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# British Dental Nurses' JOURNAL®

The Journal of the British Association of Dental Nurses



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Debra Worthington  
president@badn.org.uk



**Chairman**  
Joan Hatchard LCGI FBADN  
chairman@badn.org.uk



**Treasurer**  
Michelle Brand BSc MA  
finance@badn.org.uk



**Education Representative**  
Anita Stanforth FDS Sc MSc  
education@badn.org.uk



**Past President**  
Jacqui Elsdon MSc FBADN FCGDent  
president@badn.org.uk

For Executive Committee member biographies, please go to the About Us page of the BADN website: [www.badn.org.uk](http://www.badn.org.uk)



Executive Editor: Pamela Swain MBA  
LCGI FIAM FCMi

Managing Editor: James Cooke

Group Sales Manager: Ed Hunt

Production Designer: Rob Tremain

Divisional Administrator: Francesca Colclough

Managing Director: Steve Hardiman

**Front Cover:** BADN Immediate Past President

Jacqui Elsdon receives her certificate of Fellowship in the College of General Dentistry from College President Abhi Pal.

Photograph: Memories Photography

Please address all correspondence to:

Executive Editor

Email: [pam@badn.org.uk](mailto:pam@badn.org.uk)

Tel: 01253 338 360

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## From your President Elect



Dear Colleagues,

I hope this report finds you all well. First, I would like to wish you all a very Happy New Year.

The 2022 annual general meeting was held on the 22nd November at the Naval and Military Club in London. The format of the meeting was again a hybrid meeting – with some members joining via Zoom. Those of you who attended the AGM will know that I had to attend and chair the meeting virtually. Thank goodness for Zoom! I am pleased to say it was at the AGM that I was inaugurated as President; I am looking forward to undertaking my role for the next two years. The AGM was followed by an afternoon tea.

I would like to say a huge thank you to immediate past president Jacqui Elsdon for her hard work and dedication during her tenure; due to the Covid pandemic Jacqui served an additional year. Also, many thanks to the other members of the Executive Committee: Joan Hatchard, Chair; Michelle Brand, Treasurer; and Anita Stanforth, Education Representative. And to the BADN Staff: Pam Swain, Chief Exec, who celebrates 30 years with the Association this year, and was presented with a pearl necklace and scrapbook of messages from people throughout dentistry; Shirley Lyons and Val Forshaw, our Membership Administrator and Admin Assistant respectively, who run our membership department; and Adam Skalski, our IT and Communications Administrator, who looks after our website, social media and anything techie! (Biographies of all Exec Committee members and BADN staff can be found on our website [www.badn.org.uk](http://www.badn.org.uk).)

BADN is about teamwork – the Executive Committee and staff work together to support and promote dental nurses and the dental nursing profession.

I have attended lots of “meet the president” meetings – again virtually – with members

of the dental team and dental press. This included meeting the chair of the Trustee Board from the NEBDN, Abhi Pal, the president of CGDent, the president of the dental technologist's association, the editors of Dental Nursing, The Probe, and the BDJ Team.

In the next couple of weeks, I have several more meetings arranged. I will be meeting with the GDC to discuss many things which affect dental nurses – top of my list is the recent issue experienced by some of our members around recording and submitting their ECPD. I will also be attending a series of workshops arranged by the Chief Dental Officer.

Your Executive will meet again in February and will, as usual, have a packed agenda, working on behalf of you, our members.

The BADN Executive continue to comment on all open GDC consultations. As GDC registrants, anyone can comment on the consultations. Further details can be found on the GDC website [www.gdc-uk.org](http://www.gdc-uk.org).

I look forward to meeting as many dental nurses as possible over the next two years.

I am pleased to say that BADN will be attending the professional shows this year, the first being the North of England show in Manchester on 11th March. We will be present at Dental Showcase at ExCel, London in March, and the Scottish Dentistry Show.

BADN will be hosting the dental nurse's forum at the Dentistry Show in Birmingham in May (which incorporates the National Dental Nursing Conference) and, following the success last year, will again host the BADN Lounge where dental nurses can relax, refresh themselves and chat with members of the Exec Committee and staff. Please do come along to the BADN stand and say hello.

Dental nurses can join their professional association at [www.badn.org.uk](http://www.badn.org.uk).

Debra Worthington  
BADN President

# Recruitment and Retention Survey

Dental nurse and former BADN Chair, Dr Debbie Reed of the University of Kent, is leading this really exciting project, working with BADN. The survey aims to capture information regarding why dental nurses stay or contemplate leaving the dental nurse profession.



Thanks to BADN members, it is the first time that the information will be gathered UK wide. It is anticipated that the data will provide a really important, and much needed, deeper understanding of the dental nurse workforce. The outcomes from the data should be of interest to BADN members, the broader dental sector, as well as employers, and enable those who work alongside BADN to apply vital insight to ensure dental nursing remains a great career choice, now and in the future.

So, please look out for the link to the survey, which will be sent out to all members at the end of January, and when invited, invest 10 minutes to share your thoughts and experiences by completing the questionnaire.

# Purchasing Power Survey

The BADN will also be conducting a survey on behalf of the organisers of the various dental exhibitions to find out what dental nurses are looking for at exhibitions, why they choose to attend specific Shows (or not!) and, perhaps more importantly, how much purchasing power or influence dental nurses have.

As any dental nurse who has attended a dental exhibition knows, there are STILL some companies who exclude dental nurses from on-site promotions, or even refuse to talk to dental nurses – because they mistakenly believe that dental nurses have no purchasing power! This survey aims to explode that myth by showing how many dental nurses actually attend shows to make purchases on behalf of their practice, and how many others actually influence purchasing decisions.

The link to this survey will be sent out via our e-newsletter (if you haven't signed up yet, do it now at [www.badn.org.uk/newsletter](http://www.badn.org.uk/newsletter)) in February – please do take part to make this survey the most comprehensive of its kind!



## BADN E-NEWSLETTERS

Are you signed up for our e-newsletters? Due to GDPR restrictions, we are restricted as to the emails we can send to all members on our database. To be kept up to date, you need to opt-in to our e-newsletters – you can do this at: [www.badn.org.uk/newsletter](http://www.badn.org.uk/newsletter)

# 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 & 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](mailto: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](mailto: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.





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## Robin Davies DCP Research Awards

Colgate® and The Oral & Dental Research Trust are pleased to invite applications for the 2023 Robin Davies DCP Research Awards for research conducted by Dental Care Professionals (DCP).

A maximum of four awards, of up to £5000 each, will be made on the basis of an application for support of investigations of clinical relevance, particularly in the field of preventive care. Whilst the applicant must be a DCP, it is anticipated that a research team will be formed to include a mentor or supervisor with an established research record.

Applications should consist of no more than two A4 pages summarising the background, aims and methodology of the research proposal and the role to be played by the applicant in the study. The way in which the award will support the investigation must be specified, together with details of the funding requested, including a breakdown of what the award will be used for.

An event to celebrate the successful applicants will take place in Autumn 2023.

Applications should be submitted electronically to  
Maria Jones via email on: [m.e.jones@bham.ac.uk](mailto:m.e.jones@bham.ac.uk)

Applications should be received by  
**Friday 10<sup>th</sup> February 2023**



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# BADN AGM



At our Annual General Meeting on Tuesday 22 November, held at the Naval & Military Club in London and also on Zoom, outgoing President Jacqui Elsdon handed over to new President Debra Worthington (see opposite page).

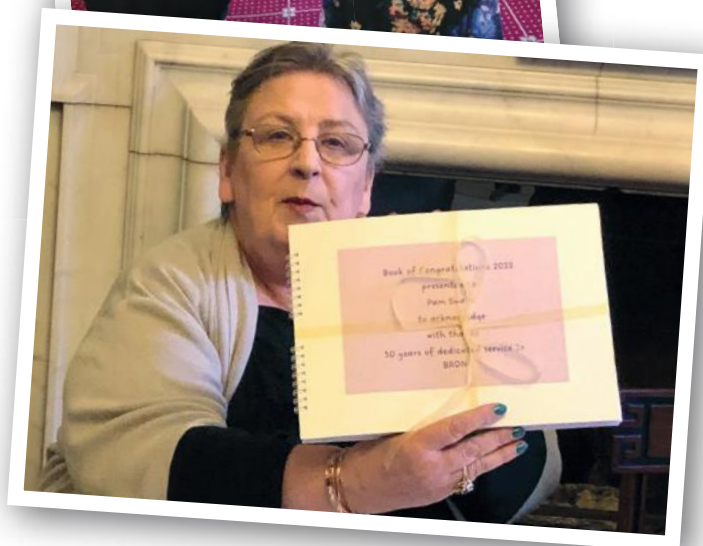
Due to illness, Debra was unable to attend the AGM in person, but – through the wonders of modern science – was able to chair the AGM via Zoom! Members approved the Minutes of the last AGM, the 2021 audited accounts and the Executive Committee Report, all of which are available to members in the members' area of the BADN

website, [www.badn.org.uk](http://www.badn.org.uk), as are the Minutes of the 2022 AGM.

Sarah Haslam became a Fellow of BADN and received her Fellowship Certificate.

Chief Exec Pam Swain was also presented with a pearl pendant and a scrapbook of messages from the great and the good in dentistry to mark 30 years with BADN.

The AGM was followed by an Afternoon Tea at the Club for those who had attended in person



# BADN President 2022–2024



At our Annual General Meeting on Tuesday 22nd November, held at the Naval & Military Club in London as well as via Zoom, outgoing President Jacqui Elsdon handed over to new President Debra Worthington.

Debra has been a dental nurse for 43 years, working in General Dental Practice, Community Dental Service and Secondary Care. Debra holds post registration qualifications in Conscious Sedation, Radiography, Oral Health and Orthodontics. She also has qualifications in Leadership and Management and recently completed the NHS Senior Leadership qualification.

She joined Bridgewater Community Healthcare NHS Foundation Trust in March 2021, and is the Head of Dental Service for the North East sector of Greater Manchester. To have a DCP as a head of a service is a fantastic achievement. Debra has eighty staff working across Oldham, Rochdale and Bury, providing paediatric dentistry, special care dentistry, general anaesthesia, treatment with inhalation sedation and oral health promotion. Debra is a member of the Managed Clinical Networks in Greater Manchester, for both paediatric and special care dentistry.

Prior to this, she was the Maxillofacial Unit Manager at Salford Royal Hospital – a busy unit comprising of maxillofacial surgery, oral surgery, orthodontics and community dentistry. She successfully implemented the Mouth Care Matters programme within the acute trust and was successful in acquiring transformation funding to implement the programme in the care homes in Salford.

Debra has been a member of the Orthodontic National Group (ONG) since its inception in 1994 and has been a committee

member for 21 years, serving as Chairman for nine years and President for three years – a term that ended in 2021. During her term, Debra was successful in working closely with the British Orthodontic Society (BOS) and, in 2008, she oversaw the official affiliation of ONG with the BOS.

Debra was an active member of the working group that saw the introduction of orthodontic therapists. Work included writing the syllabus for the course and working with the GDC to write and implement the Scope of Practice. Debra is a past examiner for the Royal College of Surgeons (Edin) for the orthodontic therapy examination.

She works tirelessly at both a local and national level, representing dental nurses and therapists at stakeholder meetings that include the General Dental Council, the Royal College of Surgeons (Edin), and The English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) task group. Prior to GDC registration, Debra was part of the working party that implemented the first Scope of Practice for dental nurses and has been involved in the last two reviews.

Debra has recently been a member of the Advancing Dental Care review group. This was a three-year review, looking at dental education and the training infrastructure to best support patient and population needs. Debra has received two national awards: one presented by the British Orthodontic Society and one by the British Dental Association, for Outstanding Contribution to Dentistry and Orthodontics. The document to support this work has recently been published.

# Henry Schein UK helps local underserved individuals stay warm this winter season

Henry Schein Dental and Henry Schein Medical UK are helping individuals in need this winter by donating warm clothes to the Gillingham Street Angels. A small grassroots charity established in 2019, the Gillingham Street Angels helps homeless and vulnerable people of all ages in Medway and the surrounding areas\*.

More than one in five people in the UK live in poverty – 14.5 million people, according to the Joseph Rowntree Foundation\*\*. As part of Henry Schein UK's commitment to giving back to the community, Team Schein Members purchased a variety of winter clothing, including padded coats, tracksuits, unisex thermal socks, beanie hats, neck warmers, and gloves. The garments covered a range of sizes for men, women, and children, and were presented to the Gillingham Street Angels by Team Schein.

"We thank the Henry Schein UK team for their donation of winter clothes which will help keep the homeless and vulnerable people in and around Medway warm this winter," said Neil Charlick, Chief Executive Officer of the Gillingham Street Angels. "Donations like this enable us to continue to support our communities at this time of real need."

This initiative by Henry Schein UK aligns with Henry Schein Cares, Henry Schein's global corporate social responsibility programme. Henry Schein Cares stands on five pillars: empowering Team Schein to reach their potential, advancing health equity and expanding access to care for underserved communities, accelerating environmental sustainability, strengthening, and diversifying our supply chain, and maintaining strong ethical governance. Health care activities supported by Henry Schein Cares focus on four main areas: (1) wellness, treatment, prevention, and education; (2)



capacity building; (3) emergency preparedness and disaster response; and (4) health system strengthening.

"Our culture is built on the belief that every person is as important as the next," said Vikki Goodall, Managing Director, UK & Ireland Dental Distribution. "This culture is integral to our business and at the core of our initiatives, which is why collaborating with organisations like the Gillingham Street Angels is so important to us. We hope our donations can help bring warmth and comfort this season to those individuals who need it most."

## The 25<sup>th</sup> Annual Dental Awards is now open for entries

The countdown to The Probe's Dental Awards 2023 is on, as entries are now open at [the-probe.co.uk/awards](https://the-probe.co.uk/awards). BADN members receive an exclusive 25% off the cost of entry, using the discount code BADN23 at checkout. The entry deadline is 28<sup>th</sup> February 2024.

2023 marks the silver milestone for the awards, which celebrate the very best of British dentistry, being the 25th year. For a quarter of a century, The Dental Awards, presented by The Probe magazine, have recognised and rewarded the very best in UK Dentistry. As the original and most respected awards programme in UK dentistry, The Probe's Dental Awards are judged by a panel of leading practitioners and KOLs, and provide an unrivalled opportunity for practices and DCPs to shine a spotlight on the vast skill and talent that exist within their teams.

For more information on each category, including entry criteria, visit <https://the-probe.co.uk/awards/categories/>

"We at The Probe are so excited to announce the silver edition of The Dental Awards for 2023," said James Cooke, Editor of The Probe. "And, for the second year in a row, we're going to follow what has proven to be a popular and successful new format for The Dental Awards ceremony. Finalists, Highly Commended, and Winners will all be announced via a streamed video presentation in the spring. The winners will then have the opportunity to join members of the judging panel and our sponsors for a free sit-down meal where they will be presented with their certificates and trophies in person. So, there's no need to pay extortionate ticket costs!"

The Dental Awards 2022 is presented by B.A. International, Colosseum Dental, Dental Elite, LISTERINE and Waterpik, in association with The Association of Dental Administrators and Practice Managers, British Association of Dental Nurses, British Association of Dental Therapists, British Society of Dental Hygienists and Therapists, and the Oral Health Foundation.

For more information on our sponsors and partners, visit <https://the-probe.co.uk/awards/sponsors/>

## Infection Prevention and Control Award



The dental industry's most exciting infection and control award is now open for entries.

**It's free to enter, and it only takes two minutes to complete the online form**

The winning team will receive a subscription to Aura's Compliance Club – Gold worth £350, a place on the ILM-recognized Dental Decontamination Leadership Programme and an iClave+ plus worth over £5,500.

All the practices which enter the Award and complete the form will receive a certificate to display in their practice and a 10 per cent discount code for Aura's ILM-recognized Dental Decontamination Leadership Programme qualification.

There are certificates and trophies for the runners-up as well as a subscription to Aura's Compliance Club – Plus worth £200, which also includes massive discounts on the Aura range of products.

To enter the competition, email [IPC@aiconline.co.uk](mailto:IPC@aiconline.co.uk), or click on this link: <https://www.aiconline.co.uk/ipc-award/>

THE PROBE

PRESENTS

# THE DENTAL AWARDS 2023

**NOW OPEN FOR ENTRIES**

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**Entry deadline**  
**28<sup>th</sup> February 2023**

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# BADN Refer a Colleague Scheme

We're excited to share with you the launch of a new initiative: the BADN Refer a Colleague Scheme.

By referring your work colleagues to join the Association, you can earn up to £15 in BADN credit\* per year. The credit can be then used on items and services through our website, meaning you can save on your upcoming membership renewal, events, or other items and services through our members online shop.

You can be rewarded for three referrals each annual membership cycle. Each successful referral (out of three) is worth £5 credit applied to your BADN member account. That's up to £15 per each membership annual cycle that you can receive.

## How does it work?

When you renew, we will send you three referral cards for you to hand out to your colleagues so they can join the Association. Be sure to read the cards and follow the instructions on them. Also, be sure to include your name and your BADN membership number on the back of the referral card so that your colleague can enter them upon joining through the referral link.

Alternatively, you can also obtain a referral link that you can copy and send to your colleague through the members area of the BADN website [www.badn.org.uk](http://www.badn.org.uk). The webpage also contains more information about the Scheme, as well as a Frequently Asked Questions section and the Terms and Conditions of the Scheme. Please be sure to read these carefully and to follow the instructions so that you can get your rewards upon successful referrals.

When your colleague joins the Association through the referral link, they will be asked to include your name and your membership number. Upon successfully becoming a member, our BADN team will once a week run a list of successful referrals and check that these have been completed correctly. When all details have been validated, our BADN team will apply your £5 reward to your account in form of an available credit which you can then apply as a discount in the checkout area on the website. Our team will also send you an automated email to let you know that you've

made a successful referral and that your reward has been applied to your account. If the credit has been applied, you will be able to see your available credit appearing in the "Your notifications" section as you browse through your account page.

### Your notifications

 Available credit: 10.00

Your available credit will also be displayed during checkout on our website. You can choose to use your credit or not whenever you purchase something, whether it's renewing your membership or purchasing something else, like a replacement membership badge, an 80<sup>th</sup> Anniversary brooch or booking for a BADN event.

### Order total

|                                |                |
|--------------------------------|----------------|
| Item total                     | £ 10.00        |
| Shipping                       | £ 0.00         |
| Handling                       | £ 0.00         |
| <b>TRANSACTION GRAND TOTAL</b> | <b>£ 10.00</b> |

### Account credit

Available credit: £10.00

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### Promotional code

Promotional code

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## Some of the benefits of BADN Membership

- Special members' price on indemnity cover
- Quarterly digital British Dental Nurses' Journal
- Free verifiable CPD in Journal
- Legal Helpline
- Health & Wellbeing Hub with support Helpline
- BADN Rewards – special offers and discounts on holidays, travel, hotels, days out, cinema visits, gyms, lifestyle products and services, cars and motoring, Apple products and services, domestic appliances, sports and fitness products, mobile phones and insurance (home, travel, health, car, life)
- Having a voice in the development of dental nursing!

It's also worth noting that your credit never expires, you can use it whenever you like. You can always check the status of your account credit by viewing your account online.

Should you have any questions about the Refer a Colleague initiative, our team is here to help, so do not hesitate to contact us. Don't wait, refer your colleagues, and start getting rewarded so your next membership renewal costs even less - and is even better value!

\*Subject to terms and conditions. More information available on our website at [www.badn.org.uk/referacolleague](http://www.badn.org.uk/referacolleague).

# NHS Supply Chain

NHS Supply Chain manages the sourcing, delivery and supply of healthcare products, services and food for NHS trusts and healthcare organisations across England and Wales.

We are part of the NHS family, managing 7.7 million orders per year across 129,420 order points and 16,705 locations, delivering over 35 million lines of picked goods to the NHS annually.

Our operating model consists of specialist buying functions delivering clinical consumables, capital medical equipment, personal protective equipment, and non-medical products such as food and office solutions. Underpinned by two enabling services for logistics and supporting technology.

NHS Supply Chain is committed to playing a part in supporting the NHS to deliver safe and excellent patient care.

The national dental procurement framework has been managed by NHS Supply Chain for more than 10 years and we are always seeking suggestions for improvement. As a part of our framework, it covers a huge range of consumables used by dental practices across the country,

including dental burs, restorative materials, dental instruments and more. The organisation can also support with purchasing capital equipment as it partnered with leading distributors for dental chairs, imaging equipment, and handpieces. The future aspiration is also to offer CAD/CAM chairside solutions to support the current trend towards digital dentistry.

Clinical engagement is a vital element of all NHS Supply Chain framework agreements and getting input from associations like the British Association of Dental Nurses (BADN) is key to ensure its offer is innovative, customer focused and sustainable. With this in mind, the team would like to invite BADN members to reach out to them and discuss any innovative ways of working going on in dental practices, particularly around promoting better oral hygiene within a hospital environment, and greener ways of working. It is so important that the voice of the dental nurse is heard within procurement decisions, and they would love to hear your thoughts !

Please contact NHS Supply Chain via e-mail: [dental\\_enquiries@supplychain.nhs.uk](mailto:dental_enquiries@supplychain.nhs.uk)

# The benefits of Reverse Osmosis (RO) water in your dental practice

Water is a vital component of various protocols within the dental practice. Practices use water during dental treatment, pre-sterilisation cleaning of instruments, and many sterilisation systems, such as autoclaves, also require water for operation. As such, having RO water is vital to keep your equipment in good condition, minimise unit breakdowns and reduce the risks of pathogens spreading.



these options, the build-up of biofilm is likely to be low (as long as regular disinfection and maintenance are carried out).

## Protecting systems from hard water

Water quality can also impact systems within the dental practice that utilise water, such as an autoclave. Hard water, which is thought to affect around 60% of the UK, contains high levels of dissolved calcium and magnesium. Dental practices in hard water areas may experience calcium carbonate build-up (limescale) in their medical equipment, especially autoclaves. This can quickly lead to blocked/broken pipes and inefficient heating, compromising the sterilisation process and incurring potentially expensive repair costs. HTM01-05 guidelines advise that either distilled or RO water be used in an autoclave, as opposed to tap water, so which should you use?

During the use of distillation processes, impurities and minerals are removed from the water through boiling. The water is heated in a chamber until it evaporates into steam, which is then chilled and turned back into pure water droplets. Any contaminants are left behind in the chamber. In the RO process, water is filtered through a semi-permeable membrane that removes impurities, salt, bacteria, and organic materials. While both methods are able to produce pure water, distillers do require high levels of energy, heat and electricity, so they may not always be the most cost-effective option. In contrast, RO systems are much more economical and can produce a larger quantity of water compared to a conventional water distiller. Also, some RO systems utilise ultra-violet technology (UV) to provide further protection against pathogens.

## Protect patients with pure water

The Reverse Osmosis (RO) System from Eschmann enables clinicians to have a reliable supply of RO water for use in practice. Suitable for connection to all mains cold water supplies and with WRAS complaint backflow protection, the RO system is ideal for use in autoclaves, DUWLs and for cleaning instruments. The compact size means it can fit discreetly and neatly into any available cupboard space. Plus, the RO system filters out minerals, totally dissolved solids (TDSs) and eliminates bacteria and microorganisms from the water supply, with the addition of UV technology for added protection. This way, it guarantees water that is safe for use throughout your whole practice.

Purified water is an essential resource in dental practices, and a vital component of your infection control protocols. With safe, clean water, you're guaranteed the peace of mind that your sterilisation systems remain in good condition and the risks of waterborne infections are reduced.

For more information on the highly effective and affordable range of infection control products from Eschmann, please visit [www.eschmann.co.uk](http://www.eschmann.co.uk) or call 01903 875787

## About the author

Nicky Varney, Senior Marketing Manager at Eschmann.



## Dental unit water lines and infection risk

Dental unit water lines (DUWLs) are a network of plastic tubing, valves and connectors that are prime environments for the formation of microbial biofilm. This sticky substance is an amalgamation of microorganisms such as bacteria, fungi and viruses, which have adhered to interior surfaces of the DUWLs. This contamination could originate not only from the mains water, should it be piped into the dental unit, but also the draw-back of patients' saliva – thus, more than water-borne microorganisms can present in DUWLs, including ones from the oral cavity, too.

Biofilm formation can occur due to the type of tubing that's used in DUWLs, namely long, small-diameter tubing that provides ample conditions for adhesion. Additionally, periods of stagnation and low water flow can also promote microbial growth. Despite the adherence of biofilm to the interior surfaces of the DUWLs, microbes can still travel within the water flow – in fact, high microbial levels have been discovered in the water used in handpieces and air/water syringes. Aerosol and splatter are thus potential sources of infection during dental treatment.

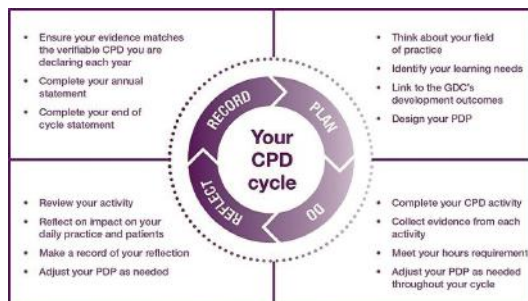
The risk of *Legionella pneumophila*, a bacterium that can cause severe pneumonia, is also of concern. There have been numerous reports of patients succumbing to Legionnaires' disease, and while research on the risks to dental staff is differential, one casualty has been reported as a result of this disease – *Legionella* was detected in the dental unit water system in their practice. According to HTM01-05 guidance, 'at-risk systems, particularly those used with the patient, must be drained at least at the end of each working day'. Most dental chairs utilise reservoir bottled-water systems, which require regular disinfection in order to minimise the risks of infection. Purified water, such as distilled or reverse osmosis (RO) with ultra-violet (UV) treatment can be used to both fill and flush self-contained water bottles. HTM01-05 guidance states that with either of

# Enhanced CPD – What do you have to do??

We have had a considerable number of calls from dental nurses who are not clear on what their responsibilities with regard to CPD are, how to report their CPD, or how much they have to do. We are hoping to feature a series of articles from GDC on CPD requirements, starting in the Spring 2023 edition of the BDNJ. In the meantime, this no frills article (first published in 2018) has been approved and updated by the GDC for publication.

Enhanced CPD was introduced for dental nurses on 1 August 2018. All dental nurses have now moved over fully to the enhanced CPD programme. As a reminder, the main differences to the previous CPD system are:

- 50 hours over a 5 year period required for dental nurses
- Only verifiable CPD is recorded (doing general CPD is still encouraged, but this does not have to be recorded)
- You need to have a Personal Development Plan (PDP) – see box 1
- CPD is linked to the GDC Standards
- You are required to “reflect” on your CPD – see box 2
- You are required to record your CPD each year on the e-GDC system <https://www.egdc-uk.org>.



## Hours

Dental nurses are required to complete 50 hours verifiable CPD over a five year period. The GDC require that this be spread out reasonably evenly over the 5 years (i.e. you can't wait until the last 6 months and do it all at once!); so at least ten hours over every two consecutive years is required. You may declare more than one zero hours year during your 5 year cycle, as long as you declare at least 10 hours every 2 years, but you may not declare two consecutive zero hours.

So, if you declare no hours at all in Year 1, you have to declare at least 10 hours in Year 2; if you declare 3 hours in Year 1, you must do at least 7 hours in Year 2, followed by at least 3 hours in Year 3:

| Examples                                                                  | Year 1      | Year 2       | Year 3      |
|---------------------------------------------------------------------------|-------------|--------------|-------------|
| If you declare 0 hours in year 1, you must do at least 10 hours in year 2 | 0 hours CPD | 10 hours CPD |             |
| If you declare 3 hours in year 1, you must do at least 7 hours in year 2  | 3 hours CPD | 7 hours CPD  |             |
| If you declare 7 hours in year 2, you must do at least 3 hours in year 3  | 3 hours CPD | 7 hours CPD  | 3 hours CPD |

## Development Outcomes

The GDC has established four development outcomes which link CPD to the Standards for the Dental Team. Each of your CPD activities must link to at least one of these development outcomes.

You are encouraged to cover all four outcomes over your 5-year cycle, but this is not compulsory. Some CPD activities may link to more than one outcome.

## Your CPD Record

This will consist of:

- Your Personal Development Plan – see box 1
- Your activity log – see box 3
- Evidence of CPD (e.g. certificates, etc) – see box 4

| Development outcome                                                                                                                                                                                           | Example of CPD content                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Effective communication with patients, the dental team and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk;       | <ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Consent</li> <li>• Complaints handling</li> <li>• Raising concerns</li> <li>• Safeguarding</li> </ul>                                                                                                                                                                                             |
| <b>B</b> Effective management of self and effective management of others or effective work with others in the dental team, in the interests of patients; providing constructive leadership where appropriate; | <ul style="list-style-type: none"> <li>• Effective practice management</li> <li>• Business management</li> <li>• Team working</li> <li>• Leadership skills</li> </ul>                                                                                                                                                                                                      |
| <b>C</b> Maintenance and development of knowledge and skill within your field of practice;                                                                                                                    | <ul style="list-style-type: none"> <li>• Clinical and technical areas of study</li> <li>• Radiography</li> <li>• Cross infection control</li> <li>• Medical emergencies and CPR</li> <li>• Emerging technologies and treatments</li> <li>• CPD on quality assurance for MIRA</li> <li>• CPD specific for your daily role(s)</li> <li>• Upskilling opportunities</li> </ul> |
| <b>D</b> Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.                                                | <ul style="list-style-type: none"> <li>• Ethical and legal issues and developments</li> <li>• Professional behaviours</li> <li>• Equality and diversity training</li> </ul>                                                                                                                                                                                                |

## Annual CPD Statement

You must complete your CPD by 31 July and submit an annual or end of cycle CPD statement by 28 August each year. The statement will include:

- The number of hours verifiable CPD you have completed each year (see “Hours” above)
- That you have kept a CPD record
- That the CPD you have recorded is relevant to your practice
- That you have a PDP
- That your statement is full and accurate

You do this by logging into <https://www.egdc-uk.org>.

## Random Sampling

The GDC will randomly select people from the register to sample their CPD records at any time during the CPD cycle. If you are selected, the GDC will contact you and ask you to submit your CPD Record (ie your PDP, Activity Log and evidence/certificates) within 28 days of the date of asking.

You may also be included in the sampling if you do not meet your CPD requirements, or if you fail to make any of the statements. They can sample up to 5 years after your cycle is complete, so you must hang on to your records for 5 years after the end of each cycle!

## Summary

The Enhanced CPD system requires dental nurses to:

- Record only verifiable CPD
- Complete 50 hours verifiable CPD over a 5 year period, but at least 10 hours over each 2 year period
- Have a Personal Development Plan, which links CPD activity to GDC Standards
- Keep an activity log
- Make an annual declaration
- Reflect!!

|                                   | Remember                                                                                                                                                                                                                                                     | More detail                                                                               |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Meet the hours requirement</b> | Professional Min. hours/cycle<br>Dentist 100<br>Dental therapist 75<br>Dental hygienist 75<br>Orthodontic therapist 75<br>Clinical dental technician 75<br>Dental nurse 50<br>Dental technician 50                                                           | You must do CPD regularly, at least 10 hours every 2 years.<br><br>Page 4                 |
| <b>Keep a CPD record</b>          | This must include:<br>1) Your personal development plan (PDP);<br>2) Your log of CPD activity completed;<br>3) Documentary evidence (e.g. certificate) from the CPD provider for all activity completed.<br>It should also include an element of reflection. | Each CPD activity must have at least one of the GDC's development outcomes.<br><br>Page 5 |
| <b>Make your annual statement</b> | You will be declaring:<br>• The number of CPD hours you have done in that year;<br>• That you have kept a CPD record;<br>• That the activity you have done is relevant to your practice as a professional.                                                   | You can log onto eGDC at any time to make your statement for each year.<br><br>Page 15    |

## Box 1 – Your Personal Development Plan

Your PDP is a list of what CPD you intend to complete over your 5-year cycle. It should be created at the beginning of your cycle, preferably as part of your appraisal with your employer/manager, when you should identify what training you need to complete to:

- keep your current skills up to date
- develop new skills

The PDP should be reviewed annually and adjusted if required to reflect your current training needs in relation to your field of practice.

Your PDP must include:

- The CPD you plan to undertake during your cycle, which must include CPD that is relevant to your current or intended field(s) of practice;
- The anticipated development outcomes that will link to each activity;
- The timeframes in which you expect to complete your CPD over your cycle.

The GDC provide a template PDP on their website, but you are not required to use this – a PDP provided by your employer, or any other PDP template, is acceptable provided it meets the GDC requirements. BADN also have a template available in the members' area of their website [www.badn.org.uk](http://www.badn.org.uk).

## Box 2 – Reflection

So what does “reflection” actually mean? Having read the GDC definition:

“The aim of reflection is for you to think about the outcomes of your CPD activity, focussing on what you have learned from the activity and how this influences your daily practice and duties. Reflection is an individual process that has a different meaning and applications for everyone. You should reflect in the way that suits you best. This might be after each individual activity, or more periodically throughout the year. You might like to reflect on your own, or with a mentor, peer or employer.”

and talked to various educationalists, it appears that reflection is something we all do automatically anyway – we're just not necessarily aware that we do it. Most of us, after having learned something new, will at some point ask ourselves:

- “Was this worth doing?”
- “How will this help me in the future?”
- “Could this information help me improve parts of what I do?”
- “How could I use this information to change what I do, and make it better, more efficient?”

The GDC now requires you to set time aside to specifically ponder on these, and other questions, with regard to any CPD you have completed – and record that you have done so. They provide examples of questions you might ask yourself, and reflection records in their activity log template, available on the GDC website.

You can reflect on your CPD either on your own or with your manager, a colleague, a group; you can do it each time you complete some CPD, or at the end of the year, looking back on your CPD as a whole. The important thing is that you do it, and that you record that you did it!

## More info

Details of the complete Enhanced CPD scheme, together with guidance scheme and templates are available at <https://www.gdc-uk.org/professionals/cpd/requirements>

BADN members can download a PDP booklet and CPD Activity Log free of charge from the members' area of our website [www.badn.org.uk](http://www.badn.org.uk) or a hard copy by sending an A5 SAE with “PDP” on left hand upper corner of outer envelope (please include note of your name and BADN membership number) to BADN, Room 200, Hillhouse International Business Centre, Thornton-Cleveleys, FY5 4QD.

## Box 3 – Your Activity Log

You must keep a log of all verifiable CPD you have completed. This log (i.e. record) must include:

- The title and description of the CPD activity you completed;
  - The date(s) it was undertaken;
  - The number of hours, as shown on the evidence of completion (e.g. certificate) provided by the course provider. (Breaks and travel time do not count towards the number of hours of CPD);
  - The GDC's development outcome(s) achieved from each CPD activity.
- It should also include reflection on the CPD (see box 2 above).

The GDC provide an activity log template on their website, but you are not required to use this – any other log or record is acceptable as long as it meets the GDC requirements.

For CPD to be verifiable, you must have recorded it on your activity log and have collected the appropriate evidence (see box 4 below). Do not record any non-verifiable CPD you may have completed on your activity log.

## Box 4 – Evidence of CPD

You are responsible for obtaining and keeping the documentary evidence (e.g. certificates) for your CPD Record. This evidence should include:

- The subject, learning content, aims and objectives
- The anticipated GDC development outcomes of the CPD
- The date(s) that you undertook this CPD
- The total number of hours of CPD undertaken
- Your name and your registration number
- That the CPD is subject to quality assurance, with the name of the person or body providing that QA
- Confirmation from the CPD provider that all the information provided is full and accurate

You should also note that the GDC does NOT approve any CPD or CPD providers – you are responsible for selecting CPD which meets your PDP requirements and the GDC requirements for verifiable CPD (the GDC expects you to use your professional judgement on this point!). If you are uncertain, you can should ask the provider for written information on how what they are offering meets the GDC requirements before you decide to sign up.

# Exclusively to BADN Members – Discount on TIDA courses

This new year provides the perfect opportunity to make changes in the workplace that prioritise equality, inclusion and person-centred approaches. Doing so creates a supportive environment where everyone is given the same chance to thrive and patients can be treated according to their individual needs and circumstances. To support this effort, TIDA offers BADN members the chance to take courses for only £2 per course with a special discount code.



These courses are designed to help dental professionals meet GDC expectations, ensuring they are kept up-to-date on best practices and regulatory developments to provide the highest quality of care.

## Why not learn something new today?

Simply registered for a new account here TIDA | Register for online learning ([tidapproach.com/register](http://tidapproach.com/register)) and apply your coupon code. Easy!



### Autism & Learning Disabilities Awareness

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### Conscious and Unconscious Bias in the Dental Practice

TIDA  
[tidapproach.com/course/bias-dental](http://tidapproach.com/course/bias-dental)



### Equality, Diversity and Inclusion

Online course from TIDA  
[tidapproach.com/course/workplace-equality-diversity-and-inclusion/](http://tidapproach.com/course/workplace-equality-diversity-and-inclusion/)



### Our Human Rights

Online course from TIDA  
[tidapproach.com/course/our-human-rights/](http://tidapproach.com/course/our-human-rights/)

# Brush up on CPD



**H**ello 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:

|                                   |         |
|-----------------------------------|---------|
| Trust your gut                    | 16 - 17 |
| Caring for patients with diabetes | 18 - 19 |
| Q&A                               | 15      |

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**B**rush 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](http://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](http://www.the-probe.co.uk) and log in.

Click on the 'CPD - Brush Up' tab.

The questions for this Brush Up will appear under 'Brush Up – BDNJ Winter 2023

#### CPD questions – Trust your gut

**1. According to WHO, how many adults are thought to be affected by severe periodontitis worldwide?**

- a) 30%
- b) 40%
- c) 14%
- d) 10%

**2. What could affect the gut microbiota?**

- a) Diet
- b) Antibiotics
- c) Genetics
- d) All of the above

**3. What is one of the ways that oral microbes can enter the gut?**

- a) Ingested saliva
- b) Injection
- c) Sneezing
- d) Vomiting

**4. Where do oral microbiomes thrive?**

- a) Buccal mucosa
- b) Subgingival plaque
- c) Hard palate
- d) All of the above

**5. How can good oral health contribute to overall health?**

- a) Helps to prevent periodontitis, which could have translocated around the body
- a) It doesn't
- b) Gives patients something to do
- c) Makes them stick to a routine

**6. In a rodent study, what did researchers discover?**

- a) That mice bite
- b) Nothing
- c) One dose of *p. gingivalis* could induce changes in the gut microbiota
- d) Three doses of *p. gingivalis* could induce changes in the gut microbiota

#### CPD questions – Caring for patients with diabetes

**1. In the UK, how many people have diabetes?**

- a) 4.8 million
- b) 4.9 million
- c) 3.8 million
- d) 2.8 million

**2. Risk factors for diabetes include:**

- a) Smoking
- b) High blood pressure
- c) Obesity
- d) All of the above

**3. What are the acute complications of diabetes?**

- a) Cardiovascular disorders
- b) Diabetic Retinopathy
- c) Hypoglycaemia and hyperglycaemia
- d) Death

**4. Diabetics are at higher risk of developing which cancers?**

- a) Gullet, breast, bowel, womb and kidney
- b) Breast, testicular, bowel and womb
- c) Kidney, liver, eye and breast
- d) Womb, stomach, skin and breast

**5. How much more likely is a diabetic to suffer from periodontitis compared with a non-diabetic?**

- a) Four times
- b) Twice
- c) Three times
- d) Everyone is at the same risk

**6. Why are diabetics more likely to suffer from periodontitis?**

- a) Changes to blood vessels that restrict blood flow to the gums
- b) High intake of sugary foods
- c) Because they don't brush their teeth
- d) Because insulin injections rot teeth

# Trust your gut

## Learning objectives

- To understand how gut health affects general health
- To understand the relationship between oral health and gut health
- To understand the importance of good oral hygiene in reducing the risks of oral diseases

GDC Development Outcome: C



Caring for your gut health has become more mainstream within Western society, evidenced by food packaging/marketing and in wellness and fitness communities. While the importance of gut health has been brought to the fore in the last few decades, it is not a modern idea, as the field of microbiology had been established as a distinct science well into the nineteenth century.<sup>i</sup> Furthermore, the quote ‘all disease begins in the gut’ was attributed to Hippocrates, around 2,000 years ago.<sup>ii</sup> Nonetheless, modern research continues to explore its associations with our general health, and light has been shed on the relationship between the oral cavity and the gut. As dental professionals, this research is intriguing, and it may be worth considering as part of a holistic approach to patient care.

## A bustling environment

Gut microbiota is the term for the collection of human digestive tract-associated microbes. A stable microbiota facilitates good health in various ways, such as through the maturation of the immune system and the function of the intestinal barrier,<sup>iii,iv</sup> in addition to providing protection against pathogens.<sup>v</sup> A healthy microbiota also synthesizes key vitamins and amino acids and regulates fat metabolism.<sup>vi</sup> Gut dysbiosis is a broad term lacking a concrete definition, but is generally accepted as a reference to an imbalance of the gut microbiota with the potential for adverse outcomes.<sup>vi</sup>

There are various causes of an imbalanced gut microbiota, with diet being a key factor. A study set out to determine the effects of a year-long

Mediterranean diet on the gut microbiota of 612 non-frail or pre-frail subjects. Results showed that adherence to the diet corresponded with specific alterations to the microbiome, with a positive association with several markers of lower frailty and improved cognitive function.<sup>vii</sup> Similarly, a high-fat diet has been shown to reduce *A. muciniphila* and *Lactobacillus*, which are associated with a healthy metabolic state.<sup>viii</sup> Interestingly, researchers compared the effects of meat and vegetarian protein on the gut microbiota, finding that the consumption of whey and pea protein helped to increase *Bifidobacterium* (which aids the body in performing essential functions) and *Lactobacillus* (helps to break down food and absorb nutrients). Whereas

anaerobes, like *Bacteroides*, *Alistipes* and *Bilophila*, seemingly increased with the consumption of animal-based protein.<sup>ix</sup> Antibiotics are also thought to disrupt the gut microbiota, with early exposure being associated with its delayed development.<sup>x</sup> The notion of genetics and the gut microbiota has recently emerged, with some researchers attempting to find evidence for the role of the microbiota in autoimmune diseases.<sup>x</sup> While the evidence for this does remain complex and relatively obscure, studies have noted in rodent models that alterations in the gut microbiota may play a role in the pathogenesis of multiple sclerosis (MS), an autoimmune disease of the central nervous system.<sup>xi</sup>





The relationship between the gut microbiota and other systematic health complications, such as inflammatory bowel diseases (IBDs), has been well-researched.<sup>xii,xiii</sup> Likewise, obesity, depression and autoimmune disease development have all been linked to the condition of the gut microbiota.<sup>xiv,xv,xvi</sup>

### What about oral health?

The oral and gut microbiota, the two largest microbial environments in the human body, are separated by various barriers such as gastric acid and bile. Within the oral cavity, there are various distinct habitats where microbiomes thrive, including the buccal mucosa, subgingival plaque, hard palate, saliva, tonsils, tongue and throat, to name but a few.<sup>xv</sup> Each location has its own bacterial composition, however, all oral sites of a healthy individual carry *Streptococcus*, *Gemella*, *Veillonella*, *Haemophilus*, *Neisseria*, *Porphyromonas*, *Fusobacterium*, *Actinomyces*, and *Prevotella*. Dental health and the oral microbiota are certainly interrelated, with certain pathogens being strongly associated with oral complications as a result of oral dysbiosis.<sup>xvii</sup> This includes *Streptococcus mutans* and dental caries, and *Porphyromonas gingivalis* and periodontal disease.<sup>xix</sup> Oral microbiota has also been detected in other organs via translocation – for instance, *P. gingivalis* has been found in the brain tissue of a patient with Alzheimer's disease.<sup>xx</sup>

As you well know, oral complications can have adverse effects on the body. Periodontitis is a particularly aggressive disease and in a rodent study, researchers found that a single oral dose of *P. gingivalis* induced changes in the gut microbiota.<sup>xxi</sup>

Dysfunctions within the oral-gut barriers can allow oral microbiomes to translocate to the gut,<sup>xxii</sup> possibly altering the gut's immune defence.<sup>xxiii</sup> This could be via periodontal pockets and/or potentially through ingested saliva in affected patients.<sup>xxiv</sup> In patients with liver cirrhosis, a study<sup>xxv</sup> found that an invasion of oral bacteria to the gut had occurred, with the researchers further noting that *P. gingivalis* and other oral bacteria could have played a role in the development of liver cirrhosis. The interplay between these two ecosystems might suggest that oral bacteria, through its colonisation in the gut, could contribute to the development of chronic inflammatory diseases.<sup>xxvi</sup> Studies have also shown that those with periodontitis have a less-diverse gut microbiome, consistent with other systemic inflammatory diseases.<sup>xxvii</sup>

### Protecting the mouth, protecting the gut

The last Adult Dental Health Survey, from 2009, found that nearly half of UK adults had some level of irreversible periodontitis.<sup>xxviii</sup> According to the World Health Organization (WHO), it is believed that severe periodontitis affects around 14% of adults worldwide, equalling over one billion cases.<sup>xxix</sup> Many patients may not be aware how influential oral hygiene is to the health of the gut. However, as the mouth is the gateway to the body and the first port of call for commensal microbiota, airborne particles and food, it is unsurprising that the two environments can often be symbiotic in nature.

A particular focus within modern day dentistry is that of disease prevention. Fortunately, as you well know, preventing

oral health issues can be straightforward and simple for patients through twice-daily brushing with a fluoride toothpaste, regular interdental cleaning and frequent professional check-ups. Periodontitis is a serious and far-reaching disease, but adherence to good oral hygiene practises will help patients to reduce its related risks, and potentially its subsequent effects on other aspects of health. Adequately protecting the oral cavity can begin with a high-quality toothpaste, such as the Arm & Hammer™ 100% Natural Gum Protection toothpaste. With 1450ppm of fluoride and baking soda, this toothpaste helps to neutralise acids, remineralise enamel and balance the oral pH. Its innovative formula disperses quickly throughout the mouth, providing a deep clean between the teeth and below the gumline. The carton, cap and tube are also 100% recyclable.

As the focus on gut health continues to grow, it is important for professionals and patients alike to examine its relationship with oral health. Both areas are just small parts of a much larger picture relating to systematic health, yet their focus and protection can help patients live more fulfilling, healthier lives.

For more information about the carefully formulated Arm & Hammer™ toothpaste range, please visit <https://www.armandhammer.co.uk/> or email: [ukenquiries@churchdwight.com](mailto:ukenquiries@churchdwight.com).

See online for references. ■

#### About the author

#### Margaret Black



I have more than 40 years experience in dental practice starting as a dental nurse in an nhs practice in 1978 and qualified as a dental hygienist in 1992.

I worked for 21 years in nhs practice before becoming a clinical hygienist research assistant with the University of Dundee. Presently I fill my time as a self employed locum hygienist. Even Brighter Hygienist Services and presently cover 7 mainly private practices in Fife/Tayside/Perthshire and Angus. My enthusiasm for perio has never waned, and my post as a Professional Educator for Waterpik has enabled me to share experience gained over the years with other professionals and I love meeting lovely teams in different practices and settings. In my personal life I am married with a grown up daughter, and enjoy networking with other professionals, reading, walking our Cockapoo and 'grandpup' Goldendoodle and spending time with friends and family.

# Caring for patients with diabetes

## Learning objectives

- To understand how diabetes impacts the general and oral health of the UK population
- To better appreciate the two-way relationship between diabetes and periodontal disease
- To understand the importance of communication with diabetic patients

GDC Development Outcome: C

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The link between diabetes and oral health conditions is well known. Despite this, for some time there has been suggestion that dental professionals could play a bigger role in caring for patients with diabetes, and that more focus needs to be made on asking dentistry related questions during diabetes health check-ups.

This motion has gained momentum in recent months, and the National Institute for Health and Care Excellence (NICE) has now introduced dental guidance and questions to its annual check list for diabetics under the Managing Complications subheading, marking a significant step forward.<sup>1</sup>

Dental professionals are well placed to help individuals with diabetes to manage their condition, but a greater understanding of the disease and its comorbidities is essential in order to help support patients.



## Diabetes on a national level

The number of cases of diabetes in the UK has reached an all-time high of 4.9 million. Out of this figure, 4.1 million have been formally diagnosed with either type 1 or type 2 diabetes, while estimates suggest there are a further 850,000 undiagnosed.

What's particularly concerning is that cases of type 2 diabetes have doubled in the last fifteen years, indicating that more needs to be done to raise awareness of the condition and that lifestyle interventions to help reduce the risk of people developing type 2 diabetes should be more commonplace.<sup>2</sup>

## Risk factors for diabetes

There are a number of risk factors that increase an individual's chance

of developing type 2 diabetes. Many of these factors overlap or go hand in hand, meaning that an individual's risk can significantly increase depending on certain situations. Furthermore, some risk factors are out of people's control.

### Obesity

Carrying excess weight is considered the single biggest risk factor for people developing type 2 diabetes. In fact, it's thought that excess weight accounts for 80 – 85% of the risk of people developing the condition. This aligns with why we are seeing such a dramatic increase of diabetes cases, as obesity levels in the UK are also sharply on the rise, with figures doubling within the last 20 years from 6.9 to 13 million.<sup>3</sup>

### Age, Ethnicity and Family History

The risk of developing type 2 diabetes increases with age and depending on what ethnicity you are. White individuals are more at risk after the age of 40, while those from African-Caribbean, Black African and South Asian heritage are at higher risk after the age of 25.

Individuals are also 2-6 times more likely to develop diabetes if a close family member has it. This includes parents, siblings and children.<sup>4</sup>

### High Blood Pressure (Hypertension)

High blood pressure can increase the risk of diabetes and is twice as common in individuals who have diabetes. This is thought to be because hypertensive individuals exhibit higher insulin resistance,

which both increases risk of diabetes occurring and exacerbates the condition in those who already have it.<sup>5</sup>

### Smoking

Chemicals found in cigarettes harm body cells and cause inflammation. This process can make cells stop responding to insulin. Furthermore, smokers are at a higher risk of carrying excess belly fat, even if they aren't deemed overweight. This ties into the obesity risk, showing just how interconnected these factors can be.<sup>6</sup>

### Diabetes and health

Individuals living with diabetes are prone to both chronic and acute complications if the condition isn't managed properly.

Acute complications of diabetes are hypoglycaemia and hyperglycaemia – effectively blood sugar levels becoming either too high or too low. Associated symptoms include dizziness, confusion, mood swings and, in severe cases, unconsciousness.<sup>7</sup>

Chronic complications are serious problems associated with diabetes that usually develop or become steadily worse over time. These include:

### Heart Attack & Stroke

High blood sugar has been proven to weaken blood cells over time as well as damage the nerves that control the heart. High blood pressure increases the force of blood travelling through arteries, which may damage arterial walls over time. Furthermore, diabetics are likely to have higher cholesterol levels – cholesterol can build up in the arteries and cause plaque, potentially causing blood clots.<sup>8</sup>

### Diabetic Retinopathy

Diabetic retinopathy is caused when high blood sugar levels start to damage the retina. Over time, this condition can progress to blindness if left untreated.<sup>9</sup>

### Foot problems

Foot problems related to diabetes can be very severe and may result in the need for amputation if left untreated. These problems arise due to nerve damage limiting feeling in the feet and high blood sugar damaging circulation, a result of which is cuts and sores being slow to heal. Nerve damage caused by diabetes doesn't always manifest in just the feet, however, and can impair how the brain receives signals from any part of the body.<sup>10</sup>

### Increased risk of cancer

It's thought that 20 per cent of cancer patients have diabetes. Individuals with diabetes are more prone to developing gullet, breast, bowel, womb and kidney cancer.<sup>11</sup>

### Periodontitis

Diabetes and periodontitis have a two-way relationship. It's thought that because diabetic individuals suffer from cellular changes to their blood vessels that restrict blood flow to the gums, they are more likely to form infections such as periodontitis.<sup>12</sup> In fact, the risk of a diabetic developing periodontitis is three times that compared to a non-diabetic, and, as recently as the early 1990s, periodontitis was referred to as the "sixth complication of diabetes".<sup>13</sup>

Periodontitis also has a negative impact on glycaemic control, in turn leading to compromised diabetic management which could exacerbate both the acute and chronic symptoms of the disease.<sup>14</sup>

### A professional's role

In light of this, taking extra care to support patients with diabetes in achieving a high standard of oral hygiene is vital. Not only should these patients be scheduled to attend regular hygiene appointments, but they should also be supplied with relevant information about the condition, including an in-depth talk about how oral health and diabetics influence one another. They should also be encouraged to integrate effective products into their at-home oral hygiene routines to ensure they are maintaining their oral health as efficiently and effectively as possible.

The Waterpik® Water Flosser delivers a combination of water pressure and pulsation, which helps to clean deep between the teeth and below the gumline. This way, the Waterpik® Water Flosser removes up to 99.9% of plaque from treated areas, and has been proven to be up to 50% more effective for improving gum health when compared to string floss.<sup>15,16</sup>

Ultimately, our understanding of diabetes continues to deepen and this is finally being reflected in guidance in the dental profession. However, management of diabetic patients is an on-going task, and this means that professionals should be well armed with the knowledge of the far-reaching impact the condition has, as well as be able to guide patients towards solutions and techniques to help manage their periodontal health at home.

For more information on Waterpik® Water Flosser products visit [www.waterpik.co.uk](http://www.waterpik.co.uk). Waterpik® products are available from Amazon, Costco UK, Argos, Boots, Superdrug and Tesco online and in stores across the UK and Ireland.

Join the 3,000+ dental teams who have already benefitted from a professional Waterpik® Lunch & Learn. Book your free session for 1 hour of verifiable CPD and a free Waterpik® Water Flosser – available either face to face or as a webinar – at [www.waterpik.co.uk/professional/lunch-learn/](http://www.waterpik.co.uk/professional/lunch-learn/)

See online for references. ■



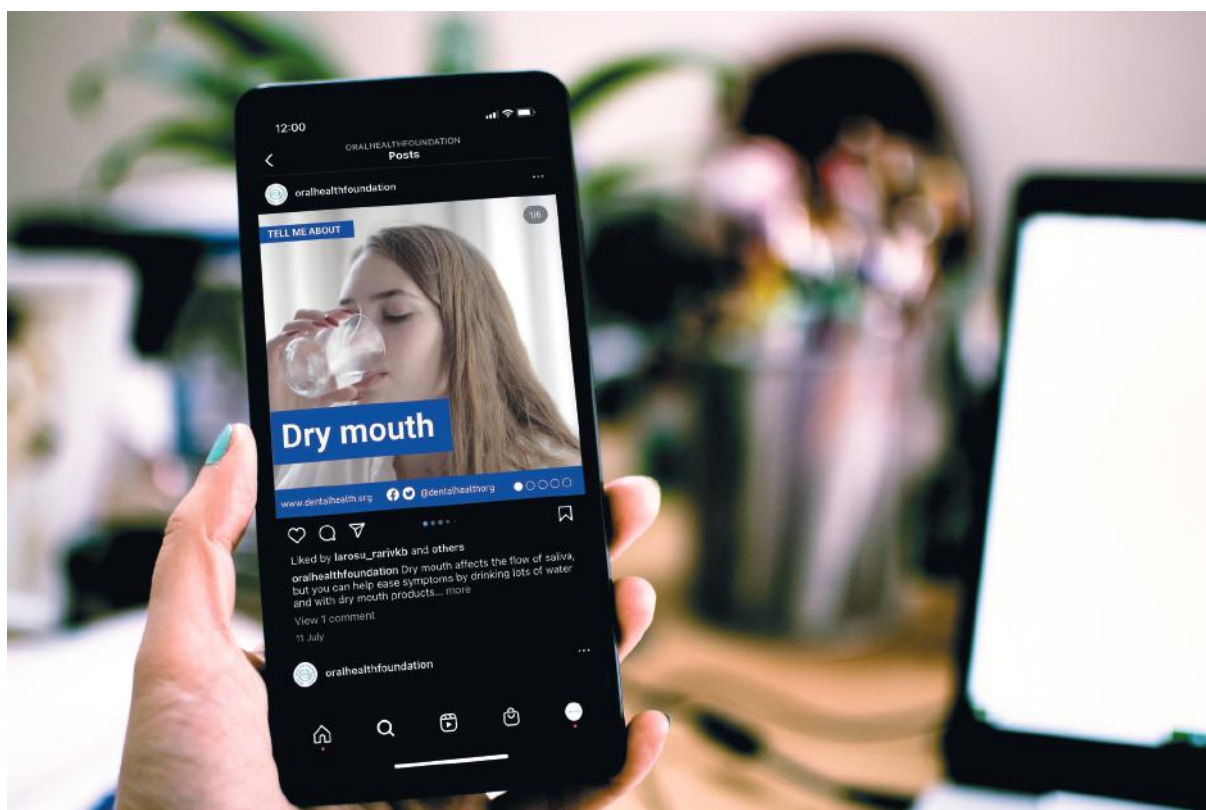
### About the author

#### Charleane McNally

Charleane McNally is a professional educator for Waterpik, and dental hygienist



# Help start a new year resolution revolution



It is no small secret in the dentistry world of the strain of work. Understaffed and overworked, covid backlog and the exodus to private care have put a strain on NHS dentists.

Two million adults in the UK must travel at least 40 miles to access dental care. The answer?

There isn't an easy fix to help solve the problems the system is currently facing. More staff, a better-funded NHS and a better contract from the government are needed but all of this takes time. Even if 10,000 new extra dental professionals entered training, we would not feel the impact for years to come.

Almost one in three (31%) of adults have tooth decay. With so many practices struggling to offer appointments to the public, these cases will lead to needing far more advanced treatment than they would have originally needed.

So, what can we do? One way we can help is to encourage people to start taking more responsibility for their own dental health. Preventing problems in the first place will help to take the strain off NHS dentistry allowing the more serious cases to get seen quicker.

Many dental professionals already have their own social media to promote their practice. If you don't already use it, maybe you could make it your new resolution coming into the new year. Make it a resolution revolution to change the face of Britain dentistry – one post at a time.

Simple messages that give clear and precise information to your patients and the public will help everyone involved. How to brush correctly, how to floss and what should they be looking for in their dental products. Many do not realise the impact that having good fluoride toothpaste can do to prevent caries. While there are some water schemes in the UK adding fluoride to drinking water, 60 million people in the UK do not have fluoridated water.

You can put out handy reminders to your patients in between dental visits to keep them on the right track with their dental care to help with these figures. Almost two in five (39%) of adults don't go to the dentist regularly so do not have access to the information that a dentist would give during their routine check-up. There is a lot of false information floating around social media from Instagram to TikTok videos claiming to give you perfect teeth. The unfortunate reality is that many will end up

causing more damage to their mouths due to the lack of care and information. Practices such as sticking things in between teeth that were never designed to go there, mewing to straighten teeth, or using dangerous chemicals to try to whiten teeth.

It is all too easy for the public to think that this cheap way of doing things will get them what they want. Dental professionals know the reason why they are so cheap – the danger they put the patient in.

The Oral Health Foundation recognises the way in which people are now consuming information is changing and adapting. More and more people are getting their information from social media. We put out a regular podcast with contributors from across medical fields and case studies to highlight the ongoing issues. We are active on Instagram, Facebook, Twitter, and YouTube in the hopes of making this situation better for everyone.

If you do not feel comfortable making your own posts, we would love to have your support by spreading our messages of oral hygiene to your patients and followers. Please check us out on our social media platforms below:

- <https://twitter.com/dentalhealthorg>
- <https://www.facebook.com/dentalhealthorg/>
- <https://www.instagram.com/oralhealthfoundation/>
- <https://www.linkedin.com/company/oral-health-foundation/>
- <https://www.youtube.com/user/dentalhealthcharity>

We hope you do decide to join us in combating the spread of misinformation and hope that your new year's resolution is as revolutionary as our commitments.

## About the author

**Karen Coates, Oral Health Content Specialist at the Oral Health Foundation.**



# Prevalence of oral diseases around the world

The World Health Organization (WHO) Global Oral Health Status Report (2022) suggests that oral diseases are widespread, affecting around 3.5 billion people around the world. It is estimated that, globally, 2 billion people have caries, and an additional 514 million children have caries in their primary teeth. With three quarters of those affected living in middle-income countries, and as living conditions are changing due to increased urbanisation, the prevalence of oral diseases around the world is still on the rise. At a time where nearly half of the world's population are experiencing oral disease, it is important to understand the reasons why, and what might be done to aid their prevention locally and globally, going forward.



## What factors are contributing to increased disease?

There are many factors which contribute to high prevalence of oral disease around the world. Food and drinks high in sugar and alcohol are often marketed as a desirable option, and are usually low in cost, making them highly accessible to many people including children. This accessibility has led to these foods and drinks being widely consumed, increasing the risk of oral health conditions such as caries if consumed frequently.

For many, limited access to oral health care services further contributes to poor oral health. Without regular dental check-ups, patients miss out on the valuable opportunity to receive preventative care. Dental and dental hygiene appointments are often a fantastic opportunity for professionals to spot early signs of diseases including caries, gingivitis, and oral cancers. Therefore, if a patient isn't receiving this care, their problems may go unnoticed until they have developed and are causing pain.

Another key factor contributing to oral diseases is the insufficient exposure to fluoride. Whether contained in drinking water or in oral care products such as toothpaste, fluoride can help to prevent the development of caries. However, only around 5% of the global population receive fluoridated water. The Water Fluoridation Health Monitoring Report (2022) which reports the impact of fluoride, shows that dental caries levels are lower in areas which receive fluoridated water. Children in these areas are less likely to be admitted to hospital for the extraction of teeth due to caries than those in areas who receive lower levels of fluoride – the report shows that children living in the most deprived areas benefit from this the most.

## Preventing widespread oral health problems

To help combat the high levels of oral disease around the world, messaging surrounding prevention can be useful. Promoting the benefits of a balanced diet to your patients, including reduced sugar consumption and drinking plenty of water, may help patients to consider the effects a sugary diet may have on their teeth.

It is also recommended to discourage the use of tobacco of any kind – whether patients smoke or use chewing tobacco, due to its link with mouth cancer, periodontal disease and even caries. Recommending that patients reduce their consumption of alcohol is useful for protecting oral health too. As even moderate alcohol consumption

can effect periodontal disease, caries and erosion, as well as increasing patients risk to oral cancer and their risk of facial injuries and dental trauma.

Ensure that patients know how to carry out effective oral hygiene, to aid with prevention. Recommend the use of products containing fluoride – vital for effectively protecting the teeth from developing caries – and ensure patients remove plaque from all surfaces of the teeth, to reduce the risk of oral disease.



## Fluoride use in oral hygiene and interdental cleaning

Fluoride is effective at protecting the teeth from developing caries, as it is able to strengthen the enamel and prevent damage from acid. For lasting protection, it is important that all surfaces of the teeth are kept clean, being sure to remove all plaque. This includes interdental cleaning, which is particularly important as this is where bacteria are likely to be missed with regular twice daily brushing. Advise that



patients clean interdentally once per day, making sure to use tools appropriate for their spaces.

Getting the brush size right is important when it comes to interdental cleaning. TANDEX FLEXI interdental tools are available in a range of sizes, clearly identified by the ISO and PHD (passage hole diameter) numbers on the box. TANDEX PREVENT GEL is another perfect addition to your patient's daily cleaning routine. When applied to the FLEXI interdental tool, it strengthens enamel and offers an antibacterial effect, because it is formulated with 0.12% chlorhexidine and 900 ppm fluoride. Plus, it's non-abrasive and pleasant tasting. Recommend FLEXI interdental brushes alongside TANDEX PREVENT GEL to ensure an effective clean and lasting protection.

By combining lifestyle and dietary changes with an effective oral hygiene routine, patients can protect themselves from developing oral diseases, including caries and periodontitis. By advising patients on ways to improve their oral hygiene, and recommending techniques and products that protect their teeth from bacteria, you are encouraging rates of oral disease in your local community to decrease.

For more information on Tandex's range of products, visit <https://tandex.dk/> or visit the Facebook page: <https://www.facebook.com/TandexUK>

Our products are also available from CTS Dental Supplies <https://www.cts-dental.com/> and DHB Oral Healthcare <https://dhh.co.uk/>

## About the author

Kimberley Lloyd-Rees on behalf of Tandex.

Kimberley graduated from the University of Sheffield in 2010, where she now works as a clinical tutor in Dental Hygiene and Therapy as well as working in practice. She has spent her career working across a variety of specialist private and mixed dental practices, for the MOD and volunteering her time to a dental charity in Nepal.



# Doing our bit to slow antibiotic resistance

Although understanding of pathogens has advanced considerably in the last few decades, infectious microorganisms are still one of the greatest threats to our health. Pathogens have evolved to resist our best efforts to destroy them, resulting in “superbugs” with antibiotic resistance that present significant healthcare challenges.

Unfortunately, antibiotic resistance is a natural phenomenon that can't be stopped. This process can, however, be slowed, so what can healthcare professionals do to help ensure that this is the case?

## What is a superbug?

The term “superbug” is applied to strains of fungi, bacteria, viruses and parasites that have become resistant to commonly used antibiotics and other medications that would normally treat any infections they cause.

In the UK, there are a number of superbugs. You're probably aware of some of the more common of these, including methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile, and the strains of bacteria responsible for causing multi-drug-resistant tuberculosis.

However, new superbugs are being discovered all the time, presenting novel challenges for healthcare professionals. For example, in 2010 news reports detailed how superbug NDM-1 was found in UK hospitals. At the time, there were considerable fears that this would result in a global pandemic – though thankfully this never came to pass. Earlier this year, scientists also discovered a potentially-lethal superbug in pork products being sold in UK supermarkets. This new pathogen was tested and found to be resistant even against “last resort” antibiotic treatments, meaning that, so far, there is no reliable solution to treating this new strain.

Superbugs are incredibly dangerous, and it's estimated that these antibiotic-resistant pathogens are responsible for over 1.2 million deaths around the globe each year. But why do superbugs exist and how do they evolve?

## Influencing antibiotic resistance

Many pathogens are imbued with the ability to evolve and mutate so that they can survive measures created to destroy them. A good example of this is the influenza virus – through a process called antigenic drift, flu viruses develop immunity against the vaccine developed each year to kill them, evolving into a stronger virus that requires a new vaccine the following year.

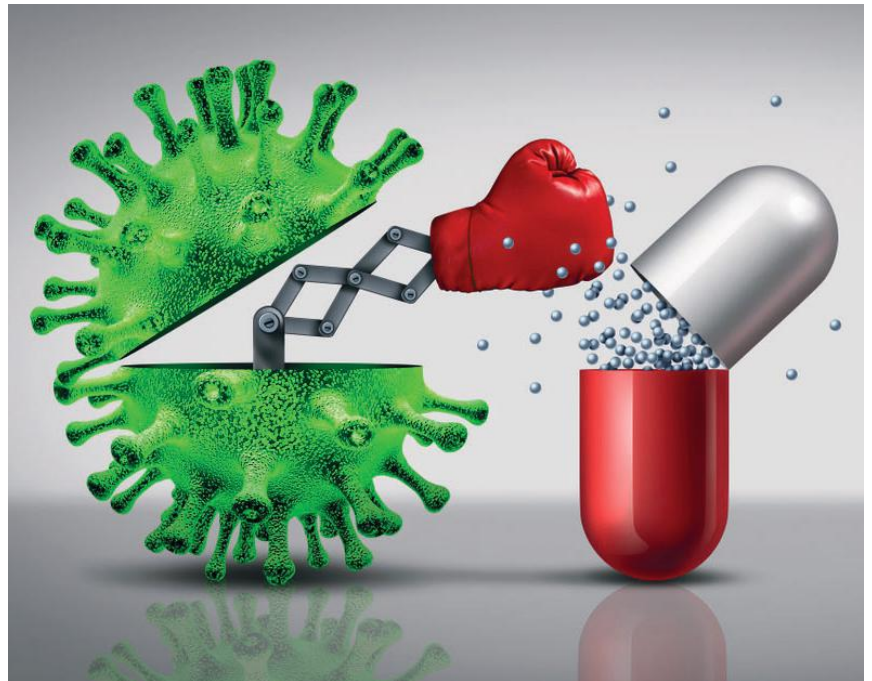
Similarly, superbugs are pathogens that have adapted to survive treatment from antibiotics. The emergence of superbugs is accelerated by the misuse and overuse of antibiotics, both among humans and in agricultural industries. To contextualise this, it's likely that the superbug found in pork samples emerged due to the extensive use of antibiotics in farming processes.

Lack of clean water and poor infection control procedures can also influence antibiotic-resistance, especially as this means that these pathogens can spread more freely, and therefore have a greater chance of mutating and forming immunities.

## Taking measures to prevent the spread

The main fear surrounding superbugs is that, eventually, one will emerge that is lethal and completely untreatable. If this were to happen, it would likely cause widespread death and untold damage to economies across the globe.

On a positive note, however, the battle against superbugs is, currently, not insurmountable. In fact, it was only in June 2022 that the NHS announced that it would be rolling out two “superbug-busting” drugs that could help those with life-threatening infections caused by superbug infections.



In the wider conversation surrounding superbugs there are talks across the globe about adopting certain protocols in hospital settings to help prevent them spreading, and limiting antibiotics. Plus, there are other ideas such as utilising bacteriophages (bacteria-killing viruses) to destroy superbugs, and the potential to use nanotechnology to create “smart antibiotics” that could target superbugs far more effectively. While none of these ideas have come to fruition yet, it's still encouraging to know that there is significant research and attention being dedicated to the problem.

Until then, healthcare professionals can help to curb the emergence of superbugs by practising an exceptional standard of infection control within their settings. The Signature Hand and Surface Sanitiser from Initial Medical is a trusted choice. Able to kill 99.99% of pathogens on surfaces and hands, this versatile spray can be utilised throughout your practice. Plus, it has been dermatologically tested to ensure that it's kind to skin, making it safe for repeated use.

## An issue of our times

The recent pandemic has proven that we should never underestimate the power of microorganisms. Superbugs pose an even greater threat, and as we cannot guarantee that there will always be a solution available to fight these microorganisms, slowing the development of antibiotic resistance is our safest way forward. By understanding superbugs and taking steps to ensure that infection control standards are exemplary in healthcare settings, we can all work together to help ensure that antibiotic resistance is less of a threat to us all.

To find out more, get in touch at 0870 850 4045 or visit the website today [www.initial.co.uk/medical](http://www.initial.co.uk/medical).

For further information please visit [www.initial.co.uk/medical](http://www.initial.co.uk/medical) or Tel: 0870 850 4045

## About the author

Rebecca Waters, Category Manager at Initial Medical, has worked in the Healthcare sector for the past 17 years and was a Research Chemist with Bayer Cropscience prior to joining Rentokil Initial in 2003. She keeps up to date on all developments within the clinical waste management industry and is an active member of the CIWM, SMDSA and BDIA



# Safe and effective microbial control

Antimicrobials are crucial for safe and effective dental treatment in certain situations. They are designed to prevent, disrupt and destroy pathogens, reducing the risk of infection. However, overuse or incorrect use of antimicrobials is exacerbating the threat of antimicrobial resistance (AMR), so it is important that dental professionals understand the risks and are aware of the protocols or products available to help.

## The global threat of AMR

AMR has become a major concern around the globe. The urgency of the situation comes from the potential for bacteria, viruses, fungi and parasites to change in a way that makes them impervious to the drugs and medicines that were previously used to destroy them. In particular, certain pathogens have developed a level of immunity to antibiotics, which renders traditional treatment useless and puts people at risk of serious harm to their health. The World Health Organization (WHO) states that common bacterial infections such as urinary tract infections, sepsis and sexually transmitted infections, as well as mycobacterium tuberculosis (TB), now show high rates of resistance to the antibiotics once used to treat them. Drug-resistant HIV is also becoming a growing concern, alongside the threat of malaria due to drug-resistant parasites.

According to the UK Health Security Agency, the reported number of severe antibiotic resistant infections rose by 2.2% between 2020 and 2021 in England. Prior to the pandemic – which led to increased antibiotic prescriptions – this figure was increasing by more every year.

The impact of AMR is significant and far-reaching. A systematic review in the Lancet estimated that 1.27 million deaths worldwide were the direct result of AMR in 2019, with a further 4.95 million deaths associated with AMR. In Europe alone, one study calculated the financial cost of extra or prolonged hospital stays to treat those with resistant infections to be in excess of £62 million (approximately £53 million).

The main causes of antimicrobial resistance are systematic misuse and excessive use of the drugs, so understanding the processes involved and ensuring appropriate prescribing are essential to tackle the problem. Dental professionals have an important role to play in both areas. Not only can you educate patients and raise their awareness of the issue, but you can also help ensure appropriate prescription of antimicrobials by healthcare professionals. Though ESPAUR found that dentistry only accounted for approximately 4.3% of total antibiotic prescriptions in 2021, it's essential that we continue or even accelerate the current downward trend in overall antibiotic consumption.

## Best practice protocols

Professional guidelines are available for clinicians that promote best practice protocols and support individuals in the appropriate use of antimicrobials. One of the most recent is the Antimicrobial Prescribing in Dentistry from the Faculty of General Dental Practice (FDGP) and Faculty of Dental Surgery. This document highlights the importance of utilising these drugs as an adjunct to other management techniques for oral infections, or on a short-term basis to prevent infections after specific dental procedures. It also suggests there may be need to use antimicrobials if treatment is temporarily delayed due to referral pathways or appointment waiting times.

Of equal importance for clinicians is remaining up-to-date with the latest recommendations regarding when antimicrobials should be used. A growing body of evidence suggests that antibiotics may not be necessary in some of the procedures that dentists commonly prescribe them for. For example, Yue Ti et al found that antibiotics were not associated with lower post-operative infection rates after tooth extractions, despite many dentists prescribing the drugs in such a situation.

It is not just antimicrobial prescriptions in dentistry that contribute to AMR – some of the oral hygiene products like mouthwashes used before, during and after dental treatment also play a part. Buxser et al found increased resistance to chlorhexidine among certain pathogens, including *Pseudomonas aeruginosa*, *Klebsiella pneumoniae* and *Acinetobacter baumannii*. Though more research is needed in the area, questions remain about the future of chlorhexidine as an antimicrobial in dentistry.



For this and other reasons, many leading UK clinicians are turning to an alternative mouth rinse, Clinisept+ Dental Mouthwash – which is not subject to anti-microbial resistance. Clinisept+ contains a unique, next generation hypochlorous solution that provides exceptional microbial control, yet has a neutral pH and is completely safe for dental enamel and oral mucosa. Clinisept+ is also non-toxic, anti-inflammatory, non-irritant and hypoallergenic, and contains no alcohol for superior patient comfort and peace of mind.

## Staying in control

The prevention of infection is important to ensure patients receive the best possible dental treatment. Microbial control is essential for this and dental professionals can achieve this safely – and without contributing to the growing threat of antimicrobial resistance – with the right protocols and products.

Find out more at [www.cliniseptplus.com](http://www.cliniseptplus.com), or contact 01455 247797 or [info@cht-ltd.com](mailto:info@cht-ltd.com)



**Ross Walker**  
Director of Clinisept+

# Dental Exhibitions 2023

## North of England Dentistry Show

On 11 March join us at the North of England Dentistry Show at Manchester Central for a day filled with educational lectures, networking opportunities, and the chance to connect with top exhibitors in the industry. Whether you're a solo practitioner or part of a larger team, there's something for every dental professional at this event.

BADN Treasurer Michelle Brand will be at the BADN stand, together with Chief Exec Pam Swain and IT & Comms Admin Adam Skalski; and BADN President Debra Worthington will be speaking on BADN's Menopause Policy.

Registration is free and is now open <https://dentistry.co.uk/shows/north-of-england-dentistry-show-2023/>

**NORTH OF  
ENGLAND  
Dentistry  
SHOW**

## British Dental Conference and Dentistry Show

The British Dental Conference and Dentistry Show (BDCDS)

is back on 12-13 May 2023 at the NEC Birmingham for its 13th year, and it's completely free for dental professionals to register (scan the QR code)!

BDCDS will be supported by an array of professional organisations, associations, and charities. Among them will be the British Association of Dental Nurses, the UK's professional association for dental nurses, with the team keen to meet dental nurses and outline the benefits of BADN membership.

British Dental Conference &  
**Dentistry  
Show**  
Birmingham

In collaboration with  
**BDA**  
British Dental Association

## Scottish Dental Show

On 19-20 May, Glasgow is hosting the Scottish Dental Show – a fantastic opportunity for learning, but also a chance to catch-up with colleagues and meet the suppliers and advisers supporting the profession.

Scottish  
**Dental  
SHOW 2023**



Alongside a fantastic exhibition, the show features a wide-ranging education programme comprising lectures and workshops. GDC highly recommended topics (medical emergencies, disinfection & decontamination and radiography & radiation protection) and GDC recommended topics (legal & ethical issues, complaints handling, oral cancer early detection, safeguarding children and young people and safeguarding vulnerable adults) feature on both days. Among the speakers in 2023 are:

- Mark Worrell, Head of Department, Medical Physics, University of Dundee (Radiography)
- Stacey O'Donoghue, Dental Tutor, NHS Education Scotland (Infection Control and Decontamination)
- Mike Lewis, Professor of Oral Medicine, University of Cardiff (Oral Cancer)
- Mark Greenwood, Consultant/Honorary Clinical Professor of Medical Education in Dentistry, University of Newcastle (Medical Emergencies)
- Stuart Clark, Oral and Maxillofacial Consultant, NHS Manchester (Medical Emergencies)
- Christine Park, Honorary Consultant in Paediatric Dentistry, Glasgow Dental School (Safeguarding Children and Young People)
- Nicholas Beacher, Honorary Consultant in Special Care Dentistry, Glasgow Dental School (Safeguarding Vulnerable Adults)

Check the Scottish Dental Show 2023 website for updates: <https://www.sdshow.co.uk/>

BADN will have a stand and a speaker at the Scottish Dental Show.



After much demand at the 2022 show, the BADN stand will again feature a Dental Nurses' Lounge, where dental nurses can relax with a cup of coffee.

The Dental Nurses' Forum, incorporating the National Dental Nursing Conference, is again hosted in 2023 by BADN and chaired by President Debra Worthington.



This theatre will provide dental nurses with a dedicated channel for personal and professional development, with a wide range of speakers on subjects as diverse as Recruitment and Retention of Dental Nurses, Well-Being, and Domestic Abuse.

Debra Worthington, BADN President, commented "This is my first visit to BDCDS as BADN President, and I look forward to meeting lots of dental nurses! The Dental Nurse Forum has something for everyone, and the BADN Lounge is a great place for dental nurses to relax and enjoy a cup of tea or coffee."

BDCDS is a great place for dental professionals to unite with the whole community, while meeting with 400+ suppliers and gaining up to 12 hours of enhanced CPD all under one roof!

Prioritise yourself this year and invest time into your career development at BDCDS.

To register for your complimentary pass, scan the QR code.



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BADN members can save 6% with brands such as Airbnb, lastminute.com, Hotels.com, Emirates, Eurostar, TUI, Hilton, plus many more\*. You can also save on the Inspire TravelCard, which gives you access to over 250 travel partners.

The travel card can be split across multiple brands, so you're not limited to where you can spend.

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BADN members can benefit from hassle-free holiday spending thanks to Currensea. Save at least 85% when spending in foreign currencies. As an added benefit, Currensea also offers £15 cashback to all members when you order a Currensea card and make 5 transactions abroad within 12 months of opening an account, regardless of the amount spent.

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BADN Rewards has partnered with the award-winning travel agency, Holiday Exclusives. Through their VIP Club, explore the best travel offers available to BADN members.

From all-inclusive beach resorts and winter sports holidays to UK vineyard tours and spa days. The choice is yours.

Looking for a night out at the theatre? Visit London's West End from only £15.

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Holiday Extras, the UK market leader for holiday add-ons, are offering BADN members an exclusive discount. They specialise in the essential extras that every traveller needs. With savings of up to 13% on Airport Parking, 10% off Airport Hotels, 10% off UK Airport Lounges, and 10% off Airport Transfers\*, Holiday Extras are dedicated to getting you into the holiday mood before you fly.

To take advantage of these and other fantastic deals visit the BADN Rewards page today: <https://www.badnbenefits.org.uk/>

\*Terms and conditions apply to all benefits. See website for details. Offers subject to change without notice and correct at time of print. Holiday Exclusives - This is a web only service, savings range up to 65% off, all hotels and deals are subject to change and availability. For full terms and conditions please visit [www.holidayextras.com](http://www.holidayextras.com). Holiday Extras - See website for exclusions. BADN Rewards is managed and run on behalf of BADN by Parliament Hill Ltd.

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# 2023 CALENDAR



## February

- 10 BDA virtual event: Record keeping (half day)
- 13 **BADN Executive Committee meeting**
- 24 BDA in-person event: Managing medical emergencies (London)

## March

- 11 North of England Dentistry Show, Manchester Central (<https://dentistry.co.uk/shows/north-of-england-dentistry-show-2023/>)
- 22 NEBDN Spring Conference
- 24-25 Dental Showcase, ExCel ([www.dentalshowcase.com](http://www.dentalshowcase.com))
- 29 BDA virtual event: Reception and telephone skills (half day)

## April

- 4 Copy date for Spring 23 British Dental Nurses' Journal ([pam@badn.org.uk](mailto:pam@badn.org.uk))
- 4 NEBDN National Diploma written exam
- 17 BDA CPD Hub course: Dental Radiography for DCPs (8-week theory course and final exam held entirely online. See CPD Hub for additional start dates throughout year)
- 28 Spring 2023 edition of British Dental Nurses' Journal published

## May

- 12-13 British Dental Conference and Dentistry Show, NEC Birmingham ([www.birmingham.dentistryshow.co.uk](http://www.birmingham.dentistryshow.co.uk))
- 19 **BADN Executive Committee meeting**
- 19 BDA in-person event: Contemporary periodontal management for general dental practice (London)
- 19-20 Scottish Dental Show, Braehead ([www.sdshow.co.uk](http://www.sdshow.co.uk))

## June

- 2-18 NEBDN National Diploma OSCE

## July

- 4 Copy date for Summer 2023 British Dental Nurses' Journal ([pam@badn.org.uk](mailto:pam@badn.org.uk))
- 28 Summer 2023 edition of British Dental Nurses' Journal published

### Key

NEBDN - see [www.nebdn.org](http://www.nebdn.org) for more info or contact 01772 429917

BDA Courses - Sign up for BDA CPD Hub courses at: [cpd.bda.org](http://cpd.bda.org); Sign up for BDA in-person and online events at: [bda.org/training](http://bda.org/training)

BADN - see [www.badn.org.uk](http://www.badn.org.uk)

Other dental dates - to add your event to the diary, please send details to [events@badn.org.uk](mailto:events@badn.org.uk)

If you have any events planned for 2023 and would like them to be included in the BADN Diary, please email details to [pam@badn.org.uk](mailto:pam@badn.org.uk).

**Please keep and use the contact details below.****BADN staff****BADN Chief Executive & Editor, British Dental Nurses' Journal:**

|              |              |                 |
|--------------|--------------|-----------------|
| Pamela Swain | 01253 338365 | pam@badn.org.uk |
|--------------|--------------|-----------------|

**Journal subscriptions, invoicing, bookkeeping, etc:**

|               |              |                     |
|---------------|--------------|---------------------|
| Shirley Lyons | 01253 338361 | shirley@badn.org.uk |
|---------------|--------------|---------------------|

**Membership:**

|             |              |                 |
|-------------|--------------|-----------------|
| Val Forshaw | 01253 338366 | val@badn.org.uk |
|-------------|--------------|-----------------|

**BADN events, social media, website, IT matters, etc:**

|              |              |                                        |
|--------------|--------------|----------------------------------------|
| Adam Skalski | 01253 338364 | events@badn.org.uk<br>adam@badn.org.uk |
|--------------|--------------|----------------------------------------|

**General Enquiries**

enquiries@badn.org.uk

Our phone lines are very busy! If you are put through to voicemail, please leave a message stating your name, BADN membership number, and contact phone number, and we will get back to you as soon as possible – **please do not hang up; or keep ringing round all the various phone numbers and hanging up – this just blocks the system!**

Should you wish to contact members of the BADN Executive Committee, please do so via the BADN office or use the email addresses below – for reasons of privacy, work/life balance, etc, please do not use the individual concerned's personal home or work email address:

**President**

|                   |                       |
|-------------------|-----------------------|
| Debra Worthington | president@badn.org.uk |
|-------------------|-----------------------|

**Educational Representative**

|                 |                       |
|-----------------|-----------------------|
| Anita Stanforth | education@badn.org.uk |
|-----------------|-----------------------|

**Chairman**

|               |                      |
|---------------|----------------------|
| Joan Hatchard | chairman@badn.org.uk |
|---------------|----------------------|

**Immediate Past President**

|               |                       |
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| Jacqui Elsdon | president@badn.org.uk |
|---------------|-----------------------|

**Treasurer**

|                |                     |
|----------------|---------------------|
| Michelle Brand | finance@badn.org.uk |
|----------------|---------------------|

**Please note that all hard copy correspondence should be sent to the BADN office at:**

BADN, Room 200, Hillhouse International Business Centre, Thornton-Cleveleys, FY5 4QD

For queries regarding **BADN Rewards**, please contact Jenny Hollywood at Parliament Hill at [jhollywood@parliament-hill.co.uk](mailto:jhollywood@parliament-hill.co.uk)

For queries regarding **CPD in the Journal**, or access to the CPD certificates, please contact Jack Stennulat at Purple Media on [jack.stennulat@purplems.com](mailto:jack.stennulat@purplems.com).

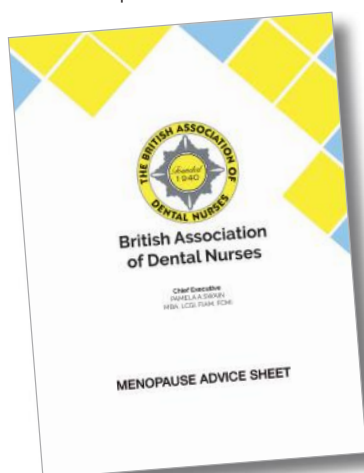
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**To obtain your long service member badge** (5, 10, 15, 20, 25 years), please go to [www.badn.org.uk/longservicebadge](http://www.badn.org.uk/longservicebadge) and complete the claim. You will then receive an email from Val confirming your eligibility and requesting an SAE. Please put a Self Addressed Envelope, with stamps to the value of £1.05 (second class mail) or £1.45 (first class mail), together with a note of your name and BADN membership number, into a second envelope addressed to the BADN office and with "BADGE" written in the top right hand corner of the outer envelope. Remember to stamp the outer envelope too!

**To obtain your hard copy of the CPD Activity Log, Personal Development Planner or Menopause Policy**, please put a Self Addressed Envelope, with stamps to the value of £1.05 (second class mail) or £1.45 (first class mail), together with a note of your name and BADN membership number, into a second envelope addressed to the BADN office and with "CPD/PDP" or "MENO" written in the top right hand corner of the outer envelope. Remember to stamp the outer envelope too!! These are also available in e-form on our website under "Downloads".

You can **obtain replacement membership badges** (£5), 80th Anniversary brooches (£10.50) and BADN Bundles containing a BADN pen, coaster and keyring with trolley pound (£5) from our online shop at [www.badn.org.uk/membershop](http://www.badn.org.uk/membershop)



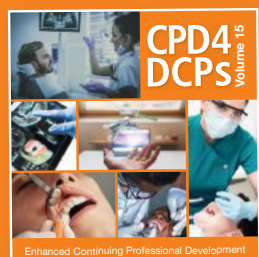
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