.

"What dental team members can do now is set out by the General Dental Council (GDC), who have recognised that redeployment has temporarily changed this, as have the indemnity organisations. The key for the GDC is that dental team members have to be trained, competent and indemnified for the task they undertake. Nothing has changed there, apart from the tasks themselves. Many in the profession are looking at skills developed for redeployment and asking whether the 'new normal' will bring further opportunities for the dental team.

"The 'Is Skill Mix Safe' session at the ADI Team Congress is our chance to explore the issues and identify opportunities to make the very best use of skill mix for the benefit of the dental team and our patients. We don't want to miss opportunities, but we want to make sure that what we do is safe – not only for our patients, but also for us as dental professionals. Sessions like this are so useful for exploring the real issues and they can have a very positive effect on enthusiasm and motivation.

"As a dentist and an independent dentolegal adviser, I can examine the skill mix question from both sides, which means that discussions and ideas shared will be relevant to implant dentistry in the current regulatory and legal climate."

The ADI Team Congress 2022 has dedicated programmes for dental nurses and practice managers, and dental hygienists and dental therapists, as well as the Technicians' Programme and Plenary Programme for dentists. It will also provide an opportunity to discover new products and technologies with a major exhibition hosting manufacturers and suppliers of dental implant-related solutions. Sue adds:

"The ADI Team Congress will bring together forward-thinking team members who will be able to network and benefit from relevant sessions that spark further discussion. It is a fantastic opportunity for the whole dental team to be part of The Great Debate – the skill mix session will be a key part of that."

ADI Team Congress 2022

"The Great Debate"

26-28 May 2022, Manchester Central

ADI members will be able to attend the ADI Team Congress for discounted rates. Join today.
www.adi.org.uk/congress22

Summer 2021

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:

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

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

Click on the 'CPD - Brush Up' tab.

The questions for this Brush Up will appear under 'Brush Up – BDNJ Summer 2021'.

CPD questions – Safeguarding

1) Under what circumstances should you agree to not raising safeguarding concerns?

- a) When it will get you in trouble.
- b) When you take a new job.
- c) When asking for a raise.
- d) Under no circumstances.

2) What fraction of adults in England & Wales are estimated to have been victims of abuse prior to age 16?

- a) Half.
- b) One fifth.
- c) One tenth.
- d) One hundredth.

3) If you raise concerns and these are ignored what should you consider doing?

- a) Escalate the matter to the GDC.
- b) Forget about it and hope for the best.
- c) Post about it on social media.
- d) Find a new job.

4) Which of the following are good reasons to not voice safeguarding concerns?

- a) It might hurt my colleagues' feelings.
- b) It might harm my career.
- c) I haven't personally investigated the situation and built an iron-clad case.
- d) None of the above.

5) Who might be a victim of abuse?

- a) An elderly man.
- b) A young girl.
- c) A middle-aged person.
- d) Anyone.

6) What type of trauma do abuse victims always exhibit?

- a) Orofacial trauma.
- b) Burns.
- c) Abuse can take many forms and physical and mental trauma may not be readily apparent.
- d) Cuts.

7) What does NDA stand for?

- a) Non-Disclosure Agreement.
- b) Non-Disclosed Abuse.
- c) Nothing Doing Agreement
- d) Never Discuss Anything.

8) GDC rules allow you to enter into a legally binding agreement not to disclose abuse under what circumstances?

- a) If you have been traumatised.
- b) Never.
- c) If you have read all the fine print.
- d) If you have consulted a lawyer.

9) Which of the following is a potential sign of abuse?

- a) The patient has unexplained injuries.
- b) The patient appears to be malnourished.
- c) The patient's demeanour notably changes around a certain person.
- d) All of the above.

10) What types of abuse do you need to safeguard against?

- a) Physical.
- b) Neglect.
- c) Psychological.
- d) All of the above

CPD questions – Defining and implementing dental ethics

1. Which of the following are key points of ethics in dentistry, according to the BDA?

- a) Always act in your patients' best interests
- b) Always obtain the patient's valid informed consent
- c) Comply with the GDC standards
- d) All of the above

2. According to the article, are ethics and values the same?

- a) Yes, they are completely interchangeable
- b) There are some similarities, but they are different entities
- c) No, they are completely different
- d) They both highlight what we must do as dental professionals

3. What does Principle 1 of the GDC's Standards for the Dental Team focus on?

- a) Putting patients' interests first
- b) Being professional at all times
- c) Developing skills
- d) Starting work on time

4. What can good patient communication lead to?

- a) Informed patient consent
- b) Better treatment acceptance
- c) Higher oral health standards
- d) All of the above

5. What piece of legislation deals with equality and diversity in any workplace, including dental practices?

- a) There isn't any
- b) The Equality Act 2000
- c) The Equality Act 2010
- d) The Equality and Diversity Act 2010

6. How does ethical dentistry impact patients?

- a) It doesn't
- b) It encourages their trust and loyalty
- c) It allows them to attend less frequently
- d) It reduce the amount of PPE required

Safeguarding

Learning objectives

- To understand your safeguarding responsibilities.
- To better recognise signs of abuse.
- To know what to do if you become aware of an endangered patient..

GDC Development Outcome: A

As a dental nurse you have a professional and ethical responsibility to safeguard vulnerable patients. More often than not abuse goes unreported, making it difficult to fully gauge how widespread the issue is. In many cases victims of abuse are in no position to report what has happened, do not understand the abuse, and may be unaware or incapable of going to authorities for help. The Office for National Statistics, based on The Crime Survey for England and Wales, estimates that one in five adults (aged 18 to 74) experienced at least one form of child abuse before the age of 16.¹ For many families, dental practices can be the health care service they are most often in contact with. Not all abuse is physical, but in many cases (possibly a majority of cases) physical abuse includes orofacial trauma. These factors and others, make members of the dental team relatively well-positioned to detect signs of abuse.²

It is particularly important to be vigilant to signs of abuse among vulnerable people – which can include children, elderly people, those with mental health needs, and people with disabilities – as it can be particularly difficult for people in these groups to seek help themselves. However, anyone can potentially be an abuse victim and there may not be obvious physical indicators.

There are many types of abuse, and therefore many different signs and indications are possible. Physical abuse may be indicated by unexplained injuries, or injuries that seem unlikely given what you have been told or know about the victim. You may notice that the patient is

malnourished, or exhibits other signs of neglect – which can include an abuser obstructing access to equipment like glasses or dentures. An abuser may threaten, talk down to, humiliate or otherwise bully the victim. They might threaten to abandon them, refuse them privacy, or inhibit their freedom by removing assistance aids or purposefully leaving them unattended.³ Alternatively, an abuser may forcefully push for unnecessary medical treatment for the victim, as seen in rare cases of fabricated or induced illness (now known as FII – previously Munchausen's syndrome by proxy). This is where a parent or carer exaggerates or deliberately causes symptoms of illness in their charge. A history of frequently changing GPs, implausible symptoms, the victim's activities being limited far beyond what would be expected for a given condition, and the parent or carer urging for painful treatments are some indicators that this may be occurring.⁴

While you may witness verbal or psychological abuse, many abusers can

be very well practised at hiding their actions in public. That said, the victim may still provide context clues, such as behaving in a subdued or otherwise notably different way around a specific person, which may indicate something is amiss.³ It is just as important to safeguard victims of emotional or psychological abuse, as those with physical injuries.

Every practice should have a designated safeguarding lead, preferably with a deputy to ensure coverage.⁵ This will often be the practice manager, but this is by no means a hard and fast rule. If you raise concerns with superiors and are stonewalled, not taken seriously, punished, or otherwise see no steps being taken to address the concern, you can and should escalate the matter to the GDC.⁶ Understandably, many people can be reluctant to report concerns, for a variety of reasons, not least a lack of certainty over whether abuse is occurring and what the outcome of acting would be. Studies have revealed a noticeable gap between dental practitioners suspecting child abuse, and how many actually report or





refer these cases (29-37% suspecting child abuse, versus just 8-11% taking action).² This is unacceptable and leaves vulnerable persons in terrible situations. Be assured that it is better to report a concern, even if it proves unfounded, than to potentially let abuse continue. You are not expected to investigate and diagnose abuse before raising concerns, the suspicion is grounds enough. Another commonly cited concern is that the victim may be subjected to violence if abuse is reported. It is understandable that you do not wish to do anything that could bring further harm to an abuse victim. However, this is ultimately counterproductive and the victim is likely to be subject to greater harm if no one intervenes.²

Under no circumstances should you enter into an agreement or contract that would bind or prevent you from raising concerns over patient safety, or bringing these concerns to relevant authorities.⁵ If an employer, prospective employer or contracting body, urges you to sign, for example, a non-disclosure agreement (NDA), you must carefully ensure that you are still free to fulfil your safeguarding obligations, so it is important to fully read and understand any such agreement and be totally sure that it does not obstruct you.

All dental nurses are recommended to undergo training in safeguarding as part of their core CPD requirements, and are required to undertake Level 1 and 2 dental safeguard training. Some dental providers, such as Colosseum Dental UK, offer professional education on this topic as standard. Quality training leads to efficient and safe practice. It is critical that dental nurses and all members of the clinical team maintain the highest standards of practice and vigilance to safeguard patients.

Abuse is still abhorrently prevalent, and a lot more has to be done. Thankfully, there are now many resources in place that can provide information and support. Practices should keep easy-to-access records of local resources and services for staff to reference if the need arises, such as phone numbers and email addresses for the local authority safeguarding team. Together more vulnerable people can be protected.

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

#WeCare More

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Defining and implementing dental ethics

Learning objectives

- To understand what dental ethics apply to.
- To appreciate why ethics in dentistry are important.
- To consider the impact of ethics on colleagues and patients.

GDC Development Outcome: D

Ethics in a general sense is all about establishing and living by a moral code that refers to conduct, character and motivations.

In dentistry, professionals have a duty of care and responsibility to do right by their patients. Oral health advice, treatment recommendations and the way patients experience the practice should all be designed to be in their best interests. While it is very difficult to define exactly what ethical dentistry should look like or include, there are some frameworks available that can help individuals to assess their words and actions, providing key standards to guide behaviours in any situation.

The British Dental Association (BDA) lists the key ethical principles that UK professionals must follow as:

- Read and comply with the GDC standards
- Always act in your patients' best interests
- Comply with GDC requirements for CPD
- Work within your knowledge and competence
- Always obtain the patient's valid informed consent to the treatment proposed
- Maintain confidentiality of information which you hold about your patients.

Of course, ethics should not be confused with values. While there are many similarities and much cross-over between the two, the latter are more about characteristics and what you deem important for the way you live your life. Clearly, many will also apply to how you treat patients and may even form the ethos and philosophy of the practice you work with, but they are not absolutes in terms of ethical patient care.

It could be noted that there is also a difference between professionalism and ethics. To quote D. Shaw, "It is unethical



to be unprofessional, and unprofessional to be unethical, but there are many differences between the two concepts". Shaw goes on to discuss the difference between what we should do and what we must do according to law and ethics, how this might apply to professionalism in different circumstances, thus highlighting a distinction between the two.

Meeting GDC principles

The GDC Standards for the Dental Team further promote the importance of ethics within dentistry. Indeed, Principle 1 requires all members of the dental team to put patients' interests first, listen to their patients, treat them with dignity, be honest, act with integrity, and treat patients in a safe environment. This should be the basis on which any dental care is provided and, indeed, often the foundations of a decent person in today's society.

The consequent Principles detail the need to communicate with patients effectively, obtain their valid consent, protect their private information, and generally ensure

that your personal behaviour reflects well on the profession and encourages patient confidence in dental services.

Patient communication is often explored in the dental media and in a vast range of professional training and education as an extension to all of this. It is applicable in every scenario and can have a far-reaching impact on the patient, the practitioner and the practice. Communication skills reflect a dental professional's personal values and contribute to the quality of care delivered. They can impact patient understanding, compliance with recommendations and treatment acceptance, ultimately affecting the quality of care that can be delivered and helping patients maintain a better standard of oral health.

Communication is also intricately linked with consent, as only a patient that understands the information they have been given can make an informed decision regarding their care. It also helps in managing patient expectations, which in turn may reduce the risk of complaints further down the line. Given that a high proportion



of patient claims have traditionally been due to unsatisfactory treatment results, rather than injury or another specific problem, communication and consent are key.

Equality and diversity

Though having always been important and promoted within healthcare professions, the topics of equality and diversity have been under the spotlight of late. In the dental setting, this part of ethical conduct involves not discriminating against anyone – patient or colleague – based on their age, race, gender, disability, religion, sexual orientation and other factors. The Equality Act 2010 outlines these and more areas designed to ensure that all people are treated fairly and legally protected from discrimination in any workplace. It is a requirement of GDC standards to comply with the Equality Act, both in terms of patients and professionals.

It also applies to every aspect of the dental practice, necessitating fairness between different patients, patients and professionals, and between colleagues in the workplace. All deserve to be treated with respect and dignity, even where difference of opinion or culture make it difficult to find common ground. However you reacted to recent movements and campaigns regarding equality for different ethnicities and beliefs, there can be no doubt they have started important conversations in important places. They have also gone a long way to promote knowledge of the challenges and raise awareness among the entire population. All of this will contribute to the dental team's ability and desire to maintain ethical standards through equality and diversity in the practice.

Impact on patients and practice

An ethical approach to dental provision is more than a GDC requirement or the sign of a good practice. It is also a way of building trust with patients, of encouraging their confidence in your services and quality of care and, ultimately, helping them to access the treatment and support they need in a way they deserve. A knock-on effect will be that patients remain loyal to your practice, providing stability for the business and the team.

Dental nurses, like all dental professionals, have an important role to play in all of this. Every interaction with a patient, every treatment decision or proposal and every point of communication must be ethical. We often talk about patients approaching their dental nurse with questions or concerns, who they may find less intimidating than the dentist. Being able to provide the information and recommendations they need in the right way is critical. Dental providers like Colosseum Dental UK understand the essential contribution of dental nurses in this and many other areas, so they ensure that specific training is provided to give you complete confidence in your conduct within the practice.

Enriching and motivational

Having an ethical framework for your personal and professional life is enriching, motivational and essential for any individual who cares about their conduct around others in any situation. For dental nurses, the lines between ethics, values and duty of care to patients may be blurred, but the ultimate goal is always to treat patients well to the best of your ability.

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

#WeCareMore

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Dental Workforce Development (DWD): Dental Courses in Postgraduate Education Centres

An update from Health Education England Midlands and East Dental School

Health Education England has commissioned a range of longer form courses to support the dental workforce in the Midlands and East. These sessions are being held online. Please review each course on Accent to assess your eligibility.

The Dental Receptionist is a vital team member for every practice. This unique blend of customer care and administration makes the role challenging and rewarding. DWD046 is a high-quality development opportunity for a Dental Receptionist looking to enhance their skills and develop their potential.

DWD044 Three-day programme in Coaching and Mentoring – Cohort 1

Accent Course Manager (hicom.co.uk)

The course dates are:

- » Day 1: 4 October 2021
- » Day 2: 1 November 2021
- » Day 3: 29 November 2021

The deadline to book onto cohort 1 is 6 September 2021.

DWD045 Three-day programme in Coaching and Mentoring – Cohort 2

Accent Course Manager (hicom.co.uk)

The course dates are:

- » Day 1: 6 December 2021
- » Day 2: 10 January 2022
- » Day 3: 14 February 2022

The deadline to book onto cohort 2 is 8 November 2021.

Further information about the educational activities and opportunities that are open to all dental team members in the Midland and East Region of England can be found at our website:

<https://heeoe.hee.nhs.uk/dental>

DWD046 Dental Receptionist Certificate (Level 3 equivalent)

Accent Course Manager (hicom.co.uk)

Course dates are:

- » Tuesday 14 September 2021
- » Tuesday 19 October 2021
- » Tuesday 16 November 2021
- » Tuesday 14 December 2021

The deadline to book is Monday 6 September 2021

Coaching and Mentoring are essential skills within the modern dental team. The importance of supporting and developing the practice team cannot be overstated. The overarching aim of this course is that, upon completion, delegates should be competent to undertake mentoring of other dental team members, and to take on roles such as supporting registrants with a range of development needs. These development needs would include, but not limited to: foundation dentists, less experienced colleagues, colleagues working towards Level 2, colleagues returning to practice etc.

Dental courses in Postgraduate Education Centres & Online

If these courses do not match your current development needs HEE is providing a range of other educational sessions. Details of the courses can be accessed via the Accent Course Management System (CMS).

Full details of how to book onto the courses is also available at: <https://heeoe.hee.nhs.uk/node/206>

- All staff who are not dentists must register their delegate type as DCP (even if they are not a DCP).
- Evaluation of courses attended and downloading of CPD certificates is also carried out using the Accent system.

Many of our DWD courses (except hands-on sessions) will be delivered virtually. If you find a virtual course that suits your needs the location of the centre providing the session is not relevant, anyone can book on via Accent.

Please direct all queries to DWD.ME@hee.nhs.uk

DCP Study Day

Friday 5th November 2021 | Held at RCSEd Edinburgh
6 CPD points available | Course fee: £45.00

This full day session is designed to update DCPs in some of the GDC highly recommended topics. The topics discussed will be in workshop and lecture format. This course aims to provide DCPs with current guidance and legislation requirements for a number of their CORE topics with the GDC.

After attending this one-day session, delegates will be able to:

1. Understand the principals of Health & Safety including Risk Assessments.
List actions to improve health, safety and wellbeing of self and others.
Describe accident reporting requirements in line with legislation.
2. Consider personal and professional responsibilities. Discuss how GDC registration affects clinical and personal activity. Understand the importance of indemnity & discuss GDC Fitness to Practice.
3. Discuss current Legislation IR(ME)R 2017 and IRR 2017. Define radiation protection in dental environments.
4. Describe the purpose of maintaining water lines and preventing legionella. Discuss diseases relevant to dentistry. Describe the Chain of Infection and understand the transmission of various infections.
5. Recognise signs and symptoms for a variety of medical conditions.
Describe storage and use of medical drugs following Resuscitation Council (UK) guidelines.

Convenor: Professor Brian Nattress

Speakers include: Julia Armstrong BA (Hons) LCGI FDTFEd

Julia is a Dental Tutor for the Dental Workforce Development Team at Health Education England and has been in post for over 13 years. She supports dental teams by commissioning and providing high quality education across the region. Julia also works with the Dental Foundation

Team in quality management of Dental Foundation Training and DFTDCT schemes; Performance List Validation by Experience [PLVE] programmes and Dental Therapy Foundation training. Julia is a Fellow of the Faculty of Dental Trainers [FDT] at the Royal College of Surgeons of Edinburgh and is an executive committee member of the FDT.

She is a dental team Ambassador for the Faculty of Dental Surgery at the College, supporting clinical dental teams across Yorkshire and the Humber. Julia is also a board member of the FGDP Yorkshire division. In addition to these posts, Julia works at Leeds Dental Institute delivering initial training for DCPs and is a supervising examiner and Diploma committee member for the National Examining Board for Dental Nurses.

Geraldine Birks BA(Hons) LCGI FDTFEd

Geraldine is a Health Education England Dental Tutor, responsible for producing and commissioning high quality dental education. Geraldine has worked for the General Dental Council (GDC) in fitness to practise since 2009, her current roles are as an Investigating Committee Chair and a Clinical Case Examiner. Previously working as an EEA and Non EEA Registration Assessor and as a Quality Assurance Educational Inspector of UK dental schools. Geraldine is also a Care Quality Commission (CQC) Dental Advisor, participating in primary and secondary care inspections. She is also an independent consultant and lecturer specialising in infection control. Geraldine is a Fellow of the Faculty of Dental Trainers, Royal College of Surgeons of Edinburgh and sits on the Executive Board.

Register here: <https://www.rcsed.ac.uk/events-courses/course-details-core-topic-study-day-for-dcps>

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**01 NURSES
OCT. DAY**

PROGRAMME

10:00	Introduction: dental implants explained	Amy Thomas, Alex Von Harten
10:45	Coffee Break	
11:15	Analogue vs digital: the future of implants	Tim Harris, Rajan Patel
11:45	The ever-changing role of the Dental Nurse	Isis Buffonge
12:30	Vision of the future of ITI Nurses group	Pretee Hylton
13:00	Lunch Break	
14:00	Tech pod session	
	1. Practical implant placement (supported by Straumann)	
	2. Surgical gowning and set up (supported by General Medical)	Gemma Sheridan
	3. Hand piece care (supported by NSK)	
	4. Implant restorations (supported by Straumann)	
	5. Instruments (supported by Hu-Friedy)	
15:00	Coffee Break	
15:30	Tech pod session (cont.)	
16:00	Who wants to be an advanced surgical nurse?	Ruth Burgoyne
16:45	Q&A/Feedback	
17:15	End of Nurses Day	
19:30	Straumann Party	

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Experience in Maternity – Alice Wilson

Starting work at the Eastman Dental Hospital just two weeks before the first lockdown proved to be an unexpected but rewarding journey. Instead of spending time adjusting to a new way of dental life, I had several “pinch me” moments when I found myself redeployed to a maternity ward, holding new-born babies for the first time in my life.

It was a time of national emergency and I was keen to volunteer to support the Trust in its response to the pandemic. I was unsure of what the role in maternity would entail, but I was fuelled by the momentum of the current events of the pandemic in making my decision. I knew it would be a fantastic experience, and I wanted to help in any way that I could.

On my arrival, I was asked to assist in the post-natal ward. Alongside most areas of the Trust, this department was struggling with staff sickness and the redeployment of their own staff. My first duty here was to help to answer call bells from new mothers. These calls ranged from the mums simply asking for their new-born to be watched whilst they popped to the bathroom, to more specific questions and advice that prompted specific answers from a midwife.

Often when the new mothers needed advice on issues such as breastfeeding, they would appear shocked when reading the words “Dental Nurse” noticeably pictured on my uniform, soon realising I would perhaps not have the answers they required. Though it was a challenge to directly support these women without the correct medical knowledge, I felt a sense of reward in providing them with empathy and the reassurance that their problem would be solved as soon as possible. Due to Covid, many mothers were alone and unable to be visited by their partners so the simple act of providing them with comfort and a friendly face was an extremely important and fulfilling duty.

During this time, I was trained in patient observations. With the help of my fellow redeployed dental nurses, we would make our way around all of the hospital beds to check the observations of the new mothers before communicating the information back to the midwife on duty. In an

extremely versatile role, I also saw myself changing bed linen and even occasionally removing cannulas from patients’ hands, which was an initially daunting thought.

When mothers were being discharged, we would often help them to pack up their things, carrying their belongings and babies to the hospital entrance for an emotional reunion with their awaiting partner. I found this to be an extremely gratifying aspect of the role.

Having already attained a collection of new skills and knowledge, I was soon trained in urinalysis and then moved to the prenatal department of the hospital. On a floor free from the now familiar cries of babies, a colleague and I assessed women before their scans by checking their blood pressure and protein levels within their urine. High results could mean a possibility of pre-eclampsia. I was able to recognise when a result was concerning, and when to escalate this for further observation from a midwife.

My overall experience of redeployment was unexpected, but incredible. Quickly removed from my comfort zone, I learned to adapt my skillset within new environments, whilst meeting so many fantastic individuals. I felt I provided great support to the patients and staff, and thoroughly appreciated the responsibilities given to me. The capabilities of dental nurses are vast, and I am extremely proud of myself and my colleagues who volunteered for redeployment.

About the author

Alice Wilson is a dental nurse who works at the Eastman Dental Hospital within UCLH NHS Foundation Trust. She started work there two weeks before the first Covid lockdown and was very quickly redeployed as dental services were paused. After her redeployment, she returned to work in the periodontology service.



Vaccination Clinic – Gemma Morley

In December 2020, the opportunity arose to be redeployed to the UCLH vaccination programme. Along with other dental nurses, I was asked to assist in the Covid vaccination patient recovery area. Because the Trust was using the Pfizer vaccine, our guidelines required that, after their vaccination, patients were required to wait 15 minutes in recovery. No real concerns were foreseen with the vaccine, but the recovery area was created as a precaution. Dental nurses were viewed as the perfect candidates to help run this area because of our medical emergency skills and training. Our training in the Trust involves medical emergency training covering a range of medical emergencies that may arise in clinical practice.

We were part of the vaccination clinic from the very beginning and our role was seen as crucial to the smooth running of this programme, helping to ensure that as many patients were vaccinated as possible. My role consisted of creating rotas for the dental nurses and being on the floor assisting with any emergencies or queries that may arise. We took this role very seriously and had to be prepared for any unforeseen issues that may or may not have been related to the vaccine. During our time on the clinic, we managed situations including epileptic seizures, faints and patients feeling generally unwell. All of these situations were covered in our hospital training, which prepared us well for this role. None of these emergencies were in any way related to vaccination process.

This role came with a lot of insecurities for me. We are part of a huge multi-disciplinary team, which includes doctors, nurses, radiologists, physiotherapists and more. I felt as though my skillset was probably one of the ones that would have been valued the least. This assumption could not have been more wrong and at no point were we seen as the lesser

profession. It transpired that our team of dental nurse inspired a lot of curiosity and amazing feedback for our willingness to learn and take on new challenges.

This experience has by far inspired me the most in my career. It has taught me many things about myself and my capabilities. It also opened my eyes to career progression. It amazed me in these difficult times how all staff groups came together for a common goal. Although the wider team trusted us to manage medical emergencies, they were always ready to provide immediate assistance as required. From the outside, you would have assumed we had all worked together pre-Covid, which was very much not the case. The whole experience has transformed dental nurse relations with other health professionals and we now feel more integrated with the wider Trust team.

As the clinic closes, I feel at a crossroads in my career and I am considering the option of a Registered Nurse apprenticeship. I would like to inspire others with the knowledge that Dental Nursing can be an amazing profession and opens many doors.

About the author

Gemma Morley is an experienced dental nurse specialising in restorative dentistry. She has worked at the Eastman Dental Hospital within UCLH NHS Foundation Trust for 16 years, mainly within prosthodontics. During the second wave of Covid, Gemma was redeployed to the recovery area of the vaccination clinic.



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The Greening of Dental Practice

Background

Science tells us that the effects of plastic use on our planet is damaging to every element of life on Earth. Plastic, and especially plastic waste, affects us in ways that we would never have imagined when it was first introduced pre-19th Century.

Due to the limitations of collection systems and mechanical recycling, the recycling rates of major chemical and plastic products are very low (e.g. 9% worldwide for plastics). There is thus an urgent need to find ways to loop them back into the production systems and move towards a resource efficient circular model.

The medical and dental professions, by necessity, use and encourage the use of single use items on a daily basis. These items often contain plastic because it is an inexpensive, safe and hygienic material. The disposal of this material has, quite rightly, become a major issue for us all as we begin to understand that the disposal and breakdown of plastics in the environment is not quite as acceptable as we thought.

Whilst plastic remains incredibly useful and, for now at least, an essential component of many products used in our daily lives, the use of plastic in single or short-term use products has become a focus for change. Plastic, per se, is not the enemy here. Our failure to solve its end of life journey is the problem.

The Journey ahead

The current global health crisis is undoubtedly a wake-up call, not just in the narrow sense of pandemics. Covid itself is likely a consequence of our abusive relationship with the natural world. Our world now stands to be further damaged by the huge step up in the use of PPE as a result of this crisis. What will we do with the estimated 500% increase in single use items containing plastics that the NHS used in just one month at the start of the pandemic?

The vast majority of medical and dental waste goes into landfill – sharps and hazardous waste are incinerated. On the plus side, roughly 50% of the resulting by-product of incineration generates energy for the grid or ash filler for road making. Leaving 50% of the ash to go to landfill. Not a perfect solution, as CO2 emissions from the incineration process adds to global warming, but it is a small step in the direction of reducing the environmental damage in the disposal of such products.

Oral hygiene products recommended by the profession for the prevention of dental disease are predominantly constructed from high quality plastic in combination with other materials such as silicon, nylon and metal. All of these elements are recyclable in most European waste systems. However, the problem, certainly for the UK, is that we do not have adequate waste separation facilities to allow for the reclamation of the component parts of such products, which means that all of these products go into general waste and, ultimately, landfill.

All producers and users of plastics have a role to play in addressing this issue and the international momentum is gathering. For the first time ever, environmental risks now fill the top five places of the World Economic Forum's Global Risk Report. The Intergovernmental Panel on Climate Change, the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, the Global Commission on Adaptation, Professor Dasgupta's review – they all tell the same incredibly sombre story: we are undermining our very foundations and it makes as little sense economically as it does ecologically.

This is a complex issue with many stakeholders. In the UK, our Prime Minister has committed to "build back better and build back greener". Closer to our professional world, some of our commercial dental companies have committed to the United Nations (UN) Sustainable Development Goals. These Global Goals aim to end poverty, protect the planet and ensure prosperity for everyone by 2030.

Dental Commercial Company Support

The Procter & Gamble Company announced a new commitment to have its global operations be carbon neutral for the decade through a series of interventions that protect, improve and restore nature (<https://news.pg.com/press-release/pg-corporate-announcements/pg-embraces-natural-climate-solutions-accelerate-progress-c>)

The Colgate Company has set measurable targets for 2025 and beyond in a dozen areas. The targets include net zero carbon emissions by 2040 and 100% renewable electricity by 2030 for Colgate's global operations; eliminating one third of new plastics used in products and packaging; earning 100% TRUE Zero Waste certification for Colgate's global operations (<https://www.businesswire.com/news/home/20200514005500/en/Colgate-Palmolive's-2019-Corporate-Social-Responsibility-Sustainability-Report>).

The Philips Company say that they strive to make the world healthier and more

sustainable through innovation and have a goal improve the lives of 3 billion people a year by 2030. Check out their 'Healthy People, Sustainable Planet Programme' at <https://www.philips.com/a-w/about/sustainability.html>.

Even closer to home (for me!), at TePe we aim to reduce resource use, degradation, and pollution along the whole life cycle of our products, while aiming to increase people's quality of life. Educating people on sustainable consumption and lifestyles is also part of our focus on long-lasting health and well-being. TePe's products will be carbon neutral by 2022 <https://www.tepe.com/global/sustainability-at-tepe/sustainability/sustainability-report/>.

The TePe Environmental Recycling Initiative (TERI)

Closer to YOU, out in dental practice, was the UK pilot scheme for recycling interdental brushes in practice. Launched last June and completed in March this year, TERI came about because we knew that we had to do something in response to the growing number of questions regarding the options for recycling our products. We also knew that whatever we did it, had to be easy to implement, not add to the environmental impact of the life of our interdental brushes (IDBs) and be cost efficient.

As a company whose success is built upon our IDBs, which, whilst not single use, are certainly short term use, we have a responsibility to come up with a way to reduce the effects that these products have on our environment at the end of their functional use. Whilst TePe rank highly in their environmental credentials for manufacturing and resourcing of raw materials, the environmental damage caused by their disposal is of increasing concern both ethically and commercially.

Every dental practice has a sharps bin, every dental practice has a contract for the collection of these bins. The idea to have a bespoke sharps bin in practice to collect used TePe IDBs alongside your sharps waste collection was thus born! Combining the collection with the usual sharps bin contract meant no additional journeys, so reduced CO2 emissions and reduced costs.

So how did it go?

Over 100 practices took part and whilst the closure of practices due to Covid has prevented us collecting around 20% of the bins, I am delighted to report that it proved a concept.

- We learned a great deal about what works and what doesn't – integrating this into daily practice takes a dedicated environmentalist in the dental team. One that will drive the awareness amongst staff and patients. If the practice team are not committed to the project then the project will work less well.
- We learned that practices were very keen to advertise this initiative in their communities with local press and radio interviews and on social media. It was seen by 36% of the participants as a practice builder and service to their patients.
- A bin collection every 2-3 months gave us the optimal fill rate for the majority. Monthly collections were too frequent. Any future waste contracts would need to be more flexible.
- Having the TERI bin in the dental hygienists/therapists (DHTs) surgery was more effective than having the bin in the reception area. DHTs applied for and coordinated this pilot in 41% of the practices.
- More advertising material telling patients about the initiative were needed.

What we proved together was that Practices can utilise an existing system for a less environmentally damaging way to dispose of used IDBs. Incineration via practice sharps bins allows waste recovery for IDBs rather than the landfill disposal route.

Building upon what we have learned in this initiative, we hope to run a second TERI once the Covid restrictions are lifted. We know that it is not the long-term answer but, for now, it is at least a way forward and another small step for the better.

About the author

Elaine Tilling qualified as a dental hygienist in the Royal Air Force (RAF) in 1982, serving at home and abroad in clinical and tutoring roles, including Principal Tutor of the Defence Dental Agency Dental Hygienist Training School where she was responsible for training dental hygienists for the three armed services. Since leaving the RAF in 2002, Elaine has been employed as the Education and Project Manager for TePe UK Ltd, where she is responsible for designing and implementing educational programmes for the dental profession and the general public.



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{my}dentist announces record investment in salaries of frontline staff to ensure clinicians are supported

A record investment of nearly £4 million, has been announced by {my}dentist, into the salaries of its frontline practice colleagues to ensure clinicians have access to the best support network in the sector.

Effective from 1 August 2021, {my}dentist dental nurses have received an average pay increase of 5.5% which is nearly double the government's award for NHS workers.

In addition, {my}dentist has introduced further career progression opportunities for its 4,000 dental nurses, with new pay tiers for nurses with four to six years' experience and six plus years' experience, and a new area support nurse job role. Each of these tiers will see increases in their minimum and maximum hourly rates.

The longest-serving dental nurses will also be rewarded with an increase in their annual leave entitlement.

The record level of investment has been designed to recognise and reward frontline colleagues and ensure that clinicians can continue working with some of the best practice teams in the dental sector.

Dental nurses are supported throughout their careers at {my}dentist and have the opportunity to take post-qualification training to become advanced and head dental nurses. {my}dentist also operates a comprehensive student dental nurse training programme accredited by the NEBDN with £500 qualification bonus and a development programme for qualified nurses, Flourish, in collaboration with the British Association of Dental Nurses.

Further benefits include payment of the GDC retention fee, medical indemnity insurance, Dental Hero recognition scheme and access to a Dental Nurse Forum to share best practice.

Tom Riall, chief executive of {my}dentist, said: "Our dental nurses have given extraordinary support during the pandemic, making a huge difference to our patients across the UK, and



supporting our clinicians to grow their private revenues at the fastest rate on record. I'm really pleased that we've been able to make this investment which has been designed to recognise the crucial role of our dental nurses and to reward their long service and outstanding experience.

"Dental nurses joining {my}dentist can be assured of support to advance their careers with a transparent progression structure and a clear pathway of what they can achieve throughout their career with us."

{my}dentist currently has opportunities for dental nurses across the UK. For more information visit www.mydentistcareers.co.uk.

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Dental Nurses on the frontlines of Prevention

It's a truth universally (although not always openly) acknowledged in the dental world that behind every successful dental practice lies an efficient, diligent and empathetic dental nurse or nurses.

These, often unsung, heroes of the dental world perform a multitude of roles. They are listed on the NHS Careers website as including sterilising and preparing instruments, processing x-rays, recording and filing patient information, cleaning and preparing the dental surgery ready for use. However, vital as these clinical duties are, the real value of a skilled dental nurse lies in their ability to connect with patients, to make them feel safe and well cared for, to ensure that they return. It is the dental nurse who really gets to know the patient, who often welcomes them in through the door, escorts them to the dentist's chair, provides reassurance before and during procedures and rebooks them for the next appointment. They are one of the key elements in the patient journey.

So perhaps then, it is not surprising that many within the oral health industry are focussing on dental nurses as an effective conduit for educating patients about good oral health and, in particular, the issue of preventative oral health.

For prevention is particularly relevant right now. Not just because of Covid-19 (although the pandemic has certainly pushed the issue right to the forefront of the health policy maker's agenda) but because, right across the public and private health arena, there is a growing acceptance that it will no longer be possible to sustain a health service that works purely on fixing problems after they have occurred. And nowhere does this become more pertinent than in oral health. After all, hardly a week goes by without a new piece of research linking poor oral health with some of the most onerous systemic illnesses of our time: cardiovascular disease, diabetes, some cancers, even dementia. The message is becoming clearer by the day. Sort out the nation's oral health and it should greatly reduce our burden on the NHS in years to come.

So where does this leave the dental nurse? Those with an interest in patient education could certainly consider expanding their role within the practice to include working with their patients to inform them about the critical importance of taking proper care of their oral health and, crucially, supporting them to do so, with a variety of tools.

The timing couldn't be better. For, just as the importance of preventative dental health is becoming apparent, new treatments are being developed to provide this exact need and there is no reason why dental nurses couldn't be the first professionals to embrace them. In Canada, Prevora, a clear, sustained-release, high-strength antiseptic dental coating (10% chlorhexidine), is gaining traction fast. The non-invasive treatment works by re-adjusting the mix of bacteria in the dental plaque, shifting it from dysbiosis to symbiosis, so that dental diseases are minimised.

Prevora arrives here in the UK this autumn with full MHRA approval for the prevention of root and coronal caries in high risk adults¹. However, clinical

observations², and more recently a study³, has found that this treatment is showing significant potential in the management of periodontal disease.

Practices in Canada have reported a high degree of patient loyalty as a direct result of providing this treatment², especially once the cost and systemic health benefits are made clear and particularly amongst the middle aged and older populations who, after all, are those most likely to suffer from these oral conditions².

Here in the UK, Prevora can be applied by a dental nurse – albeit under the direction of another registrant who will also carry out the original screening and treatment decision – therapist or hygienist. Crucially it does not require a prescription, providing the perfect vehicle, at the right time, for these dedicated professionals to expand their role within their dental practice.

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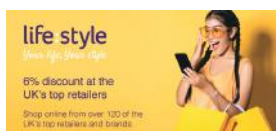
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*Source: A survey of 201 dental hygienists in the UK, Ipsos (2019)