DENTAL HEALTH

VOLUME 63 | NO 5 OF 6 SEPTEMBER 2024

BSDHT.ORG.UK

THE JOURNAL OF THE BRITISH SOCIETY OF DENTAL HYGIENE AND THERAPY

BSDHT 75TH ANNIVERSARY **TEA PARTY**

SCOTLAND'S CHILDSMILE IMPROVING CHILDREN'S ORAL HEALTH

EXPLORING MEMBERS' ADDITIONAL SKILLS

Confidence in Implant Dentistry

FOR GDPS, DENTAL HYGIENISTS & DENTAL THERAPISTS

Hosted by Dr Barry Oulton
The Confident Dentist

BROUGHT TO YOU BY

EMS PLANMECA BienAir Dental

A day to support you with everything you need to effortlessly increase implant numbers and associated profits, regardless of your current implant numbers or your chosen implant system.

For GDP's who:
- Offer implants and want to do more
- Are just starting their implant journey

Dental Hygienists & Therapists who:
- Are identifying potential implant patients
- Supporting the long term maintenance of implants

Teams:
- Looking at how implants can support practice growth.

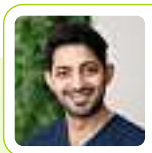
Helping delegates with sales, systems and processes to streamline workflow.

Our Speakers

Lousie Warden
Identifying an Implant Patient.

Jolene Pinder
The Importance of Implant Maintenance.

Dr Emanuele Clozza
DDS, Cert. Perio
A Paradigm Shift Using Photogrammetry to Record the Position of a Complete Arch of Implants in a Digital Workflow.



Dr Aly Virani
A single implant case with Ultra-low -dose diagnosis and planning: How Romexis can create your workflow and lab communication no matter what implant system you use.

01 NOV
8.30AM-5PM

ROYAL COLLEGE OF PHYSICIANS
ST ANDREWS PLACE, LONDON, NW1 4LE

£125.00
PLUS ADMIN FEE £11.14

Find out more

DENTAL HEALTH

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

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

bsdht.org.uk

DENTAL HEALTH – ISSN 0011-8605

EDITOR
Heather L Lewis,
Bragborough Hall Business Centre, Welton Road,
Braunston NN11 7JG
Email: editor@bsdht.org.uk

BSDHT NATIONAL ENQUIRY LINE
Tel: 01788 575050
Email: enquiries@bsdht.org.uk

ADVERTISING SALES
Fay Higgin
Email: sales@bsdht.org.uk

CLASSIFIEDS & JOBLINE
Tel: 01788 575050
Email: enquiries@bsdht.org.uk

PUBLICATIONS TEAM
Nick Coller
Harriet Elsworthy
Marina Harris
Alistair Lomax
Ali Lowe
Patricia Macpherson
Elaine Tilling

EDITORIAL BOARD
Susan Bissett
Stacey Clough
Latha Davda
Kenneth Eaton
Cassandra Lewis
Jeanie Suvan
Victoria Wilson

eCPD INDEPENDENT REVIEW PANEL
Marina Harris
Ali Lowe
Patricia Macpherson
Elaine Tilling

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

Warners Midlands plc
The Maltings, Manor Lane, Bourne,
Lincolnshire PE10 9PH
Telephone: 01778 391000
Email: helpdesk@warners.co.uk
Web: www.warners.co.uk

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

22 ON THE COVER

More or less the truth behind the numbers

MCDental.

Dental handpieces, accessories & equipment.

Discover the ultimate solution for dental hygienists and help your patients achieve the perfect smile they deserve!

Top-quality air polishers, powders, and acccessories, all at the most competitive prices.

Personalised Experience.
Our team takes pride in delivering personalized knowledge and tailored experiences to practice owners.

Excellent Customer Service.
Whether you're ordering online or over the phone, our team provides informative support, ensuring seamless transactions and exceeding your expectations.

Excellent Product Knowledge.
We provide a distinctive perspective backed by training and expertise in equipment repairs. Our staff excels in offering excellent advice across the entire range of equipment.

TAKE 2% OFF!
USE CODE **'MCDENTAL2024'**

01253 403 440
www.mcdental.co.uk

EDITORIAL

Exemptions – movement at last

As you may well be aware, and as you can read on pages 24-25, the long awaited legislation that formally facilitates what many of us have been doing in the interests of our patients, for many years, has finally come into being. All credit must go to BSDHT past-president Michaela ONeill and BADT past-president Fiona Sandom for their unstinting work in getting this over the line. It is clear that the evidence portfolio they assembled was phenomenal and submitted on time, unlike some of the organisations with whom we were bundled, in respect of their own occupations.

There is still one small hoop for us all to jump through though, in that we will not be able to use the new exemptions in full until we have undergone further training – not in the use of the exempted medications you understand, but - in the implications of using the new exemption.

Many of us have been working closely with our prescribing dentists for a number of years and have developed Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) to work around the previous regulations, but since the change to allow direct access 11 years ago, those regulations have been an anomalous barrier to our ability to use skills that we were either taught in our initial training or have acquired since, in the best interests of our patients. And this is particularly pertinent for those who have adopted direct access, either in independent practice or within practices that have embraced the concept.

In some respects, it is unfortunate that the medical professions have embraced the concepts of prescribing and of delegation so much more than we have in dentistry. Some of you will remember the power of the lobby to shift general nursing to a degree only course in the year 2000. Since then, we have had the rapid development of many forms of specialist nurse, many with prescribing rights, including full nurse led general practices.

There were many barriers and objections to our being given even limited prescribing rights, but for now at least this will cover most of the occasions when our treatment involves Prescription-Only Medications (POMs). It would have been better, obviously, if this had extended to a limited selection of antibiotics, bearing in mind that most of the pain relief we might wish to recommend are freely available from the pharmacy. However, as Michaela and Fiona point out, it should now become easier in the future.

I discussed this at length with a dentist friend who is a practice owner and who has worked closely with dental hygienists and therapists over many years and who embraced direct access from the beginning. They said:

" This is long-overdue for most of us who care about our patients' wellbeing. When you work closely with trusted colleagues it is demeaning for them to have to ask for 'permission' to use everyday medication. We all train annually in the rare consequences of those medications causing adverse reactions. We all know what to look for and how to react. At last, the team will be able to practise within their training and confidence, without interrupting another patient's journey to add a prescription to a treatment plan."

It is vital, that after all the hard work that has been done on our behalf, we all seek out the necessary training and take full advantage of this achievement.

Heather Lewis

Heather Lewis

75 YEARS AT THE HEART OF PREVENTION

BSDHT

The British Society of Dental Hygiene & Therapy

PRESENTS

ORAL HEALTH CONFERENCE 2024

22 - 23 November
Harrogate Convention Centre
#OHC2024

"Fabulous and great value for money, I will definitely be coming next year!"
2023 DELEGATE

EARLYBIRD FEES
Last chance to save more than 20% - book by 16 September

View the programme and book your place at bsdht.org.uk/ohc-2024

FROM THE PRESIDENT

BY MIRANDA STEEPLES

As summer fades away Autumn beckons, but what a summer it was!

On Saturday the 6th July, we celebrated 75 years since the inception of BDHA when around 100 guests met at the RAF club in London for afternoon tea. Guests were treated to two presentations: first from Professor John Gibson, who walked us through 75 years of our history, our unique qualities and the importance of being kind to each other; then Group Captain Clare Myhill addressed the room and introduced Wing Commander Matthew Hopton who spoke about our history with the Royal Air Force. It was a very enjoyable afternoon and I want to thank everyone who made the journey to London to join us.

There was little time for reflection as the afternoon came to a close for the president-elect and I as we immediately hot-footed it across London to Heathrow airport to catch a flight to Seoul, South Korea, ready for the House of Delegates meeting for the International Federation of Dental Hygiene. The journey was smooth and we landed safely at the hotel in time for dinner on the Sunday evening.

I was fortunate to be able to take some holiday time after the International Symposium on Dental Hygiene to travel around Taiwan and Japan, and while I was away it was lovely to see students graduating from university and getting ready to join their workplaces. If that is you and you are reading this, congratulations and welcome! This is a big step in utilising the skills you have learned in daily practise and it can be daunting, but let me give you a tip. Anytime you say to yourself, 'I feel nervous', flip it and say, 'I feel excited'. It's a very similar physical feeling, but a more positive mindset. This really works for me. I still get nervous anytime I step into a room of people I don't know, or present to a room. We all do to a degree, and that's normal, but try to see it as an opportunity either to help a patient, or to share your knowledge with others. Tell yourself you're excited and before long you will believe it as well. You've passed, you deserve to be there, but if you're still struggling, we're here for you, so keep in touch and reap the benefits of being part of your BSDHT family. One such time that I utilised this technique was on the day I joined other professional stakeholder groups at a Healthcare forum hosted by Lloyd and Whyte in London. BSDHT works with Lloyd and Whyte, who provide financial advice to members, so it was an opportunity to come together with other stakeholders within the health community and share successes and challenges from our perspectives. It was a really interesting day learning about the similarities and differences the different professional groups share.

Last month the president elect, Rhiannon Jones, director of operations, Sharon Broom, and I went to Harrogate for a site visit with Profile Productions to look around the Harrogate Convention Centre in preparation for this year's OHC. There was an opportunity to taste the food and to view the various rooms that we will be using for this year's conference. I can't wait to see you all there in November.

At the end of September, we will host delegates from the EDHF in Edinburgh for the AGM. My special thanks go to Diane Rochford, Immediate Past President, for her invaluable contributions to this event. She has generously given her time in the organisation of the event having had various meetings with the EDHF Board and liaising with venues. It will be an honour to share their 25th birthday with them, and to celebrate five years since the inception of the Belgium Dental Hygienist's Association as well as our 75th anniversary.

There is nothing quite like the feeling of unity, of being together with other dental hygienists and therapists either in the UK or around the world, and whatever your comfort zone there is something for everyone. Whether it be a regional group study day, you can choose from days held across September and October, to our own Oral Health Conference, to a bigger UK conference, or even an overseas gathering, do embrace time spent with your professional family. We are all dental care professionals, we're all dental professionals who care, wherever we are in the world.

BSDHT PRESENTS

ORAL HEALTH CONFERENCE 2024
75 YEARS AT THE HEART OF PREVENTION

22-23 NOVEMBER 2024, HARROGATE CONVENTION CENTRE

The Oral Health Conference (OHC) is the BSDHT's flagship member conference and the must-attend annual event for dental hygienists and dental therapists. Each year, we put together the conference with you in mind – to provide you with clinical education, CPD hours, a forum to hear from leading speakers, and receive updates from the profession, as well as the chance to network with colleagues, experts, and industry. This year we're taking the OHC back to the beautiful town of Harrogate in Yorkshire.

A programme aimed at enhancing your career and relevant to your day-to-day practice

Amongst many other benefits, the conference provides a two-day programme that is designed to be clinically-applicable and professionally relevant, with take-away learning points you can apply the very next day at work.

"Bournemouth 2023 was a great conference with a real feeling of unity and pride in the work we all do every day. Building on this, we are looking forward to another comprehensive programme which should provide something for everyone and a chance to visit one of the best trade exhibitions of the year for our profession. We are also excited to celebrate our 75th birthday with our members. Please note the date the early bird date closes and take advantage of the option to pay in instalments. I look forward to seeing you in Harrogate."

Rhiannon Jones, President Elect of the BSDHT

The range of topics and calibre of speakers is always one of the most highly-rated aspects of the OHC by our delegates. This year's programme will be as cutting-edge and diverse as always:

Dento Legal Expert Witness in Periodontics and DWSI Periodontics, **Dr Sarovi Davda**, will discuss how to **avoid litigation in periodontal care**. Her session on the first day of the OHC will provide a unique opportunity to learn the principles of periodontal litigation from a dento-legal expert witness. It will take an in-depth look at the complex issues of causation that arise in periodontal claims and the duties of clinicians in its management, and by the end of the session you will have a better understanding of the way in which negligence claims are assessed, the complexities of contributory negligence, and the duties of clinicians in periodontal management.

On the Saturday, **Mr Steven Hutchison, Consultant Maxillofacial Prosthetist, and Dental Therapist, Ms. Yasmin Sutherland's** subject is, **Mandibular reconstructions - from tumour removal to restoration**. Their presentation aims to give you an awareness of mandibular reconstruction and the aftercare of these special needs patients and the maintenance of the restorative elements.

These are just two presentations at the conference - you can view the full extensive programme at bsdht.org.uk/ohc-2024

Tailor the programme to your learning needs

As always, alongside the plenary sessions of keynote speakers you'll find breakfast workshops and three concurrent streams to choose from, allowing you to tailor a programme that best suits your needs – there really is something for everyone.

Come together as a profession

OHC isn't just CPD. Feedback shows us that it is the key opportunity of the year to come together as a profession, to meet and share ideas and best practice, to celebrate our work, and be inspired by each other. There will be lots of opportunities to network informally and formally with other delegates, speakers and trade representatives, as well as

Join us at the conference – book your place at bsdht.org.uk/ohc-2024. Earlybird fees are available until Monday 16 September

meet the BSDHT Executive team and members involved in the various working and advisory groups that are helping to shape the BSDHT and our strategy.

The social element is a big part of the OHC, and the legendary Friday Night Party is back this year! Add a ticket to your conference booking and join us for dinner, drinks and dancing at the Crowne Plaza Hotel at the end of the first day.

OHC2024 is not only our annual conference, it is the climax of a very special year for BSDHT. It is also the only event that Is purely focused on you, the dental hygienist or dental therapist. This is what makes the OHC so special; it is formulated by clinicians just like you, to think of subjects that will be interesting and useful when you return to work. This year we have the addition of the ODRT meeting, which is a great opportunity for the novice researcher to find out more about research in a safe and nurturing space. So come join us, you've nothing to lose; I cannot wait to see you in Harrogate, in the heart of Yorkshire, to celebrate our position at the heart of prevention.

Miranda Steeples, President, BSDHT

Present your work at the OHC

Did you know you can be part of the OHC's educational content by submitting your work to be considered for poster presentation? We are pleased to provide those who have been involved in research projects as part of their employment or continuing education and training with the opportunity to submit their research for review and consideration by our Scientific Committee. The submission deadline is **5pm on Friday 20 September** – find full details at bsdht.org.uk/ohc-2024. Successful abstracts will be presented as part of a poster display at the OHC and prizes will be awarded.

The BSDHT would like to thank Colgate for their sponsorship of the poster competition.

10 great reasons to attend

Still not sure? There are many great reasons to attend:

1. Learn from educational sessions designed to be applicable to your day-to-day work.
2. Gain 10+ hours of CPD.
3. Hear from leading speakers from clinical practice, academia, and industry.
4. Learn from your peers' research in the poster sessions.
5. Submit your work for the poster competition.
6. Help inform the BSDHT's work.
7. Share and learn from best practice, and be inspired.
8. Learn about latest products and services in the exhibition.
9. Network with colleagues and key players from the field of dentistry in relaxed settings.
10. Celebrate the profession at the Friday Night Party.

HARROGATE CONVENTION CENTRE

OPTIM™

Interdental Brushes

For more information or
to request a sample, visit
www.optim-idb.uk

Stoddard™

British quality design and
manufacture since 1934

75 YEARS AT THE HEART OF PREVENTION

BSDHT
The British Society of Dental Hygiene & Therapy
PRESENTS

ORAL HEALTH CONFERENCE 2024

Harrogate Convention Centre
22 - 23 November
#OHC2024

It's BSDHT Annual Poster Competition time

Not only is this a chance to win a prestigious accolade
there are some great prizes on offer too!

Free 2-day delegate pass to BSDHT Oral Health Conference 2024 incl. travel expenses & 1 night's accommodation.

Free attendance at a BSDHT Regional Group CPD event in 2025.

PLUS ... free BSDHT membership for a whole year.

... and that's just 1st prize!

The guidelines and submission forms are now on the **website:https://www.bsdht.org.uk/ohc-2024/**

BDHA / BSDHT

75TH ANNIVERSARY TEA PARTY AT THE RAF CLUB PICCADILLY

If you missed out, here are some reflections from the event.

BDHA/BSDHT, what a history! A wonderful opportunity to remember and celebrate the past, embrace the present and look to the future.

Patricia Macpherson

I am so glad I made the effort to fly over to attend our BSDHT 75th anniversary celebration. Great day out!

Deirdre Canavan

A wonderful, nostalgic, amazingly well-organised celebratory afternoon!

Tim Ives

What a privilege to be part of the BSDHT 75th Birthday celebrations at The RAF club among such esteemed company!

Rachel White

A beautiful day surrounded by inspirational individuals wanting nothing but the best for our profession.

Eleanor Cowlam

Honestly it was a delightfully interesting and informative afternoon. Scrumptious high tea. Good company with old and new friends.

Jillian Crossley

Thank you all for a fabulous day. Superb venue with many memories. Delicious food and fantastic company. A day to remember.

Katrin Brunning

Marking any anniversary with people who have been so integral to its development is special. This event was extraordinarily special.

Elaine Tilling

So much joy, history, reflection and celebration in the most beautiful of settings!

Lynn Chalinder

It was a magnificent afternoon, remembering 75 years of such a remarkable organisation.

Cara Hills-Smith

I had a brilliant sense to strive for teamwork following an exhilarating talk about Eclat The Red Arrows excellence!

Tracey Roberts

ROUNDTABLE CALLS FOR DCP WELLBEING ADVOCATE COMMUNITY

Victoria Wilson recently organised a DCP wellbeing advocates online roundtable, co-hosted by dental consultant Claire Frisby, to address the stigma of mental health and provide professionals with tools to become architects of their own wellbeing.

Over the years Victoria - dental therapist, yoga instructor and mental health first aider - has made it her mission to help her dental peers. She explained: "Through a number of initiatives I have organised, I have highlighted how prioritising one's well-being helps people be the best version of themselves both at home and at work, resulting in many great achievements. The dental sector is such a fast paced one, it is easy to forget about oneself, ignore signs of stress and end up off track".

Her co-host Claire added: "Victoria and I share a passion for supporting dental teams and, with our combined experience, we aim to maximise our impact in our respective roles. Having been there ourselves, we understand how stressful the dental workplace can be and our aim is to alleviate some of this pressure, promote wellness and support the team to ensure everyone functions optimally".

Community of wellbeing advocates

The roundtable initiative was another opportunity to reinforce support for the profession by creating a community of wellbeing advocates. During the event participants focussed on challenges brought about by mental health, including the negative or discriminatory attitudes towards it, and what people felt about it. This was followed by an exploration of positive solutions to show how change can be implemented within the dental practice.

Attendees were given advice on how to modify certain pathways to be in a better position to overcome issues. Tangible progress was made through conversation to recognise the excessive focus on the stigma of talking about aspects impacting how we are feeling, our well-being and mental health in the dental setting. The clear benefits of talking were highlighted: how to overcome certain workplace issues and the benefits of additional focus and commitment to prioritising our own well-being. It is now essential to look at the practical daily application of methods that can help overcome mental issues and thrive in clinics for the benefit of staff and ultimately our patients.

Victoria said: "We do not claim to be psychologists: our aim is primary prevention before the problems really evolve, which means that we could be the first port of call to signpost individuals towards accredited support. When someone is in a bad place or struggling alone, reaching out for help can be daunting, so knowing that you can talk about anything without being judged is a step forward and what our preventative role is all about".

This community of wellbeing advocates strives to create a safe space, break barriers and reinforce that it is okay to

talk about how we are feeling and explore aspects that can impact our mental health. Nobody should ever feel alone and stuck, whatever the size of the problem.

Everyone who joined the roundtable discussion was invited to spread the word about mental health in a positive way. There is a need for as many wellbeing advocates as possible and Victoria would like to encourage people to train as mental health first aiders as it will make such a difference to the profession's wellbeing and increase the confidence of such professionals taking on this role.

Victoria concluded: "We hope to put in place a Whatsapp group to further develop this wellbeing advocate community. Our existing support group, under the Smile Revolution Thrive umbrella, is voluntary and is a safe place for like-minded individuals who share the same philosophy of mutual support and fostering positive changes. I have been privileged to witness so many selfless and generous exchanges and support within the community, I am comforted that we can confidently do more and cultivate a stronger philosophy of wellbeing advocates throughout the entire dental profession. This is my mission and pledge".

The roundtable was supported by Philips who offered participants a Sonicare toothbrush in a prize draw and a free 5 step toolkit full of details about how to become a mental health first aider.

For more information about the support community contact:

Victoria at **info@smile-revolution.net www.smile-revolution.net**

Claire at **claire@click-nik.com www.click-nik.com**

You can also find out how to receive the free 5 step toolkit and/or how to become a mental health first aider.

BSDHT ON TOUR TO SEOUL SOUTH KOREA

MIRANDA STEEPLES, BSDHT PRESIDENT

The International Federation of Dental Hygienists (IFDH) represents 90,000 dental hygienists around the world. Currently, two representatives from each of the 30 member countries attend the annual House of Delegates meeting. The UK was represented by BSDHT President, Miranda Steeples, and President Elect, Rhiannon Jones.

House of Delegates

The Board of the IFDH comprises five individuals: Chief Executive, Peter Anas; President, Jill Rethman; President-Elect, Fouzieh Elliasey; Vice-President, Sharon Friedman; Secretary, Carmen Lanoway; and Treasurer, Miranda Steeples, who also meet separately throughout the year. This year's meeting was especially exciting for me because I joined the IFDH board as the Treasurer alongside, new to the team, Carmen Lanoway.

The week started with an afternoon of leadership workshops, facilitated by Ondina Love and Tammy Filipiak. This was a valuable seminar where we shared the highs and lows of being leaders. We learned: how to advocate for change as an organisation; to utilise celebratory days to raise public awareness of the profession; to increase the body of research in our field and utilise this to ensure evidence-based practice.

Rhiannon and I were quite reassured because many of these suggestions are things that BSDHT already does. Ondina gave a special mention of our work with Exemptions Legislation in the UK, which we owe largely to the work of former BSDHT President and IFDH Vice President, Michaela ONeill.

The President's welcome reception followed and was a great opportunity to network before an early start the next day.

Down to business

Tuesday was an early start and we were reminded of the business of the IFDH and listened to the Board Member Reports which gave a good overview of the work that goes on behind the scenes. Each country had pre-submitted a report and were given three minutes to provide an overview of the main points.

The elections of the new Board members were held and various Motions were debated. One of the most exciting outcomes is that organisations for dental therapists, oral therapists, and oral health therapists, will now be permitted to join the IFDH as full members. This was a hotly debated topic, mostly due to fear that dental therapists may not be as focussed on prevention, but between the UK, South African and Australian delegates, we were able to assuage their fears.

On Wednesday Donna Paton, previous Treasurer, and Wanda Fedora, the outgoing President, gave their farewell speeches. The announcement was also made to admit two new Honorary Life Members to the IFDH, the first being Wanda, and the second being Catherine Waldron, both in recognition of their contributions to the Federation over the years.

The International Symposium on Dental Hygiene (ISDH) will be held in Milan, Italy, in 2026, and in Dubai in 2028. Spain and The Netherlands put forward attractive bids to be the host nation for 2030. Following a vote by the House of Delegates, it was announced that the Symposium will be held in Rotterdam, The Netherlands, in 2030.

Working groups

The IFDH has various working groups, and each member of the House of Delegates participates in an area of interest. Rhiannon and I chose to work alongside the Australian delegates, Jessica Pennay and William Carson-Jones, from the newly admitted Australian Dental and Oral Health Therapists Association (ADOHTA) and Elisabeth Gregersen and Alice Ravnsbaek Kristensen from Denmark in the Membership

Committee. Our group's role is to grow the membership of the IFDH which will now include reaching out to countries who have dental therapist organisations who may be unaware of the IFDH.

Then it was a bus ride to the Gangnam region to check into our hotels before finding our way to the COEX conference centre for the rehearsal of the flag presentation part of the opening ceremony. It was wonderful to see the auditorium with the colour scheme and theme for the first time. It's like every time we walk into the main OHC theatre each year before our annual conference opens, that tingle of anticipation, that we're actually here now and ready to go.

Opening Ceremony

Thursday was the official colourful and vibrant opening of the conference. The presentation the member countries' flags was so moving and such a moment of pride. The local organising committee from the KDHA had done a fantastic job of planning a most entertaining opening ceremony that was a feast of lights, music, and dance. The performers were energetic and graceful, and we were thoroughly entertained and enthused ready for the start of the Symposium.

They set the scene very well for the opening speeches from IFDH president Wanda Fedora and the conference Chair, Jeongran Park, before the conference got underway with the first speaker, JoAnn Gurenlian, who addressed the delegates with her presentation, 'Revolutionising dental hygiene: A central focus for oral and general health'. Numerous education streams were held in different rooms under the themes of 'Collaboration', 'Optimisation', 'Reimagination', and 'Equality', with varied presentations from speakers from around the world.

I was honoured to have been invited to judge four shortlisted entrants in the Oral Presentations category and topics included: 'Patient autonomy and preference for dental decision-making with periodontitis patients'; 'Enhancement of oral hygiene behaviour and oral health outcomes following the theory-based educational intervention'; Supporting student wellbeing in the oral health curriculum'; and 'How mentoring students shapes early career faculty development'. Simultaneously, a group of five shortlisted presentations were adjudicated in another room. The overall winner was the first speaker that I enjoyed; Jiyoung Jung, a PhD student from the Yonsei University College of Dentistry, South Korea, with her presentation on 'Patient autonomy and preference for dental decision-making with periodontitis patients'. Jiyoung and the other winners were awarded their prizes during the closing ceremony on Saturday afternoon.

This ISDH was generally supported by various sponsors and attended by numerous other companies. The KDHA had also arranged a Korean Culture Corner, which I really enjoyed visiting. You could wear the traditional dress, a Hanbok, and have your photo taken, and buy local souvenirs or gifts to help support the KDHA.

Chairing sessions

On Friday morning, I had been invited to chair some presentations to start the day. Once again, new talent, new ideas, and some novice presentations were enjoyed by an enthusiastic audience who were keen to ask questions and learn some more detail. In this session, topics included were under the theme of 'Optimisation', and covered subjects such as: 'Risk of post-operative bleeding after dentoalveolar surgery in patients taking anti-coagulants: A cohort study using the common data model'; 'dental implant maintenance among Dutch dental hygienists'; 'the effect of cetylpyridium chloride compared to chlorhexidine mouthwash on scores of plaque and gingivitis'; and 'Sweet Revolution: Xylitol and pear in anticariogenic gummy candies for sustainable oral health'. I enjoyed listening to all of these presentations, but it sadly meant that I missed two of the UK invited speakers, Claire McCarthy and Rachel England, who were presenting in different rooms. The third UK invited speaker, Jocelyn Harding, presented at the close of the day on Friday, before we got ready for the Gala dinner that evening.

The Gala Dinner was the social highlight of the Symposium with varied entertainment to suit all tastes. Finally, the moment we'd all been waiting for! 'Fake-Psy' and his dancers whipped the party into a frenzy and one couldn't help but get caught up in the moment.

Final day

Saturday's presentations commenced with Namhee Kim, Yonsei University, South Korea, who presented her work titled, 'A behavioural economic approach to dental hygiene: Redesigning oral health interventions.' This was a dental public health approach to prevention and examined the gap between knowledge, oral health interventions and oral health behaviour change. Other education streams continued for the third day and the poster presentations continued in the exhibition hall.

It was a final opportunity to visit the trade exhibition, and the Korean Culture Corner, before the final presentation in the auditorium from Catherine Waldron, Ireland, newly awarded her Honorary Life Membership, titled, 'Let's make toothbrushing the priority for people with disabilities: Practical tips and evidence to support people with disabilities achieve better toothbrushing routines'.

Before we knew it, it was time for the closing ceremony. A slide show of the many photos that were taken across the course of the week was shown, a lovely tribute to everyone who had contributed. It was great to hear from Enrica Scagnetto, from the Italian local organising committee, who shared with us the vision for the ISDH in 2026, in Milan.

As the Immediate Past President, Wanda Fedora received her special pin badge, and introduced Jill Rethman as the new IFDH president. Jill paid tribute to Wanda and all that she has achieved during her tenure as IFDH President, before inviting the new IFDH Board to join her on stage. This was a really special moment, and so too, were all the goodbyes, and auf wiedersehens, that we shared.

Our thanks go to the IFDH, the local organising committee from the KDHA, and the BSDHT and sponsors who provided us with the opportunity to participate in this fantastic event.

READERS FORUM

BSDHT 75TH BIRTHDAY CELEBRATIONS

The RAF Club on London's Piccadilly is a beautiful building with so much history relating to the world war and military personnel. No doubt chosen for our celebration because the RAF were the first organisation to start training dental hygienists in this country in 1943.

My colleague and I were both lucky enough to secure tickets to this prestigious event, but only after the second ballot had been drawn.

A trip from Newcastle to London was planned for the weekend in July and we arrived in plenty of time for a 12 o'clock welcome drink in The Churchill Bar. It was lovely to see so many people in attendance, both young and old. The volume in the bar quickly rose with the excitement as friends and colleagues met up in the Capital for this social gathering. I've been a member of the society for many, many years and attend many events and study days whenever possible, so it was a real treat to have time just to chat, network and socialise with other colleagues and not have to go back into lectures! I even met Sharon Broom in person after previously only ever seeing her on a webinar screen!

We listened to Professor John Gibson give an interesting and somewhat emotional talk, before our Afternoon Tea was served. Afterwards we heard from Group Captain Claire Myhill and Wing Commander Matthew Hopton about our profession and its links to the RAF. Wing Commander Hopton likened our profession to the Red Arrows by bestowing upon us the same motto of 'Éclat' meaning brilliant and glowing.

We were all gifted a china tea cup and saucer to commemorate the occasion bearing the BSDHT emblem with the 75-year dates - 1949-2024. Amazing to think that it was 75 years to the actual day that the first small group of hygienists met to form the earliest version of our society!

Overall, it was a lovely occasion which ended all too soon at 4pm. Everyone was reluctant to leave as the afternoon had flown by!

Many thanks to all involved in the organisation of this occasion.

Claire Parker

I just wanted to say a huge thank you for the invitation and the wonderful organisational skills of all those involved in organising the 75th Anniversary celebratory tea party.

It was marvellous to see so many familiar faces in one place, so well done to all!

On the subject of '75 Hours for 75 Years' I have attached a photograph of a 10km walk I did a couple of weeks ago with some colleagues from work for the Rotherham Hospice Midnight Memory Walk. With a short stop, it took us 1.5 hours - I hope this adds to our 75 hours total.

Julie Rosse

The Tea Party was a fabulous celebration of BSDHT with old and new colleagues and reinforced just how pivotal and successful BSDHT has been in advocating for and progressing our profession over the 75 years. It is our privilege that we have this society acting on our behalf. Thank you for all of the hard work that you do for us and also for all of the hard work that went in to making this celebration a great success.

Morag Powell

Being able to attend this special anniversary event felt like completing my professional circle! It was back in 1982 when, as a rookie 17-year-old, I joined the RAF Dental Branch. Since then, this amazing career has brought me many peak experiences and continuing positive affirmation of the

support we give those struggling with all manner of needs related to their dental and general health and wellness. To this day I still feel every clinical day teaches me nuggets of gold, as I strive to improve myself for the benefit of others and the team that supports me.

Although I have grown professionally since those early days, I am still far from the complete product I aspire to be. Being at the anniversary celebration, in London, where I first began my career, not far from the RAF Club where the celebrations took place, allowed me to give thanks to the BSDHT, amazing colleagues and friends, renew old acquaintances, as well as the RAF, who trained me way back when and made me the fulfilled practitioner I am today.

Mark James

Heartfelt thanks for my invitation to the anniversary celebrations. The presenters were excellent in portraying the history.

My personal experience was impactful. Seeing the tables named after so many colleagues brought back so many memories. I was sorry that Freda Rimini, Elizabeth Riding and Ann Round could not be present. I was also impacted by the feedback I received about my contributions from people who were present. I would not have allowed myself to receive their comments during that time. I love how life gives us such opportunities for learning and growing.

Again, sincere thanks for the efforts to create the event.

Sue Bell

The 75th birthday celebrations were fantastic; the positive energy was tangible in the room! It was an honour to celebrate the accomplishments the society has had on behalf of the members.

Tracy Doole

It was a privilege to be part of a truly memorable afternoon at the BSDHT anniversary Tea Party in the RAF Club, Piccadilly. Celebrating 75 years of our wonderful association surrounded by so many special people was simply perfect!

Sally Hart, a proud member for 36 years.

A fantastic afternoon of reflections by the RAF, profound insights from Prof Gibson, connection with the movers and shakers of BSDHT past and present, and all whilst sipping tea and nibbling on delightful sandwiches - what a wonderful treat! I feel so privileged to be a part of this dynamic society. Thank you!

Nishma Sharma,
Honorary Vice President

I just wanted to say a huge thank you to the team. What a wonderful celebration! BSDHT has given us all so much. I know I would not be doing what I am doing today without the Society.

Diane Hunter

What an amazing time I had meeting the backbone of this most dedicated Society and being able to share the occasion with my daughter, a student hygienist. This memory will last forever.

Sarah Jones

Trycare | centrix MAKING DENTISTRY EASIER

YOUR PATIENTS DESERVE THE BEST.

FluoroDose® and Benda® Brush are an Unbeatable Pair!

Each unit of FluoroDose contains one Benda Brush applicator.

FluoroDose®

5% Sodium Fluoride Varnish with Xylitol

Dental PRODUCT SHOPPER BEST PRODUCT

THE BEST FLUORIDE VARNISH ON THE MARKET

FluoroDose is the most awarded fluoride varnish for a reason – it makes every fluoride application **easier, safer, faster** and more comfortable. Available in six delicious flavours: **DraganBerry,™ Bubble Gum, Caramel, Cherry, Melon and Mint.**

Benda® Brush

Precision Disposable Brush Applicators

DON'T SETTLE FOR IMITATIONS – CHOOSE THE BEST, THE ORIGINAL!

Benda Brush, the first bendable applicator, was invented by Centrix in 1989, and has been the go-to for clinicians across the globe ever since. Benda Brushes are **economical, deliver consistent quality**, and have **chemical-resistant fibers.**

SHOP NOW AT TRYCARE.CO.UK!

CONGRATULATIONS
TO THE CLASS OF 2024!
WELCOME TO THE PROFESSION

BSDHT Graduation AwardS 2024

CARDIFF UNIVERSITY
SCHOOL OF DENTISTRY

HELEN ANDERSON
*Presenting Helen with her award is **James Hyde**, Clinical Lecturer in Restorative Dentistry*

UNIVERSITY OF LEEDS
SCHOOL OF DENTISTRY

SHAAKIRA KHAN
*Presenting Shaakira with her award is **Dr Alan Mighell**, Dean of the School of Dentistry*

UNIVERSITY OF PORTSMOUTH
DENTAL ACADEMY

LAURA KASLIK
*Presenting Laura with her award is **Sarah Barber**, Associate Head (Academic).*

UNIVERSITY OF EDINBURGH
EDINBURGH DENTAL INSTITUTE

DANIELLE KITE
*Presenting Danielle with her award is **Joanne Beveridge**, Programme Director of BSc Oral Health Sciences*

PLYMOUTH UNIVERSITY
PENINSULA DENTAL SCHOOL

GRACE BLANCHFIELD
*Presenting Grace with her award is **Morag Powell**, Lecturer Dental Therapy &Hygiene, & **Sabina Camber,** BSDHT SW Regional Rep.*

UNIVERSITY OF SHEFFIELD
SCHOOL OF CLINICAL DENTISTRY

EMMA FOWKES
*Presenting Emma with her award are: **Emma Bingham** (Programme Director) and Prof. **Daniel Lambert** (Interim Dean of School)*

MORE OR LESS

THE TRUTH BEHIND THE NUMBERS

BY KENNETH EATON

More or less is a long running programme on BBC Radio 4 in which listeners query numbers reported in parliamentary statements, governmental reports and the media, and a team of experts check their veracity and how they were calculated. A recent example has been a claim that the numbers of people waiting for NHS hospital appointments has fallen. Unfortunately, seemingly reliable organisations, such as the World Health Organization (WHO), may not check data before they include it in reports. As mentioned in a recent editorial, published in *Dental Health*, in the WHO oral health country profile for the United Kingdom (UK)[1], in the section headed "Prevalence of oral diseases (2019)", the prevalence data for severe periodontitis in people aged 15+ years comes from the 1988 UK Adult Dental Health Survey (ADHS) and the data for prevalence of edentulism in people aged 20 years plus from the 1998 UK ADHS. Also in the country profile, the section headed "Oral Health Workforce" has three categories which are: Dental Assistants and Therapists; Dental Prosthetic Technicians; and Dentists. In the explanatory notes there is a statement that the category "Dental Assistants and Therapists also includes Dental Hygienists and Dental Nurses" For some unknown reason the UK country profile includes no numbers for dental assistants and therapists nor for dental prosthetic technicians and the number of dentists is given as 35,000 in 2018. The data source for this number is reported as "WHO NCD Country Capacity Survey 2021."

The question arises: why didn't WHO contact the UK General Dental Council (GDC) to obtain accurate data for the three workforce categories? On 31 December 2018[2], there were 7,249 dental therapists (DTs) and dental hygienists (DHs) and 55,878 dental nurses (DNs) registered with the GDC so the total for this category was actually 63,128. For dental prosthetic technicians it was 5,289 and for dentists it was 42,123.

A country's oral health workforce numbers cannot be accurately assessed by considering numbers of registrants, as in some countries the number working is far lower than the number registered. For example, in 2021 it was reported that 90,569 dentists were registered in Germany but only 72,458 were actually working. A further complication is that not all dentists or dental care

professionals work full time and this should be factored in when planning future dental workforces.

In a recent survey of the employment of dental hygienists in Europe, performed by the European Dental Hygienists Federation and the European Association of Dental Public Health[3], a number of countries were unable to report how many DHs were registered as there is no central registration for them. These countries had to provide estimates. Furthermore, in some countries the majority of qualified DHs are employed as DNs and are not utilising their skills fully. Examples include Hungary where it was reported that only an estimated 1,250 out of 3,785 qualified DHs were working as DHs and in Poland where only 3,606 out of an estimated 10,000 were working as DHs.[3]

The survey also found that the ratio of working DHs to working dentists was lower in the UK (1 DH : 6 dentists) compared to Denmark (2 DHs : 5 dentists), Finland (5 DHs : 8 dentists), Lithuania (1 DH : 3 dentists), the Netherlands (1 DH : 3 dentists) and Sweden (1 DH : 2.2 dentists).[4] In the USA and Canada the ratio of working DH to working dentists has been 1 : 1 for many years.[4] Thus notwithstanding the recommendations from the Advancing Dental Care project, to expand the use of team dentistry and the training numbers for DHs and DTs, the UK has a long way to go before it matches the DH: dentists ratios in many North-Western European and North American countries.

In theory, the numbers of DHs and DTs in the UK have increased significantly between 2018 and 2023. In 2018, there were 7,249 DHs and DTs registered with the GDC, of whom 330 had non-UK qualifications. By 31 December 2023, there were 9,525 registered DHs and DH/DTs of whom 1,885 had non-UK qualifications and a further 864 registered as DTs of whom 600 had non-UK qualifications.[5] Thus between 2018 and 2023 the number of DH, DH/DT and DT registrants with non-UK qualifications rose from 330 to 2,485. Some of those with non-UK qualifications were undoubtedly DHs or DTs. However, many were overseas dentists waiting to take the Overseas Registration Examination and if they pass are unlikely to work as DHs or DTs in the future. It can be said that this is yet another example of numbers not showing the complete picture!

Author: Ken is a Visiting Professor at the University of Portsmouth, an Honorary Professor at the University of Kent and a member of the BSDHT Editorial Board.

IMAGE COURTESY OF PIQSELS

References

1. World Health Organisation. Global Status Report on Oral Health 2022. https://www.who.int/global-status-report-on-oral-health-2022 accessed on 9 July 2024
2. General Dental Council. Summary of dentist and DCP registrations at 31 December 2018. London: General Dental Council.
3. Rederiene G, Bol-van-den Hil E, Pajak-Lysek E, Eaton KA. The employment of dental hygienists in European countries: report of a European Dental Hygienists Federation/European Association of Dental Public Health Survey in 2021. *Int J Dent. Hygiene. 2024;* **00** : 1-11.doi: 10.1111/idh 12796.
4. Eaton KA, Newman HN, Widström E. A survey of dental hygienist numbers in Canada, the European Economic Area, Japan and the United States of America in 1998. *Br Dent J.* 2002; **195** :595–598.
5. General Dental Council. Summary of dentist and DCP registrations at 31 December 2023. London: General Dental Council.

UPDATE ON EXEMPTIONS

BY NICK COLLER

Nick Coller recently caught up with Michaela ONeill, BSDHT Past President and Fiona Sandom, BADT Past President, the team that spearheaded the project and worked tirelessly to obtain prescription exemptions on behalf of us all.

Nick Coller:
Congratulations! The legislation for Exemptions has finally been passed and thank you for the tremendous amount of work you have done on our behalf. Please can you explain how this all came about?

Fiona Sandom: If we look back, this came about as a result of The 1999 Crown 'Review of Prescribing, Supply and Administration of Medicines'. This review was key in expanding mechanisms of supply, administration and prescription of medicines to non-medical statutory regulated professions. It had the aims of advancing patient care, timely access to treatment and reducing patient waiting times. This resulted in changes being made to medicines legislation, legal frameworks and specific professions being entitled to work under the arrangements.

Michaela ONeill: We were both working independently for our respective organisations and lobbying for a change in dental hygienists' and therapists' ability to use Prescription Only Medicines (POMs). BSDHT and BADT jointly met with NHS England in 2014 and we were included in a scoping project to assess our professions' suitability and need for inclusion in the next set of proposals to change the legislation.

As a result, an internal report, *The Chief Professions Officers' Scoping Project: Medicines Prescribing, Supply and Administration Mechanisms,* made further recommendations. It recommended that several healthcare professions be considered for supply and administration of medicines mechanisms, with prioritisation being given to professions which could demonstrate benefits to a wide patient base.

We were put forward in a group of different professions at various stages of application for either prescribing responsibilities or supply and administration of medicines (not everyone was applying for the same thing).

NC: So why didn't we apply for prescribing rights just like dentists have?

FS: Dentists are *medical prescribers*. *Dental hygienists and dental therapists are non-medical prescribers*. There are different regulations that govern both groups. We do not have the capacity that doctors or dentists do. In the case of dental hygienists and dental therapists, the mechanisms open to us to use POMs when needed are: patient specific directions (PSD); patient group directions (PGD); or exemptions. This work was always about being able to supply and administer drugs that we have been trained to use, without the need for a prescription, PGD or PSD.

NC: What have been some of the highs and lows of this project?

FS and MON: The highs would be that we have gained a friendship that wouldn't otherwise have come about. We have shared so much over these 10 years.

FS: Fairly early on, we had to write a case of need to justify our cause. This was a mammoth piece of work that took us over 10 months to write. We received the feedback that what we had written was of an "exceptional standard". I am still very proud of that. Essentially, we had to prove that we would be safe to work under exemptions. We had to locate pieces of information that were hard to find and, as it turned out, were sometimes simply not out there. It was this work that positioned dental hygienists and therapists as having the highest category of need in the stream of professions we talked about earlier.

MON:: A high for me is knowing that this is going to make a difference to so many people; both patients and other dental professionals - be they DHTs who will be able to work autonomously or dentists who we no longer need to bother for a prescription.

Lows would be the time lags in getting this project past the post.

NC: What has caused these delays?

FS: Some of the reasons are obvious such as Covid, Brexit and changes of prime minister. Some are less obvious, such as the fact that Northern Ireland had no government for a while and we had to wait for some of the other professions in the same phase as us to finish what they had to do.

NC: Were there any medicines that you tried to have included under exemptions that were rejected? If so, what was the reason for this?

FS: We had requested Ledermix, but this was rejected due to antimicrobial stewardship concerns and also there was some questioning whether or not this was in a dental therapist's scope of practice. We tried very hard to have it included.

MON: We had to take off some medicines that were already available over the counter as a general sales list medicine, such as 5% acyclovir cream, or pharmacy medicine such as topical anaesthetic. We also looked at tooth whitening (hydrogen peroxide). This is however governed by European legislation and has very clear directives on its use.

NC: What further projects do you foresee as necessary in the future?

MON: The profession needs to fight for the right to use and hold buccal midazolam so that we can open our own clinics easily. But to do that we need to be on the list of professions who are allowed to hold these controlled drugs.

FS: I agree. This is called the Misuse of Drugs Regulations and we need to consider getting on the list of professions who can hold such medicines as midazolam.

Also, I'd say the hard work has now been done and once working with these medicines under exemption has been embedded there is nothing to stop us applying for more medicines to be added to the list of exemptions.

NC: What are your hopes for the future now that exemptions has been passed?

MON: I hope that our profession reaps the benefits of this mechanism as we worked hard to get to this point. This work started well before the current government focus on access to dental treatment.

I hope that exemptions gives our profession even greater kudos and gravitas. We are now able to work independently using medicines that we have already been trained to use. I hope that our profession gets behind exemptions and we all utilise this hard-fought right.

FS: I agree. It would be a shame if our community doesn't take up the offer of the education and training to be able to work under exemptions. This is such a great opportunity for our profession to grow.

BY CLAIRE BENNETT

EXPLORING ADDITIONAL SKILLS AMONG DENTAL HYGIENISTS AND DENTAL THERAPISTS

INSIGHTS FROM A BSDHT MEMBER SURVEY

This report presents an insight into the findings from a survey conducted among members of the British Society of Dental Hygiene and Therapy (BSDHT). The survey aimed at understanding: the demographic characteristics; scope of work; training considerations; membership affiliations; and interest in acquiring additional skills. A total of 261 respondents participated, revealing insights into their: professional backgrounds; areas of interest for additional skills training; challenges faced in pursuing further education; and suggestions for how the BSDHT can support members in achieving their goals. The report considers implications for professional development, training initiatives and opportunities for collaboration within the BSDHT community.

Background

Dental hygiene and dental therapy are evolving professions that require continuous learning and skill development to meet the changing needs of patients and the dental industry. With advancements in dental treatments and technologies, there is an increasing desire for dental hygienists and dental therapists to acquire additional skills within and, on occasion, outside their scope of practice as set out by the General Dental Council. Understanding the demographics, work scope, training considerations and support systems available to dental hygienists and dental therapists is essential if BSDHT is to address its members professional needs and facilitate their career development.

Member survey

The design of an online questionnaire allowed BSDHT members to remain anonymous unless they chose to provide contact details. Respondents who provided their contact information could express interest in joining existing BSDHT working groups or forming a new additional skills working group.

BSDHT's primary objective was to collect both information from members, by tailoring questions around their training and utilisation of additional skills, either within or outside the current scope of practice, as well as their views on patient treatment demands. Additional data were gathered on demographic characteristics, scope of work, training considerations, membership affiliations, and interest in participating in current or new BSDHT working groups. The survey also sought suggestions for how BSDHT could better support members in achieving their professional goals.

To ensure the questionnaire's effectiveness, it was first developed and piloted using Survey Monkey, with participation from six representative dental hygienists and dental therapists from the BSDHT Executive team. Their feedback led to refinements in the questionnaire design, ensuring it effectively captured the required data.

In September 2023, the finalised questionnaire was distributed to all BSDHT members via email. This email included an overview of the survey's purpose and use of their data, detailed questionnaire completion instructions, and a link to the Survey Monkey platform. The survey opened on 18th September 2023, and the final responses were received by 16th October 2023.

The survey consisted of eleven quantitative and three qualitative questions, which asked respondents to list other professional organisations to which they belonged, challenges to postgraduate training and how the BSDHT could help achieve training goals. A total of 261 members participated, providing valuable insights into the experiences and perspectives within the BSDHT dental hygiene and therapy community.

The data collected were securely stored on the Survey Monkey platform, accessible only to approved BSDHT administrative staff in compliance with GDPR. The BSDHT administrative team oversaw the administration of the survey, with the questions initially proposed by Annette Matthews, reviewed by Simone Ruzario and updated by Claire Bennett. The data collected from this survey will be used to guide the BSDHT in educational needs of members and to explore the formation of additional working groups to represent all members interests.

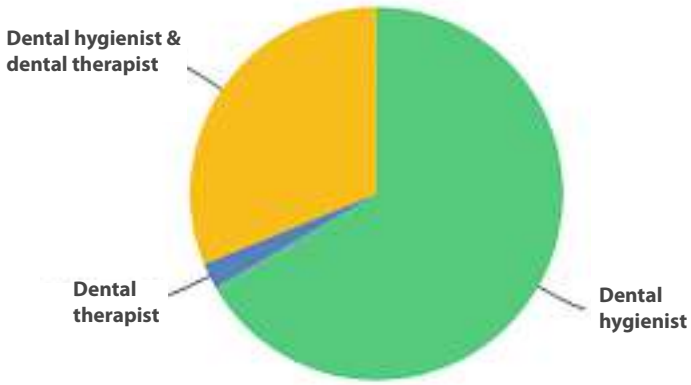
Participants were informed that the findings would be shared with the wider membership and their participation in the survey taken as consent.

Results

Demographics

The survey elicited 261 responses: these were predominantly dental hygienists (67%; n=175), followed by members with dual qualifications in dental hygiene and dental therapy (31%; n=81), and dental therapists (2%; n=5). Notably, 60% (n=157) of respondents had qualified over 20 years ago, indicating a wealth of professional experience. Additionally, many respondents (36%; n=94) fell within the 45-54 age bracket, while only 2% (n=5) were aged 18-24. The overwhelming majority (97%; n=253) were full BSDHT members, underscoring the engagement of established professionals within the society.

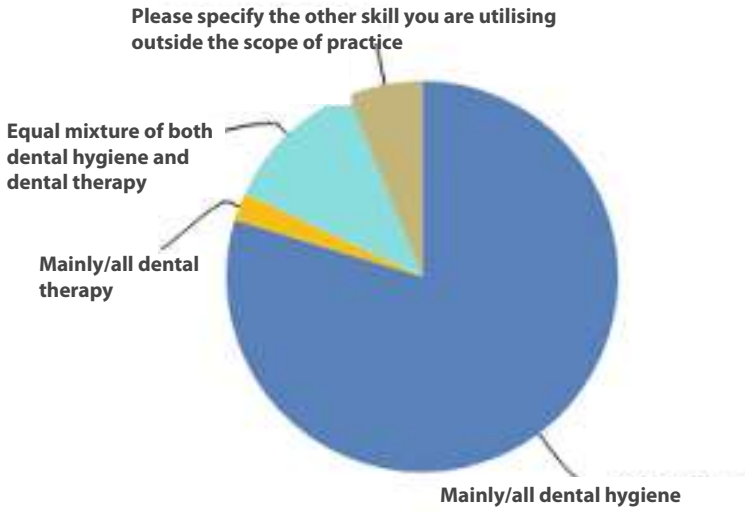
Figure 1: **Q1. Are you registered or training as a dental hygienist, dental therapist or dental hygienist and dental therapist?**



Work Scope

Work scope analysis revealed a diverse range of roles among dental hygienists. While 80% (n=209) of respondents primarily or exclusively worked in dental hygiene, 6% (n=16) reported engaging in activities outside the GDC scope of practice. These activities included skin and facial treatments, education, practice management, research, acupuncture, and delivering B12 injections. This small sample of the BSDHT membership highlights the evolving and diverse roles of dental hygienists beyond conventional clinical settings.

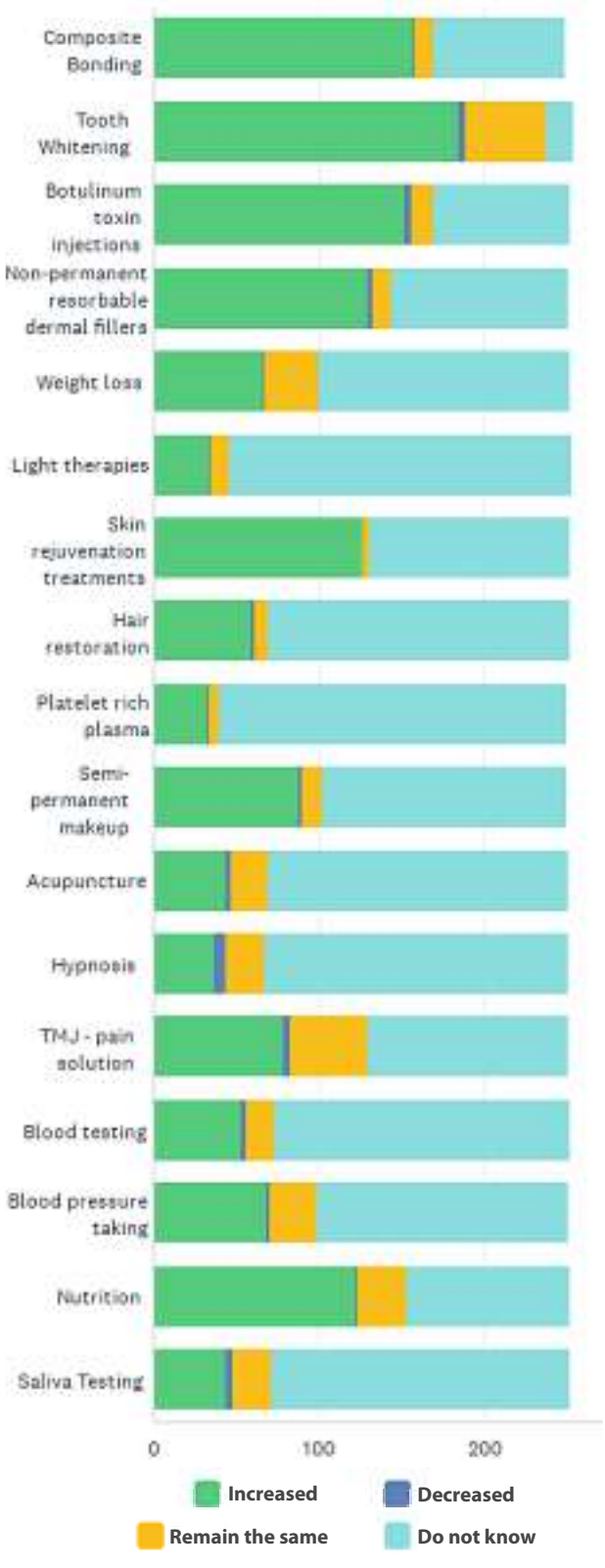
Figure 2: **Q5. How would you describe your current clinical work?**



Increased Patient Demand

Respondents identified the top five treatments increasingly requested by patients: tooth whitening (73%; n=191); composite bonding (63%; n=164); botulinum toxin injections (60%; n=156); non-permanent resorbable dermal fillers (51%; n=133); and skin rejuvenation treatments (51%; n=133). These findings reflect shifting patient preferences

Figure 3: **Q6. In your professional experience, how has the demand for the following treatments changed in the last five years?**



blue®m

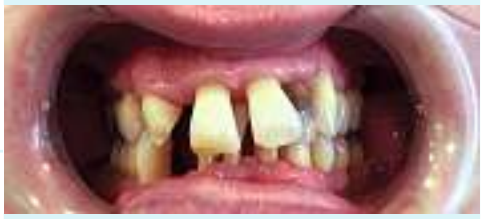
A Revolution in Oral Care

The most effective and body-friendly way of healing soft tissue and oral wounds.

Patient Case Study – Before

Patient presented with Stage 4 Grade B Generalised Periodontitis.
Treatment: RSD Q&Q.
blue®m TOOTh protocol.

Patient Case Study – After



Recall at 12 months

Case study and photographs courtesy of **Pat Popat**
BSc(Hons), PTLLS, RDH, RDT

Oxygen for Health

With its unique, oxygen enriched formula, blue®m fights perio disease and reduces pocket depth.

- High concentration of natural oxygen
- Deep elimination of bacteria
- Alcohol free formula
- Optimal gum conditioner
- Powerful breath care
- Prevents & treats Periodontitis & peri-implantitis

01535 656 312
SWALLOWDENTAL.CO.UK
SALES@SWALLOWDENTAL.CO.UK

Discover the full range

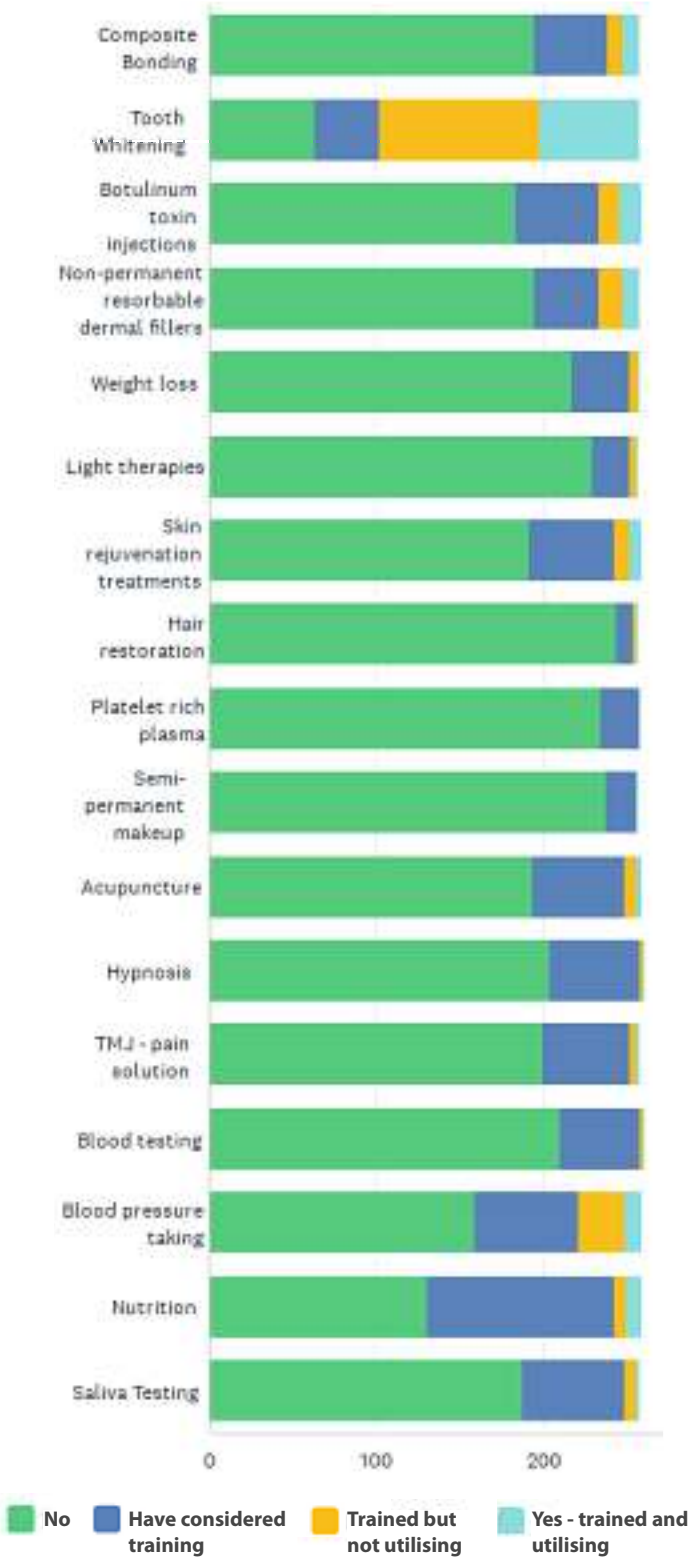
SWALLOW

and the expanding role of BSDHT dental hygienist and dental therapist members in providing aesthetic and therapeutic services.

Training Considerations

While respondents expressed interest in acquiring additional skills, they identified several challenges hindering the effective utilisation of training. Notably, despite training in specific treatments such as tooth whitening, blood pressure taking, dermal fillers, botulinum toxin injections and skin rejuvenation, respondents reported limited implementation in practice. Furthermore, the top five treatments respondents desired training in included: nutrition (43%; n=112); saliva testing (24%; n=63); taking blood pressure (24%; n=63); hypnosis (21%; n=55); and TMJ pain solutions (21%; n=55). These responses may be considered emerging areas of interest and patient care needs.

Figure 4: **Q7. Are you currently providing or plan to train in any of the following treatments?**



Membership and Additional Support

The answers revealed that most respondents (87%; n=227) only had membership of the BSDHT. However, 13% (n=34) mentioned affiliations with other organisations supporting their additional skills, such as the British Society of Periodontology (3%; n=8); British Association of Dental Therapy (2%; n=5); Association of Dental Implantology (1%; n=3); and British Association of Private Dentistry (1%; n=3). This underscores the potential for collaboration and knowledge exchange across professional networks.

Consideration of Additional Postgraduate Training

More than half of the respondents (60%; n=157) expressed interest in additional skill training. However, they cited various barriers, including financial constraints (24%; n=63); time limitations (17%; n=44); limited training opportunities (17%; n=44); and professional recognition issues (7%; n=18). These challenges highlight the importance of addressing systemic barriers and facilitating access to quality training opportunities for dental hygienists and dental therapists.

BSDHT support

These BSDHT members provided valuable suggestions for organisational support, including information dissemination on training opportunities, affordability of courses, online and modular training options, enhanced recognition as allied healthcare professionals, and advocacy for changes to the scope of practice and specialist training. These recommendations underscore the role of the BSDHT in facilitating professional development and addressing the evolving needs of its members.

BSDHT Working Groups

Nearly half of the respondents (49%; n=128) expressed an interest in participating in one or more of BSDHT's active working groups, particularly in education (36%; n=94), coaching and mentoring (25%; n=65), research (19%; n=50), and diversity inclusion (8%; n=21). This is encouraging and highlights members' enthusiasm for engagement in organisational initiatives and the potential for collaborative efforts to drive professional development and innovation.

Interest in Additional Skills Working Group

A third of respondent members (33%; n=86) expressed interest in contributing to an additional skill working group. This enthusiasm for advancing skills development within the BSDHT community underscores dental hygienists' and dental therapists' collective commitment to continuous learning and professional advancement.

Discussion

The findings of this small survey of BSDSHT members highlights the importance of addressing the professional development needs of dental hygienists and dental therapists and providing them with the support and resources necessary to acquire additional skills. The BSDHT can play a pivotal role in facilitating this process by offering information on access to training, supplying affordable training courses, improving professional recognition, and advocating for changes to the scope of practice and additional training opportunities.

Conclusion

In conclusion, the survey findings shed some light on the current landscape of additional skills among a small sample of UK BSDHT members and highlights some of the challenges and opportunities for professional development within the BSDHT community. By understanding its members' needs and aspirations, the BSDHT can tailor its initiatives and programmes to better support dental hygienists and dental therapists in their pursuit of additional skills and career advancement.

Acknowledgments: The author would like to thank all the members who participated in the survey and contributed valuable insights.

Author: Claire is the BSDHT student representative co-ordinator and a member of the executive team. She currently works in a mixed general dental practice in the South West utilising her full scope of practice.

Contact: studentrep@bsdht.org.uk

BY FIONA PERRY

A PERSONAL VIEW

SUPPORTING PATIENTS WHO ARE UNABLE TO ATTEND THE DENTAL PRACTICE

Have you ever wondered what happened to your elderly patients who suddenly stop coming to your practice? Perhaps you had noted their plaque scores increase as they got frailer? Our days are so busy that we often don't even notice that these patients have disappeared. I set up my business 'FlyingSmiles' to treat these patients, in their homes, working with their disabilities and aiming to help them keep their mouths healthy.

The Background

In September 2016 a consultation began in Scotland resulting in the publication of the Oral Health Improvement Plan in January 2018. Its aim was to provide the strategic framework for improving oral health for the next generation.

Figure 1: **Residents in care homes often have 100% plaque and associated disease**

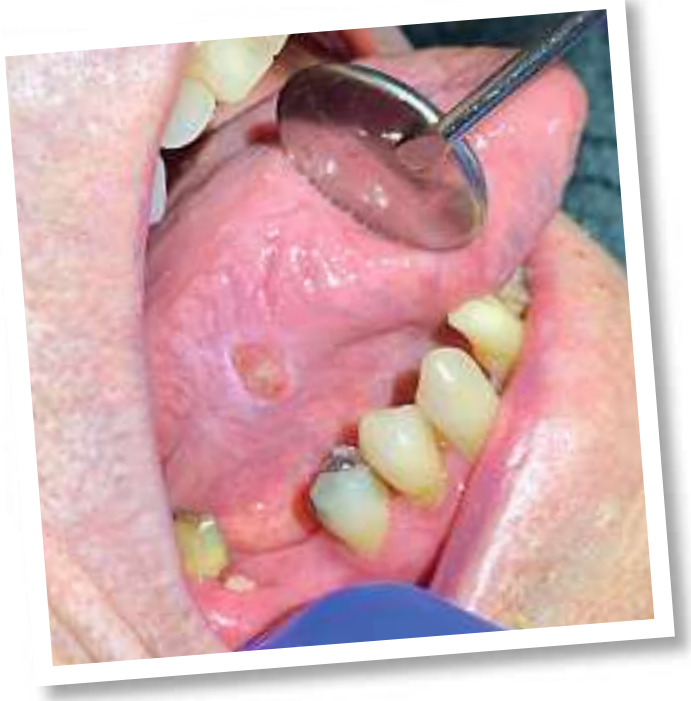


Figure 2: **Sores are often evident due to broken down teeth**

Shona Robinson (the then) Cabinet Secretary for Health and Sport said at the time: "As the oral health of the population improves there are new challenges in taking forward NHS dentistry. The system at present is mainly about restorative services provided to patients by general dental practitioners, while our focus in the future must be to encourage a more prevention-based provision recognising the benefits of anticipatory care."

At that time, the Oral Health Improvement Plan highlighted an ageing population, which continues to grow, with often quite complex dental needs. In frail individuals the need for good oral health is paramount. There is likely to come a time when they cannot access a conventional dental practice. Some dental practices may undertake domiciliary visits: my business, FlyingSmiles, is designed for the practices who are not set up for these visits.

Residential care

In England, Northern Ireland and Wales there is no change in the care system when an individual moves to a residential care home. However, in Scotland a Section 47 Certificate is required

Better for patients' pockets, and yours

MyLunos Duo table-top device offers everything you could want from an air polisher and Piezon scaler...for less

- Sub-gingival tip is tapered allowing much easier pocket access
- Warms water creating a more comfortable experience for the patient
- Constant airflow to protect against blockage
- Built in powder chambers saves time swapping mid-treatment
- £2,000 cheaper than comparable competitor unit

Video
MyLunos Duo®

DÜRR DENTAL

for those patients that require health care but are unable to give their consent. In such cases, the person who has been assigned a welfare power of attorney, a guardianship, or intervention order for welfare should be the decision maker. If there is no power of attorney or guardian or intervener, it is the health care professional involved who becomes the decision maker. However, even when there is a welfare attorney or guardian in place it is still necessary to consider an individual's capacity to make the decision. If they lack capacity a Section 47 Certificate must be completed.

"What is a section 47?" you might ask, as I did after I followed patients from their homes into residential care. A section 47 certificate must be completed by a doctor or other authorised healthcare professional in order to provide non-emergency treatment (such as the COVID-19 vaccine) to an adult who lacks capacity to, or refuses, to give consent.

Currently, in Scotland, this authorised healthcare professional must be an NHS dentist who has attended "Working within the AWI Act : a course for dentists on capacity and consent". This course has four sections and usually runs over three days. In reality, attendance rates are low and there is no directory of qualified dentists. I was unable to source how many were trained in Scotland.

In March 2022 there were 1,051 care homes for adults and 40,579 registered places in Scotland. An estimated 33,352 residents were aged 18 years and over in care homes. If we expect dementia to continue to rise in the next 20 years, it begs the question: is Scotland really looking after their patients? Furthermore, is section 47 fit for dental purpose?

My role

Being mobile allows me to: access residential homes; undertake oral health assessments; offer prevention advice to the powers of attorney; provide training for carers; audit toothbrushes (which often all seem very new when I arrive!); and support care teams in having their paperwork for HIS (CQC equivalent) up to date. But my access to patients mouths is restricted by Section 47.

Currently, I can support the power of attorneys to ensure the person they care for has the right systems in place. In some cases, the GP will provide a Section 47 Certificate for specific concerns such as: professional teeth cleaning with sharp instruments and a 'water spray machine': temporary fillings etc. I can campaign for Scottish dental hygienists and therapists to be trained in consent and allowed to sign off Section 47 Certificates. I can start with toothbrushing and training of the carers as this is out with the bounds of this legislation.

But when you look at these photos of residents, I am sure you will understand that my fingers are itchy to do more to help…

Encouragingly, on 25th July, the Scottish Government opened a consultation on Section 47: Adults with Incapacity Amendment Act: consultation. https://www.gov.scot/publications/adults-incapacity-amendment-act-consultation/

I would encourage all interested parties to respond. Please follow the links to access some articles, and templates that help care homes plan for their residents' oral health. Readers are free to use these to help you introduce yourself as an additional healthy service for their residents:

1. Oral Health Improvement Plan (nhs.scot)
2. https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolk
3. Caring-for-smiles-Guide-for-Care-Homes-2020.pdf (nhs.scot)

Author: Fiona Perry qualified from Kings College London in 1985. She has worked in various roles as a dental hygienist in NHS and private practices. Fiona took time out of dentistry and qualified as a HR manager for J Sainsburys. Fiona utilised those management skills as a SVQ assessor and trainer of dental nurses and dental hygienists. She uses her gentle but impactful skills with her patients and guides them through changing habits forever.

In 2020 Fiona set up the first in Scotland mobile dental hygienist service, FlyingSmiles.co.uk.

Contact: email info@flyingsmiles.co.uk.

Find out more about my mobile journey on **www.flyingsmiles.co.uk**.

Follow me on social media; **FB - flyingsmiles.co.uk** and mobile&indepentant dental professionals, Insta- flyingsmiles.co.uk

MAKING PREVENTION WORK IN PRACTICE

BY JANE NORGATE

Many dental hygienists, therapists and dentists across Wales have taken on roles in education and training to enhance patient services in their practices. Health Education and Improvement Wales (HEIW) *Making Prevention Work in Practice* (MPWiP) training course equips these professionals to teach dental nurses to deliver preventive care advice to patients and apply fluoride varnish.

Greater use of skill mix in the prevention agenda and application of fluoride varnish means that time previously spent by dentists, dental hygienists and therapists on this type of intervention could be better utilised seeing and caring for other patients with more complex needs, ultimately helping increase access for all.

Head of Dental Workforce Development at HEIW, Kathryn Marshall, comments: 'MPWiP continues to provide a unique opportunity for dental professionals to support patients in maintaining good oral health and a push on prevention as set out in the Welsh Government's long-term plan, A Healthier Wales - the Oral and Dental Services Response'.

'The course enables dental hygienists, therapists and dentists to strengthen their clinical leadership skills and become work-based educators supporting their dental nurses in the workplace using current clinical evidence for preventive care.'

Following completion of the course, each trainer will go onto train three or four dental nurses, meaning the potential impact of this ripple effect model of training is huge.

In addition to the fluoride varnish application training, the dental nurse course also includes modules on communicating preventative messages, enabling behaviour change and moving on from assistant to clinician. Dental nurses are expected to complete a portfolio, comprising of log sheets, reflections and patient prevention plans, which are assessed by HEIW dental educators.

Since its inception in 2019, 342 dental nurses have successfully completed the MPWiP training, leading to increased job satisfaction, motivation and improved patient care. The course has received positive feedback from delegates and dental nurses who have completed the training:

"Initially I found the course a little overwhelming but when we started, I really enjoyed it, especially the practical part. I find it very rewarding seeing patients independently and potentially making a difference to their oral health." – Dental nurse

I use my new skills every day, even when I'm on reception I can give advice to parents." – Dental nurse

We found the MPWiP course the perfect way to deliver this training to our dental nurses. Training in house makes it much easier to build time for the delivery of the course and the supervision of the prevention advice/fluoride application into a busy NHS practice." – MPWiP delegate

If any reader is interested in getting involved, more information can be found here: MPWiP - HEIW (nhs.wales)

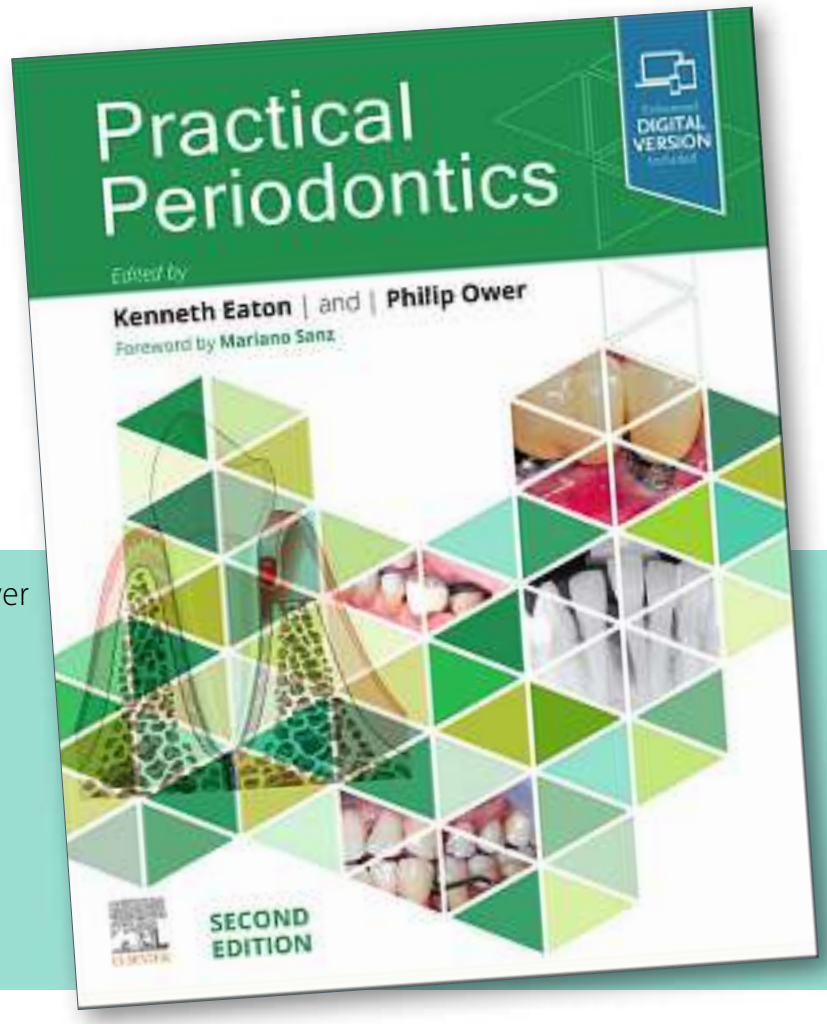
Author: Jane Norgate works for HEIW as a dental educator (QI) and lead for MPWiP. She also work for Cardiff and Vale CDS as SDO and is clinical lead for Designed to Smile Oral health improvement programme (D2S).

Contact: Jane.Norgate2@wales.nhs.uk

IMAGE COURTESY OF PIQSELS

BOOK REVIEW

PRACTICAL PERIODONTICS: SECOND EDITION



Edited by Kenneth Eaton and Philip Ower
Published by Elsevier
Paperback ISBN: 9780323878456
eBook ISBN: 9780323878487

Reviewed by Dr Marina Harris
Associate Professor, University of Portsmouth Dental Academy.
Periodontology Lead

'Practical Periodontics' is a collaboration of knowledge and expertise from eminent colleagues in the field of periodontology. These include contributors from the United Kingdom, Europe, and beyond. This, in essence, gives the reader a wider perspective. With very 'readable' text and illustrations throughout, these respected contributors have written seven chapters, which include topics on periodontal diseases diagnosis, treatment planning, management of the periodontal patient and collaborative care.

Unsurprisingly, in addition to every chapter being updated, this second edition now includes a completely revamped section on classification and diagnosis of periodontal diseases. This is in light of the British Society of Periodontology and Implant Dentistry modification of the new classification system which arose from the World Workshop proceedings in 2017. The chapter text, the appendix flow-chart and the interactive digital resource to test knowledge of this topic consolidates learning and application of this process very easily for those who are currently training in dentistry, but also very relevant for those colleagues already in practice.

A second major update is the inclusion of a brand-new section on dental implants. This again reflects the inclusion of peri-implant diseases as a new classification arising from the 2017 World Workshop. With the ever-increasing number of patients presenting with implants in general practice, the section includes important background on the aetiology of peri-implant diseases and their monitoring and management within the general practice setting.

From an educational and enhancement of clinical skills perspective, the multimedia resources section freely available with every hard-back edition of this book is the jewel in the crown. For students and clinicians alike, access to interactive learning to test knowledge and skills for example in areas such assessing the periodontium, staging and grading of periodontal diseases, and interpretation of radiographs to aid diagnosis, bring to life the written text in the hard-back copy.

The foreword by Mariano Sanz extols the virtue of the book as providing students of dentistry a comprehensive knowledge of modern periodontology. I totally agree but would also strongly emphasise its significance as a valuable resource for experienced clinicians also. By referring to this latest edition of the book, students in their educational environment and clinicians in general practice can update their currency of periodontal practice. They can also be secure in the knowledge that it is evidence-based, up to date, and most important of all is truly 'practical periodontics' in every sense of the word.

	Dental Hygienist	Dental Therapist	Student
Usefulness in practice	****	****	****
Revision Tool	****	****	****
Key: *Average	**Good	***Excellent	****Absolute must!

AN INSIGHT INTO CHILDSMILE

THE PREVENTATIVE PROGRAMME IMPROVING THE ORAL HEALTH OF CHILDREN IN SCOTLAND

BY JENNIFER RAE

Introduction

'Childsmile is reducing inequalities in oral health and ensuring access to dental services for every child across Scotland.'[1] The initiative is a complex set of preventative evidence-based interventions[2,3] providing support to children and families all over the nation to promote a healthy mouth and healthy living. This is based on three core programmes; the Childsmile Core programme, now referred to as the Childsmile Toothbrushing programme; Childsmile Community and Practice programme; and Childsmile Fluoride Varnish Programme. As the prevalence of dental caries in children grows, and healthcare inequalities exist, the need for preventative dentistry is essential.[4,5]

Development of Childsmile

In the early 2000s, The Scottish Government recorded Scotland's oral health to be one of the poorest in Europe.[6] An 'Action Plan for Modernising Dental Services in Scotland (2005)' was developed and revealed: the extent of the poor oral health in Scotland, particularly in children, and the need to address the current disease levels to ensure equity; ways of reducing healthcare inequalities by improving access; and that staff can be supported through the plan.[7] Aimed at the younger population of Scotland, the Government wanted to reconstruct and strengthen the level of preventative care delivered by dental services to provide the younger generations with reduced caries experiences by adulthood.[7] Childsmile developed from two national demonstration programmes detailed in the proposed action plan. The programme began its interim phase in 2008 and by 2011, the fully integrated model (toothbrushing, practice and community and fluoride varnish (FV) programme) was rolled out among all 14 NHS boards.[7,8] The Statement of Dental Remuneration now details the Childsmile programme and the expectations of all NHS practices to deliver these interventions.[8,9] In 2017, The Health Secretary Shona Robinson shared her opinion regarding Childsmiles' efforts on improving children's oral health:

"The Childsmile programme, with its emphasis on prevention, rather than treatment, has resulted in significant improvements in children's oral health across Scotland. Our aim is that every child has access to Childsmile.

Reducing inequalities in health is critical to achieving the Scottish Government's aim of making Scotland a better, healthier place for everyone, no matter where they live – and the expansion of Childsmile, through our Fairer Scotland Action Plan, provides a good illustration of this in practice."[10]

The Childsmile programme is delivered by a range of health professionals providing evidence-based interventions consisting of three main components to meet its aims: Toothbrushing, Community and Practice, and Fluoride Varnish.

Childsmile Toothbrushing Programme

The Childsmile Toothbrushing Programme is a preventative intervention model to support children in developing important lifelong skills with the aim of these early interventions reducing the prevalence of dental caries in children.[11] Instructions are simplified and, in line with the toothbrushing standards approved by Care Inspectorate and Public Health Scotland,[12] are delivered in targeted primary schools and all nurseries. Childsmile provide toothbrushes, toothbrush racks and fluoridated toothpaste for daily supervised brushing, ensuring every child has access to toothbrushing at least once per day.[13] Children also receive oral health messages on a minimum of six occasions by age five and babies aged one and under receive a free flow cup.[11] In the 2022/23 academic year, 2,270 pre-schools and 1,001 primary schools participated in the toothbrushing programme, an increase on the previous year when 1541 pre-schools and 565 primary schools participated.[14]

Childsmile Fluoride Varnish

Children who attend schools or nurseries participating in the Fluoride Varnish Programme receive two fluoride varnish applications (FVA) per year supplemented by two additional applications at dental practices, if considered applicable, in line with the Scottish Dental Clinical Effectiveness Programme (SDCEP).[15,16]

Participation in this programme is dependent on the number of children attending who live in areas of deprivation, using data from the Scottish Index of Multiple Deprivation (SIMD).[17] Financial constraints in healthcare mean health boards are forced to adopt a more focused and targeted

approach to healthcare to ensure that those who are most deprived are reached and supported. Fluoride toothpaste is recommended to patients.[18] Duraphat sodium fluoride varnish is licensed to be used in the Childsmile programme, it contains 22,600ppm sodium fluoride and once applied, the varnish provides a slow release of fluoride on the enamel and inhibits the progression of demineralisation, speeding up the process of remineralisation.[19,20] In the 2022/2023 academic year, 65% of targeted nursery children received at least one FVA, an increase of 7% on the previous year with 697 pre-schools participating: 76% of targeted school children received at least one FVA in the academic year 2022/2023, an 11% increase from the previous year, with 761 participating schools.[14]

Childsmile Community and Practice

Depending on the level of deprivation, access to a wide range of healthcare may be difficult. The Childsmile Community and Practice programme aims to break down barriers and reduce inequalities by offering support to disadvantaged communities. Dental Health Support Workers (DHSW) provide additional support to families, and are a link to dental services, tailoring advice for families to encourage behavioural change.[21] Families requiring wider support can be given help accessing other services for their child's health improvement. This may include weaning groups, breastfeeding support services, financial support and food banks.[22] With the support of a DHSW, children and their families are helped by finding a local dental practice, if required, given advice on toothbrushing, and other oral hygiene advice, and a healthy diet.

From the Childsmile practice aspect of this programme, 89% of General Dental Services with an independent contractor were involved with the delivery of Childsmile interventions. In 2022/2023, 89% of 0-2 years olds received toothbrushing and diet advice in NHS dental practices; 55% 3–5-year-olds, received both toothbrushing and diet advice interventions.[14] These are just some of the positive statistics highlighting the effect Childsmile has had on children and families.

Clinical relevance

Preventing Early Childhood Caries

The National Dental Inspection Programme (NDIP) conducted by Public Health Scotland issued a report indicating that in 2005 the percentage of children with severe decay or suffering from an abscess prior to the toothbrushing programme was at 52.9% and more common in less advantaged areas amongst 5-year-olds.[23]

Dental caries affects 60-90% of school children worldwide. Although, with the correct evidence-based strategies, it is easily preventable.[24] Early intervention and oral health education is proven to be an effective preventive method, especially from a young age.[16] During the ages of 0-7, the developing brain is most impressionable.[25,26] Toothbrushing instructions can be embedded into school activities ultimately establishing a routine from a young age. Forming early lifelong habits, is likely to prevent dental issues ensuring exposure to the dental environment becomes a positive experience. With the rolling out of the National Supervised Toothbrushing Programme, it is evident that there has been progress in the reduction of dental decay in Scotland, more so in deprived areas and credit must be given to the toothbrushing programme.[27]

In addition to toothbrushing, fluoride varnish slows down the progression of demineralisation. A Cochrane review in 2013 of clinical trials of FVA asked the question: how effective is the use of FV for the prevention of caries in children? It was concluded that, based on 13 trials reviewed, those with permanent teeth experience, on average, a 43% reduction in decayed, missing and filled tooth surfaces and children with baby teeth experienced, on average, a 37% reduction following FVA.[28] FV has been proven to be an effective intervention method in reduction of caries in children.[29]

In 2019/20, NDIP recorded 73.5% of primary one (P1) children had no obvious decay experience (decayed, missing or filled teeth), an improvement from 2002/2003 which was 45% prior to the rolling out of the Childsmile programme.[30,31,32] The data recorded in the school year 2021/22 was limited due to the interruptions to normal practice by the COVID-19 outbreak. The majority (73.1%) of P1 children were recorded as having no obvious decay experience. However, children found to have severe decay or an abscess had increased from 6.6% to 9.7% in 2020.

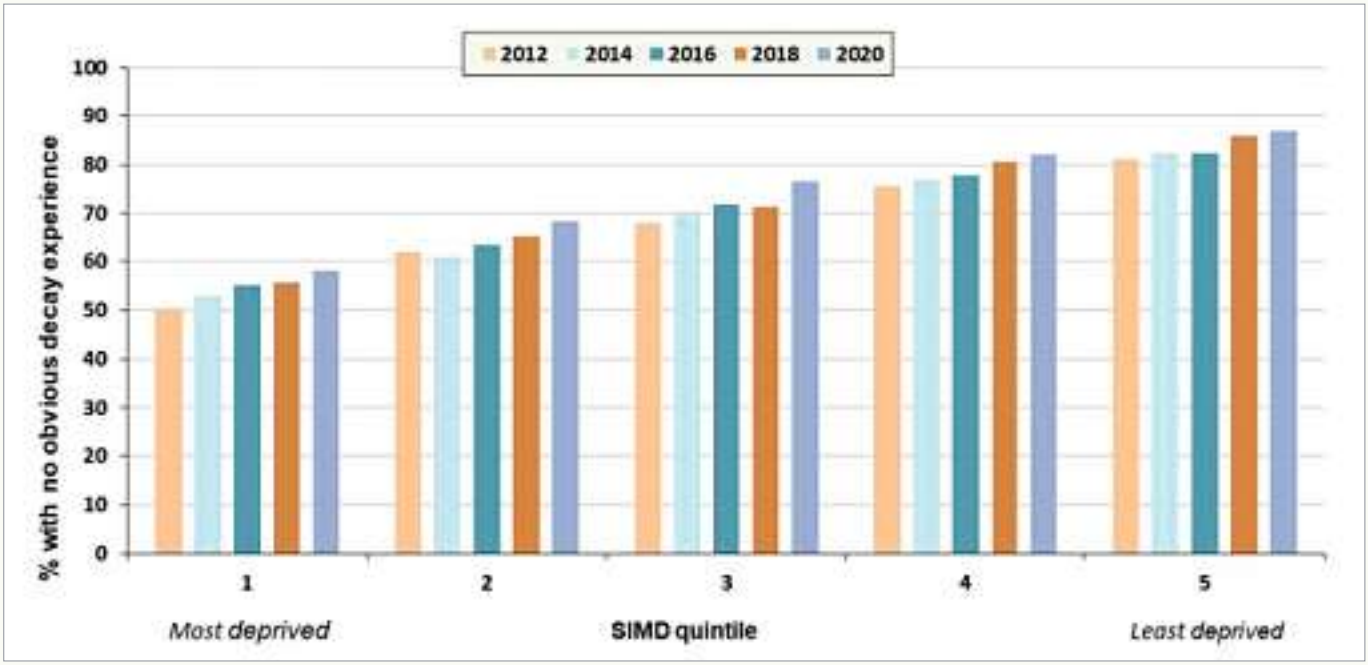
The latest publication from NDIP records inspection data of P7 children in the school year 2022/23 revealed that 81.9% of P7 children had no obvious signs of decay experience in their permanent teeth. Patterns in research data show dental caries is reducing and early interventions, education and developing dexterity all positively affect the permanent dentition. However, dental decay is still too prevalent and dental inequalities still exist: dietary habits, poor oral hygiene and environment factors or socioeconomic issues all have a role to play.

Reducing inequalities

The World Health Organization defines health equity as: "absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality."[33] Health inequalities can be identified from several economic and social factors and not only mean lack of access to care but also having to make unavoidable decisions due to financial restrictions.[33,34] This has an impact on public health, and children in particular, often moulding their future.[34,35] Childsmile aims to reduce inequalities in the public's dental health.

The Scottish Index of Multiple Deprivation (SIMD) identifies areas in Scotland that are most deprived. The index measures: income; employment; education; health; access to services; crime; and housing as its seven domains and divides the populations into quintiles with SIMD quintile 1 being most deprived and SIMD quintile 5 least.[36] SIMD allows various programmes, like Childsmile, to identify those who are in need and provide support for proportionate universalism. Figure 1 shows the percentage of children with

Figure 1: **Change in the percentage of P1 children in Scotland with no obvious decay experience; by SIMD quintile.[37]**



no obvious decay experience by SIMD quintile.

The concept of proportionate universalism argues for everyone to have equal access to healthcare regardless of their background and barriers.[38] However, there is a particular focus on marginalised groups through 'affirmative action', creating opportunities and equity.[39]

Childsmile follows the upstream, downstream approach by Watt et al. produced to highlight the downstream interventions favoured currently in oral disease prevention (Fig.3).[41,42] This includes clinical prevention, school, and chairside dental health education. However, these downstream interventions target smaller populations, whereas larger, upstream interventions are required to have a greater impact on inequalities.[42] This involves legislations and regulations.

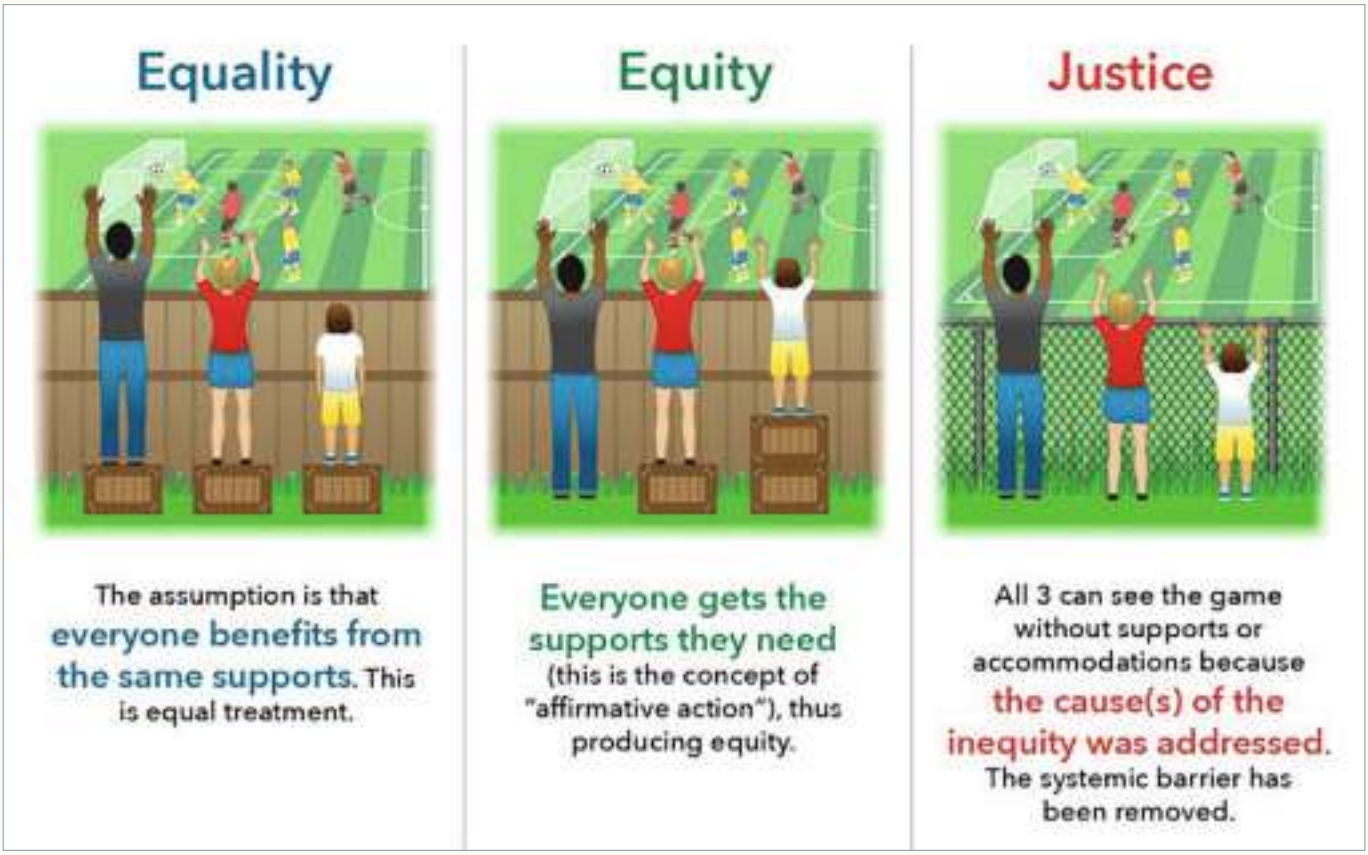
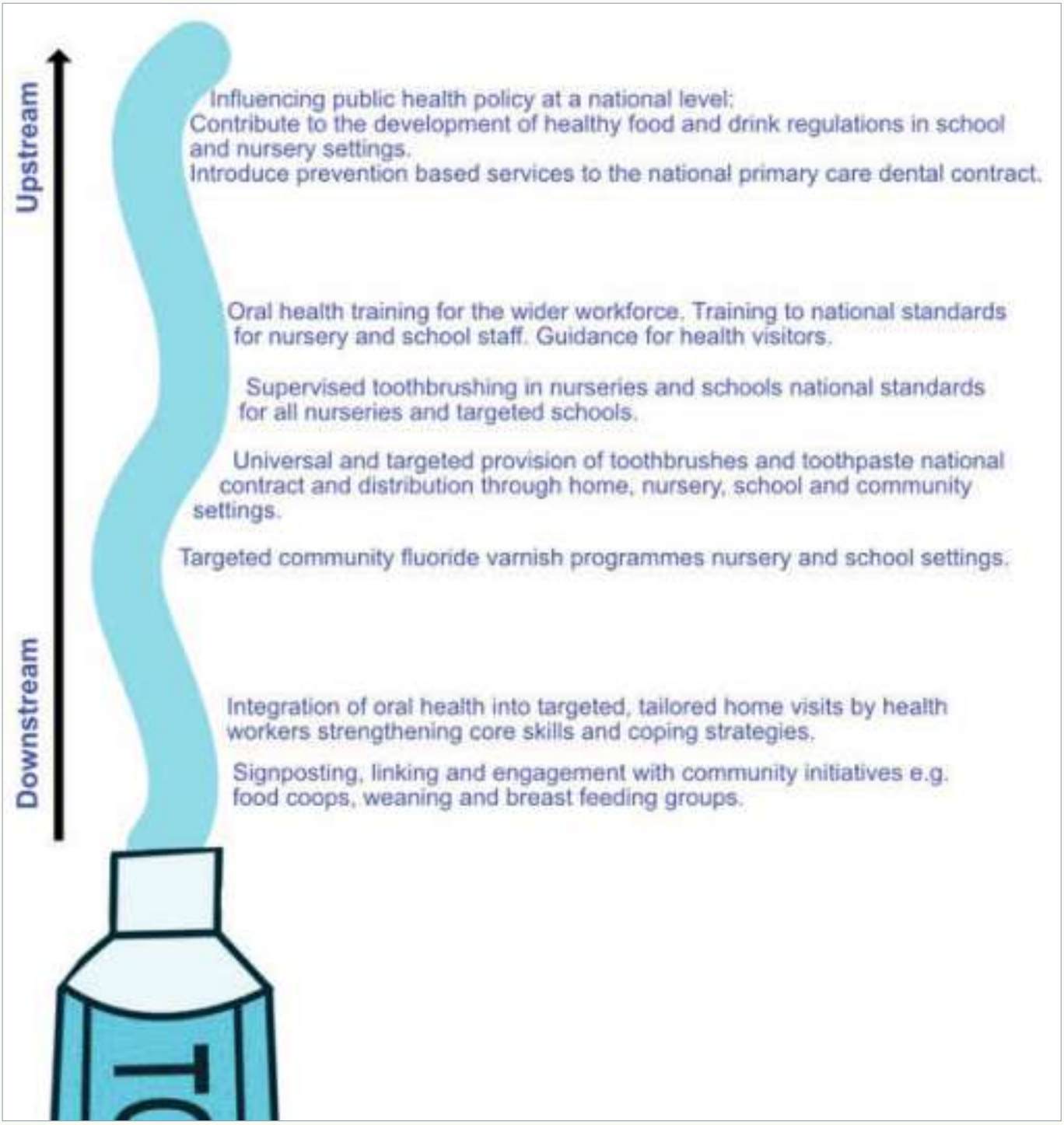


Figure 2: **How a proportionate universalism approach can help improve health outcomes for everyone across a population, but those with the poorest health benefit the most from service delivery.[40]**

Figure 3: **Main Childsmile interventions with the upstream/ downstream continuum.[43,44]**



Childsmile has integrated this concept into its programme, highlighting both downstream, targeted innovations and larger national level interventions for greater inequality impact.

Despite the efforts of Childsmile, and similar programmes to reduce inequalities in healthcare, it is obvious that it remains a pressing issue. The 2021/2022 NDIP report highlighted that 58.4% of P1 children in SIMD 1 presented with no obvious decay, while in SIMD 5 85.5% of P1 were not free of decay.[45] In the latest NDIP publication, it is evident that inequalities in healthcare still exist: 71.9% of P7 children living in SIMD 1 have no obvious decay experience whereas 88% of those living in SIMD 5 do.[46]

Economic evaluation

The cost effectiveness of the Childsmile programme is a large factor in its overall effectiveness. Although investment in the programme with training, toothbrush pack production, staff distribution and implementation can be costly, the overall goal is to cover expenses by long term savings from treatment avoidance and reducing decay in children through early interventions. In 2015, an article titled, 'Improving Child Oral Health: Cost analysis of a National Nursery Toothbrushing Programme' was published to discuss the NHS savings by avoiding extractions, fillings, and treatments through evidence-based interventions. The estimated cost of the nursery toothbrushing programme

in Scotland, requested from all Scottish Health Boards, was £1,762,621 per year. In 2001/2, the estimated dental treatment costs were shown to be £8,766,297. Following the implementation of toothbrushing programmes from Childsmile, dental costs dramatically decreased and in 2009/10, average dental costs were recorded to be £4,035,200, a 56% reduction.[44] Dental treatment costs have been shown to decrease over time and savings of over two and a half times the cost of the implementation of the programme were expected by the eight year.[47] The recent supporting healthy smiles publication from Childsmile and Care Inspectorate, a body ensuring care in Scotland is of high quality and standard, states that the Childsmile Toothbrushing Programme has been shown to save approximately £3 in dental treatment costs for every £1 spent on the programme.[48]

Sustainability

The Scottish Government released a plan for 'NHS Scotland climate emergency and sustainability strategy: 2022-2026' detailing how greenhouse gases can be reduced to create a greener planet while still delivering high standards of healthcare.[49] It highlights the impending climate crisis. The carbon cost of dental treatment is 40 times the cost of preventative measures.[50] With climate crisis looming, Childsmile adopted the Centre for Sustainable Healthcare (CSH) approach and their four 'Principles of sustainable clinical picture'. These are: prevention; patient self-care; lean service delivery; and low carbon alternatives.[51] Through this, Childsmile can adopt an approach that has sustainable value with a balance of the best outcome for the patient and environmental, social, and financial impacts.[52]

To further ensure Childsmile contributes to a greener Scotland, they have set sustainability aims: reduced staff travels and carbon footprint by using online platforms for meetings; monitoring and reviewing of equipment and supplies; and switching to lower carbon alternatives - 100% of Childsmile vehicles aim to be electric by 2025; and integrate Childsmile Recycle and Smile programme.[53]

'Recycle and Smile' was developed in collaboration by Childsmile, NHS National Services Scotland and a recycling contractor.[54] With the high distribution of toothbrushing packs, it is estimated that the National Supervised Toothbrushing Programme uses over 1 million toothbrushes and 178,000 toothpaste tubes annually.[55] These types of plastics can take up to 1000 years to decompose which, in theory isn't sustainable. However, Childsmile partner with participating schools and nurseries to salvage these plastics from the general waste bins to work towards a cleaner, greener, more sustainable Scotland. Toothbrushes and toothpaste tubes from the programme are collected by a Childsmile member and dropped at a local collection site where they are sterilised and recycled into playground equipment, garden planters and vehicle parts.

Hygiene poverty and food insecurity

With the UK cost-of-living crisis and the strain on NHS dentistry leading to more private healthcare, the inequality gap will only widen. Many families are suffering from 'hygiene poverty', and are unable to afford basic hygiene products.[56] Approximately 6.5% of the UK adult population are living in hygiene poverty and admit that dental hygiene products are not high on their priority list, when compared to other essentials.[57]

Additionally, low-income families also experience food insecurity. Fresh, unprocessed, nutritional food is typically perceived to be expensive. The consumption of cheaper highly processed food and drinks with high sugar content increases an individual's risk of dental decay and is more common in households who face food insecurity.[58] Foodbanks are experiencing increasing numbers of visitors as food insecurity rates increase: a 37% increase from 2022/2023.[59] Numbers will rise without help from Childsmile.[60] Food insecurity and hygiene poverty both play a role in poor health and disease in children and families in the UK and may be linked to the increase in dental caries, reinforcing the need for preventative programmes like Childsmile.

In summary

Childsmile is a complex set of evidence-based interventions based on preventative care aiming to improve the oral health of children and reduce inequalities in Scotland. The increased participation in programmes each year highlights the ongoing need and has created opportunities for families facing inequalities. Since implementation of Childsmile, there have been trends of decay reduction and with yearly inspections from NDIP, numbers will be continuously monitored. However, it is evident that inequalities still exist.

Although Childsmile cannot be the solution to reducing dental caries and inequality in Scotland, it is essential in the current UK climate where the inequality gap is ever increasing with widespread hygiene poverty and food insecurity. Preventative programmes such as Childsmile are vital for early detection of dental diseases, promoting healthy habits from a young impressionable age and is the most cost-effective and sustainable mode of action. However, it requires continuous evaluation to progress.

Author: Jennifer Rae is about to enter her 4th year at the University of Edinburgh studying Oral Health Sciences. This paper is based on her 3rd year exam.

Contact: Jennifer.rae3@hotmail.com

References

1. Childsmile – Improving the oral health of children in Scotland [Internet]. 2024 [accessed 29 February 2024]. Available from: https://www.childsmile.nhs.scot/
2. Macpherson LMD, Ball GE, King P, Chalmers K, Gnich W. Childsmile: The Child Oral Health Improvement Programme in Scotland. *Prim Dent J.* 2015 **4(4)**:33-37. https://doi.org/10.1308/205016815816682
3. Ross AJ, Sherriff A, Kidd J, Deas L, Eaves J, Blokland A, et al. Evaluating childsmile, Scotland's National Oral Health Improvement Programme for children. *Comm Dent Oral Epidemiol.* 2023;**51(1)**:133-138. Available from: https://doi.org/10.1111/cdoe.12790
4. Public Health Scotland. National Dental Inspection Programme (NDIP) 2022 Report of the 2022 NDIP Basic Inspection Programme in Primary 1 Children an Official Statistics release for Scotland [Internet]. 2023 [accessed 29 February 2024]. Available from: https://ndip.scottishdental.org/wp-content/uploads/2023/01/national-dental-inspection-programme-2022-10-25.pdf

5. UCL. Oral health inequalities remain a major public health concern in the UK [Internet]. UCL News. 2021 [accessed 29 February 2024]. Available from: https://www.ucl.ac.uk/news/2021/mar/oral-health-inequalities-remain-major-public-health-concern-uk
7. The Scottish Government. An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland [Internet]. Gov.scot. The Scottish Government; 2005 [accessed 1 March 2024]. Available from: https://www.gov.scot/publications/action-plan-improving-oral-health-modernising-nhs-dental-services-scotland/pages/2/
8. Childsmile. How did it start? [Internet]. 2024 [cited 2024 Mar 1]. Available from: https://www.childsmile.nhs.scot/about-childsmile/how-did-it-start/
9. Childsmile. Statement of Dental Remuneration [Internet]. [accessed 1 March 2024]. Available from: https://www.childsmile.nhs.scot/wp-content/uploads/5475-2022-05-31-childsmile-statement-of-dental-remuneration.pdf
10. The Scottish Government. Improving children's oral health [Internet]. 2017 [accessed 1 March 2024]. Available from: https://www.gov.scot/news/improving-childrens-oral-health/
11. Childsmile. Childmsile Toothbrushing [Internet]. 2024 [accessed 2 March 2024]. Available from: https://www.childsmile.nhs.scot/professionals/childsmile-toothbrushing/
12. Childsmile. Toothbrushing Standards [Internet]. 2024 [accessed 2 March 2024]. Available from: https://www.childsmile.nhs.scot/professionals/childsmile-toothbrushing/toothbrushing-programme-national-standards/
13. Childsmile. Toothbrushing at nursery and school [Internet]. 2024 [accessed 2 March 2024]. Available from: https://www.childsmile.nhs.scot/parents-carers/toothbrushing/toothbrushing-in-school-and-nursery/
14. Central Evaluation and Research Team- University of Glasgow. Childsmile National Headline Data [Internet] December 2023 [accessed 2 March 2024]. Available from: https://www.childsmile.nhs.scot/wp-content/uploads/Childsmile-National-Headline-Data-December-2023.pdf
15. Childsmile (Date unknown) Fluoride Varnish For Children [Leaflet] Obtained 25 January 2024.
16. NHS Education for Scotland, Scottish Dental Clinical Effectiveness Programme. Prevention and Management of Dental Caries in Children. [Internet] 2018. [accessed 2 March 2024]. Available from: https://www.sdcep.org.uk/media/2zbkrdkg/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-edition.pdf
17. Childsmile. Childsmile Fluoride Varnish [Internet]. 2024 [accessed 2 March 2024]. Available from: https://www.childsmile.nhs.scot/professionals/childsmile-fluoride-varnish/
18. NHS Choices. Fluoride [Internet]. 2024 [accessed 2 March 2024]. Available from: https://www.nhs.uk/conditions/fluoride/
19. Seppä L. Fluoride varnishes in caries prevention. *Med Princ and Pract.* 2004;**13(6)**:307-311. Available from: https://doi.org/10.1159/000080466
20. Colgate. Colgate® Duraphat® Varnish [Internet]. 2018 [accessed 2 March 2024]. Available from: https://www.colgateprofessional.com.ph/products/products-list/duraphat-varnish
21. Childsmile. Childsmile Community and Practice [Internet]. 2024 [accessed 2 March 2024]. Available from: https://www.childsmile.nhs.scot/professionals/childsmile-community/
22. Childsmile (Date unknown) Childsmile Community and Practice [Leaflet] Obtained 25 January 2024.
23. Public Health Scotland. National dental inspection programme 2022/2023 - National dental inspection programme - Publications - Public Health Scotland [Internet]. Publichealthscotland.scot. 2022 [accessed 4 March 2024]]. Available from: https://publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme-20222023/
24. NHS Education for Scotland. Scottish Dental Clinical Effectiveness Programme. Prevention and Management of Dental Caries in Children. [Internet] NHS Education for Scotland: Published May 2018. [accessed 2 March 2024] Available from: https://www.sdcep.org.uk/media/2zbkrdkg/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-edition.pdf
25. Hensch, Takao K. The power of the infant brain. *Sci American.* 2016;**314(2)**:64-69. Available from: https://www.jstor.org/stable/26046845?casa_token=WB-BxaztI78AAAAA%3AfXoiAP2e6aMLFIGohcepfy1MZHwCUUsM1OEYpbA0JpQitlHwcsJ1EWIcq22mwwz89-H4V2sVSwmxkZV1I5DtdIlhxezj-0KiTp9EuPEgAu2TCLB6LHr0&seq=3
26. Amber. The Most Impressionable Years: How Our Early Experiences Shape Who We Become – ForThePeopleCollective.org [Internet]. Forthepeoplecollective.org. 2022 [accessed 4 March cited 2024]. Available from: https://www.forthepeoplecollective.org/the-most-impressionable-years-how-our-early-experiences-shape-who-we-become/
27. Macpherson, LMD, Anopa Y, Conway DI, McMahon AD. National supervised toothbrushing program and dental decay in Scotland. *J Dent Res.* 2012;**92(2)**: 109-113. Available from: https://doi.org/10.1177/0022034512470690
28. Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database of Systematic Reviews* [Internet]. 2013 Jul 11 [accessed 4 March 2024];(Issue 7): Art. No. CD002279. Available from: https://www.cochrane.org/CD002279/ORAL_fluoride-varnishes-for-preventing-dental-caries-in-children-and-adolescents
29. Ross A, Sherriff A, Kidd J, Gnich W, Anderson JE, Deas L, Macpherson L. A systems approach using the functional resonance analysis method to support fluoride varnish application for children attending general dental practice. *Appl Ergonom.* 2018;**68**:294-303. Available from: https://www.sciencedirect.com/science/article/pii/S0003687017302697?via%3Dihub
30. Public Health Scotland. National dental inspection programme - School year 2019 to 2020 - National dental inspection programme - Publications - Public Health Scotland [Internet]. Publichealthscotland.scot. 2019 [accessed 4 March 2024]. Available from: https://publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme-school-year-2019-to-2020/
31. Public Health Scotland. National dental inspection programme - National dental inspection programme - Publications - Public Health Scotland [Internet]. Publichealthscotland.scot. 2021 [accessed 4 March 2024]. Available from: https://publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme/
32. Public Health Scotland. National dental inspection programme 2022/2023 - National dental inspection programme - Publications - Public Health Scotland [Internet]. Publichealthscotland.scot. 2022 [accessed 4 March 2024]. Available from: https://publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme-20222023/
33. World Health Organization: WHO. Health equity [Internet] [accessed 4 March 2024]. Available from: https://www.who.int/health-topics/health-equity#tab=tab_1
34. What Are Health Inequalities? | The King's Fund [Internet]. The King's Fund. The King's Fund; 2022 [accessed 4 March 2024]. Available from: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities#:~:text=These%20include%20the%20accessibility%20and,these%20factors%20are%20inter%2Drelated.
35. Inequalities – Childsmile [Internet]. Nhs.scot. 2016 [accessed 4 March 2024]. Available from: https://www.childsmile.nhs.scot/about-childsmile/dental-public-health/inequalities/
36. SIMD (Scottish Index of Multiple Deprivation) [Internet]. Scottish Index of Multiple Deprivation. 2016 [accessed 4 March 2024]. Available from: https://simd.scot/#/simd2020/BTTTFTT/9/-4.0000/55.9000/
37. National Dental Inspection Programme (NDIP) Report 2020 [Internet] Public Health Scotland 2020. Figure 1: Change in the percentage of P1 children in Scotland with no obvious decay experience; by SIMD quintile [accessed 4 March 2024]. Available from: https://www.scottishdental.org/wp-content/uploads/2020/10/2020-10-20-ndip-executive-summary.pdf
38. Proportionate Universalism – Childsmile [Internet]. Nhs.scot. 2024 [accessed 4 March 2024]. Available from: https://www.childsmile.nhs.scot/about-childsmile/dental-public-health/proportionate-universalism/

MCRepairs.

Small Dental Equipment Repairs.

01253 404 774

Oral Hygiene Equipment.

We offer comprehensive repairs and servicing for all your oral hygiene equipment, including air polishers, couplings, prophy handpieces, scalers, scaling units, and more, ensuring optimal performance and longevity.

Repairs & Servicing

- Fast Turnaround Time
- Accredited Repair Centre
- No Obligation, FREE Quotation!
- Competitively Priced
- Premium Components
- State-of-the-Art Workshop

To book your equipment in:
Contact one of our experienced Technicians now!

39. Crosby FJ, Iyer A, Sincharoen S. Understanding affirmative action. *Annu Rev Psychol.* 2006; **57**: 585-611: doi: 10.1146/annurev.psych.57.102904.190029.
40. Childsmile: Proportionate Universalism [Internet] Figure 2: Proportionate Universalism approach on improving health outcomes. [Cited 4 March 2024] Available from: https://www.childsmile.nhs.scot/about-childsmile/dental-public-health/proportionate-universalism/
41. Childsmile. Oral Health Inequalities Internet] 2018 [cited 4 March 2024]. Available from: https://www.childsmile.nhs.scot/about-childsmile/dental-public-health/oral-health-inequalities/
42. Dawson ER, Stennett M, Daly B, Macpherson LMD, Cannon P, Watt RG. Upstream interventions to promote oral health and reduce socioeconomic oral health inequalities: a scoping review protocol. *BMJ Open* [Internet]. 2022; **12(6)**:e059441. [cited 4 March 2024] Available from: 10.1136/bmjopen-2021-059441
43. Childmsile [Internet]. Childsmile Oral Health Inequalities. Main Childsmile interventions within the upstream/ downstream continuum, Figure 3: adapted from 'Childsmile after 10 years part 2: programme development, implementation and evaluation, Macpherson, Rogers and Conway [Cited 4 March 2024]. Available from: https://www.childsmile.nhs.scot/about-childsmile/dental-public-health/oral-health-inequalities/
44. Macpherson LMD, Rogers J, Conway DI. Childsmile after 10 years part 2: programme development, implementation, and evaluation. *Dent Update*. 2019;**46(3)**: https://doi.org/10.12968/denu.2019.46.3.238
45. Public Health Scotland. National dental inspection programme - National dental inspection programme - Publications - Public Health Scotland [Internet]. Publichealthscotland.scot. 2021 [cited 4 March 2024]. Available from: https://publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme/
46. Public Health Scotland. National dental inspection programme 2022/2023 - National dental inspection programme - Publications - Public Health Scotland [Internet]. Publichealthscotland.scot. 2022 [cited 4 March 2024]. Available from: https://publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme-20222023/
47. Anopa Y, McMahon AD, Conway DI, Ball GE, McIntosh E, Macpherson LMD. Improving child oral health: cost analysis of a national nursery toothbrushing programme. *PLOS ONE* 2015;10(8):**25**;10(8):e0136211. doi: 10.1371/journal.pone.0136211
48. Care Inspectorate. Supporting healthy smiles: Childsmile practice note for early learning and childcare (ELC) [Internet]. Published by: Communications 2023 [cited 6 March 2024].Available from: https://hub.careinspectorate.com/media/5621/supporting-healthy-smiles-childsmile-practice-note-for-elc.pdf
49. The Scottish Government. NHS Scotland climate emergency and sustainability strategy: 2022-2026 [Internet]. Gov.scot. The Scottish Government; 2022 [cited 6 March 2024]. Available from: https://www.gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/
50. Bowden B, Iomhair AN, Wilson M. Evaluating the environmental impact of the Welsh national childhood oral health improvement programme, Designed to Smile. *Comm Dent Health*. 2021;**38(1)**:15-20 doi: 10.1922/CDH_000082020Bowden06.
51. What we do [Internet]. Centre for Sustainable Healthcare. 2015 [accessed 6 March 2024]. Available from: https://sustainablehealthcare.org.uk/what-we-do
52. Sustainability in Quality Improvement (SusQI) [Internet]. Centre for Sustainable Healthcare. 2019 [accessed 6 March 2024]. Available from: https://sustainablehealthcare.org.uk/susqi
53. Our sustainability aims – Childsmile [Internet]. Nhs.scot. 2024 [accessed 6 March 2024]. Available from: https://www.childsmile.nhs.scot/about-childsmile/sustainability/focus-areas/
54. Recycle and Smile – Childsmile [Internet]. Nhs.scot. 2024 [accessed 6 March 2024]. Available from: https://www.childsmile.nhs.scot/about-childsmile/sustainability/recycle-and-smile/
55. Childsmile. Recycle and Smile, How does it work? [Internet] NHS National Services Scotland: 2023 March 23 [accessed 6 March 2024]. Video: 2:15. Available from: https://www.childsmile.nhs.scot/about-childsmile/sustainability/recycle-and-smile/
56. Cope AL, Chestnutt IG. The implications of a cost-of-living crisis for oral health and dental care. *Br Dent J.* [Internet]. 2023 Apr 14 [accessed 11 March 2024]. 501-504. Available from: https://www.nature.com/articles/s41415-023-5685-0
57. Gunstone B, Gosschalk K, Stoker M, Owen M, Zabicka E, Yougov L. The Hygiene Bank: Hygiene Poverty 2022 [Internet]. [accessed 12 March 2024]. Available from: https://thehygienebank.com/wp-content/uploads/2022/11/Hygiene-Bank_2022_Hygiene_Poverty_report_v9.0.pdf
58. French SA, Tangney CC, Crane MM, Wang Y, Appelhans BM. Nutrition quality of food purchases varies by household income: the SHoPPER study. BMC Public Health [Internet]. 2019 Feb 26 [accessed 11 March 2024]; Article number: 231 (2019) Available from: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6546-2
59. Pratt A. Food Banks in the UK [Internet]. House of Commons Library. 2024 [accessed 11 March 2024]. Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-8585/
60. Childsmile Community and Practice – Childsmile [Internet]. Nhs.scot. 2024 [accessed 12 March 2024]. Available from: https://www.childsmile.nhs.scot/professionals/childsmile-community/

BY ELIZABETH MATTHEWS

GINGIVITIS AND PERIODONTAL DISEASES PREVENTION TEACHING INTERDENTAL CLEANING ON A SOCIETAL LEVEL

Flossuary is a novel interdental cleaning initiative, designed by a dental hygienist (the author), for patients and members of the public.

With increasing pressure on dental services and a growing body of evidence linking poor periodontal health with many other non-communicable diseases (NCD), periodontal diseases are a public health concern and there is a growing need for preventative interventions. This article presents some of the challenges encountered when trying to engage individuals with preventative home care and considers how we may encourage them to adopt healthy habits for the prevention of gingivitis and periodontal disease.

Introduction

Periodontal diseases affect around 20-50% of the global population and present a significant public health concern.[1] Dental professionals witness first-hand the impact periodontal diseases have on patients. Tooth loss and halitosis impact socially and can lead to low self-esteem. Additionally, the longer-term effects of tooth loss on an individual's nutrition and general well-being are also documented.[2]

The cost of treating periodontal diseases continues to rise[3], as does the evidence of the potentially detrimental effects on other systemic conditions such as, type 2 diabetes[4] and cardiovascular disease[5] with the respiratory diseases being a more recent addition to the expansive list.[6] Yet gingivitis, the precursor to periodontitis in susceptible individuals, is largely preventable by reducing the risk factors and practising effective plaque control at home.[7]

The focus for many years has been on treating periodontitis, and little has been done in terms of prevention at a societal level. For other non-communicable diseases, prevalent in high numbers, there are national prevention programmes and campaigns aimed at educating the population about risk factors and preventative self-care measures to reduce an individual's personal risk of disease. For example, the government's Change4life campaign aimed at tackling childhood obesity[8] and the Diabetes Prevention Programme which referred those deemed to be at highest risk of developing Type 2 diabetes onto a lifestyle change programme.[9]

For periodontal diseases, the current 'treat over prevent' approach is failing, with ever increasing demand on an already overstretched system.[3] Preventative intervention seems the logical way forward.

Whilst gingivitis and periodontitis share some common risk factors with other NCDs, some of which may be addressed indirectly through other campaigns (e.g., smoking cessation), effective home plaque control remains essential for prevention of gingivitis and periodontal diseases progression.[10]

Positive steps towards improving the nation's plaque control and preventing oral diseases have been taken, with the introduction of oral health onto the curriculum in primary and secondary schools.[11] Toothbrushing programmes have been established in many early years settings, although levels of provision vary greatly in different parts of the UK.[12] Although primarily targeting caries reduction in children and young people, these interventions may also serve to have a positive effect on gingivitis prevention by providing individuals with skills to practise effective toothbrushing.

Unlike toothbrushing, there is no 'one size fits all' regarding interdental cleaning devices[13] which increases the complexity of mass education strategies. Can more be done on a societal level to teach these skills, instil habits, and encourage individuals to engage with preventative self-care?

For individuals with severe periodontal disease, professional tailored oral hygiene instruction and control of risk factors, along with professional biofilm disruption, is essential.[14] However, with services unable to cope with, and fund treatment demand, the need to engage individuals with preventative care interventions at a societal level is clear.

An interdental cleaning intervention

As a dental hygienist in general practice, the Flossuary initiative was a method of encouraging some non-compliant patients to engage with regular interdental cleaning. Subsequently I introduced it as a national initiative in 2021. The aim of the intervention was to encourage individuals to clean interdentally daily, for the 28 days in the month of February.

UK dental professionals were made aware of the Flossuary initiative through advertising and presentations at professional trade shows and events throughout 2023, including The Dentistry show Birmingham and the BSDHT OHC Bournemouth, and a webinar open to dental professionals (via

the Ikigai Oral Hygiene Community). Most clinicians involved were dental hygienists and therapists but there were also some dentists and practice managers.

Dental professionals could invite their patients to sign up to Flossuary through the website (flossuary.com) during December and January, or they could volunteer for a 'Packs to practice' scheme (limited to 100 clinicians). Clinicians signing up to this scheme received 20 Flossuary packs, delivered to their practice, to give directly to selected patients who they considered might benefit from taking part. Participating patients were asked to provide their email address on a consent form and were given the option to receive a feedback questionnaire.

Consent slips were photographed by clinicians and returned via Whatsapp. Participating clinicians were asked to destroy consent slips and delete photographs in line with GDPR. Sensitive information was stored on a password protected computer and deleted after use. This method of collecting participants details involved several stages for clinicians to complete, resulting in a relatively low number of email addresses being returned (approximately200). On reflection, collecting participants' email addresses via a digital sign up may have achieved greater numbers from this group.

Flossuary was also advertised to the public through Facebook and Instagram, where individuals were invited to sign up via the website. A further 3000 packs were distributed to this group. Participants received a Flossuary pack (either directly from their dental professional or by mail). Each pack contained information about: why interdental cleaning is important; how periodontal diseases progress; brief explanations about the links with Type 2 diabetes and cardiovascular disease; different types of interdental cleaning devices and instructions on how to use them; and links to a website (flossuary.com) offering more detailed instruction and guidance on types of products available.

Participants also received a 28-day tick chart which they were encouraged to place in a prominent position (e.g. bathroom) to track their progress. The pack contained samples of various interdental cleaning aids for participants to try. These typically included silicone interdental brushes, floss holders and a reel of dental floss or tape.

Participants were invited to follow daily social media posts during the month of February, aimed at keeping them motivated and providing support. Social media posts also addressed some common problems that individuals often experienced when embarking on interdental cleaning, and offered reassurance about bleeding. Advice on how to ensure they were using the appropriate size device and interdental cleaning techniques was also offered, alongside related topics such as toothbrushing technique, smoking and links between periodontal diseases and other systemic conditions, such as Type 2 diabetes and cardiovascular disease. The initiative was evaluated via a feedback survey distributed at the end of the 28-day challenge. The survey was piloted with the BSDHT education group and distributed via SurveyMonkey.

Participants

In 2024, 2582 participants received the survey after some opted out of providing feedback or gave incorrect email addresses: 531 complete responses were returned. The majority of participants returning feedback signed up on the website (88%; n=467) while 47 (9%) received their pack directly from their dental professional. Dental professionals comprised only 1%. The remaining 2% (n=11) did not respond. Anonymised data was stored on a password protected computer for analysis.

Having begun in-house, in general practice, the Flossuary initiative has increased its reach since 2021, with more packs distributed each year: initially 50 packs were handed out in the author's practice and 5000 packs were mailed across the UK five years later in 2024.

In 2024, TePe kindly supplied products for the online offer: the packs to practice were kindly supplied by TePe and Piksters. In previous years, products from SimplyFloss and MyMouth were also included.

The first national initiative in 2021 resulted in a greater number of participants being signposted, and encouraged to take part, by their dental professionals. Encouragingly, dental professionals took part to test the concept before recommending to their patients.

More recently, in 2023 and 2024 , there has been a greater increase in the numbers of participants signing up without a recommendation. Pack ordering had to be closed prematurely due to huge demand, suggesting an interest in, and desire by people to improve their oral hygiene. A proportion of participants (18% in 2023 and 23% in 2024) reported not accessing regular dental care but were keen to take part.

In 2021, 84% of respondents completed all 28 days of the challenge. This high success rate is probably due to the large number of dental professionals taking part in the first year, as success rates for subsequent initiatives have remained consistent, with 50-55% completing the challenge each year. The following discussion focuses predominantly on feedback from this year's initiative and from those participants who did not clean interdentally daily before the challenge.

Barriers to interdental cleaning

Feedback revealed interesting, yet perhaps unsurprising, barriers to interdental cleaning. Many participants did not clean interdentally daily to start with; the majority stated that they found it too fiddly or awkward, lacked motivation or struggled to remember to do it.

Dental hygienists and therapists offer patients assistance with these common problems, but with a lack of access, and the vast array of products and conflicting advice available online, it is unsurprising that a simple question such as, "What do I use?" can create a significant barrier.

For an individual to be motivated to adopt a health behaviour, they must believe that they have the capability to achieve it.[15] Provision of written instructions and photographs demonstrating interdental cleaning, along with links to more detailed demonstration videos, ensured that participants could access detailed guidance in their preferred format. The opportunity to try a variety of product samples enabled them to choose their preferred method without the expense of purchasing products, only to then find they were unsuitable.

Kin Dental

The Professionals Choice

KIN GingivalComplex

- Chlorhexidine DG: 0.12%
- Alpantha Complex

KIN

www.kindental.co.uk

This may be particularly relevant as the UK is currently in a cost-of-living crisis.[16] Many participants discovered a new interdental cleaning aid as a result of taking part and indicated that they intended to continue using it. Feedback highlighted the fact that "flossing" is a term widely used (outside the profession) for interdental cleaning. Most participants are aware of the need to "floss" daily (only 6% reported they did not know they had to). However, widespread mention of "flossing" leads them to believe that the only option for interdental cleaning is the use of dental floss or tape, which can prove difficult to use and has been shown to be less effective than alternatives such as interdental brushes.[17] Discovering there were easier and effective ways to "floss" (e.g., silicone interdental brushes) prompted many positive comments and encouraged participants to continue. More detailed education on the variety of options available seemed to go some way to overcoming this barrier and many participants made use of the product guidance and instruction videos that were available to them on the website.

As is heard all too frequently in practice, 'forgetting' is a common reason given by patients for not engaging with daily interdental cleaning. Provision of a tick chart attempted to overcome this. Participants were encouraged to place it in a prominent position where they would see it every day, such as in their bathroom. Visual cues are an important factor in habit formation and remind us to perform the action.[18] Not all participants used the chart, but it was evident that those who did (46%; n=242) were more likely to succeed. Anecdotally, some dental professionals have previously voiced concerns that tick charts may be perceived as juvenile by adult patients. However, feedback did not support this, and many participants commented that they had found it a helpful tool and enjoyed using it.

Lack of patient motivation is perhaps the most frustrating barrier that dental hygienists and therapists have to overcome in daily practice. Some patients, repeatedly fail to engage with professional advice and effective homecare, which presents a huge challenge. For individuals to be motivated to change their behaviour, they must perceive the reward to be significant.[19]

In previous Flossuary initiatives, links between periodontal diseases and systemic conditions have been reported to be a strong motivator. Conversations on this subject in practice can positively impact some individuals' engagement with oral hygiene practices, when the seemingly lesser threat of tooth loss does not appear to motivate them. Raising awareness of these links to the wider community, may increase individuals' motivation to adopt more regular cleaning habits and reinforce the message that the mouth is not a separate entity to the body. This message could be mirrored by our medical colleagues as we all strive towards a more holistic approach and collaboration with other healthcare professionals.

Motivators for self-care

When asked what motivated them to sign up to the Flossuary challenge in 2024, surprisingly, only 4% (n=19) of participants were driven by the appearance of their smile. Others, (20% ; n=110) commented that they just required help to develop a regular daily habit. Some (3% ; n=14) had concerns about the links with systemic diseases.

Framing this intervention as a challenge seemed to give participants more determination to continue and not give up too easily, especially at the outset. Goal setting has been shown to increase motivation for performing specific behaviours. Setting a personal goal and achieving it positively reinforces the behaviour by giving a sense of self-satisfaction.[15]

However, goal setting is only effective if the individual believes that they are capable of achieving the behaviour change in the first place, so provision of clear detailed instruction as part of the intervention is of significant importance. Having been encouraged by the challenge (or set goal) to continue through the early days, many (20% ; n=106) then noticed a reduction in bleeding which further encouraged them to continue. A further 55% (n=292) noticed less gingival pain or soreness, a better taste in their mouth or a reduction in halitosis. All of which were viewed as strong motivators to continue. Seeing a reward for our efforts positively reinforces habit formation[19] and this was shown to be true amongst this cohort.

Clinicians in practice also found Flossuary useful as a motivational tool. Not only does its novel concept offer something different to discussions, (particularly for the non-compliant patient who regularly attends appointments but cannot seem to find their motivation) but patients often find the "challenge" element appealing and are prepared to have a go! The 'group participation' factor certainly seems to have a positive motivational effect in other health campaigns that encourage behaviour change such as Stoptober[20] and Dry January. [21]

If it is possible to engage large numbers of people for a few weeks (long enough for those with inflammation to notice a difference in bleeding etc.) then surely it is possible to increase motivation on a larger scale, leading to more compliance with self-care and improvements in oral health? Those who completed all 28 days of the Flossuary challenge were asked what kept them going. Answers included: "the challenge", "wanting better oral health" or "knowing that they should try to get into a daily habit". Many were surprised by the reduction in bleeding or soreness they noticed in a short space of time and were encouraged to continue. A significant number said their mouth felt fresher or healthier (n=220; 41%), or they had found a product that made interdental cleaning easier to carry out (n=338; 64%).

Failure: the people who stopped

In 2024, only 6% (n=32) of participants completed less than seven days, and more than half completed all 28 days of the challenge. Of those who did not, most (80% ; n=426) completed at least two weeks. Those who failed to complete the whole challenge rarely stopped but were more likely to have missed a day or two, then started again. The length of time it takes to form a habit varies greatly, anything from 18-254 days (average 66) and is dependent on many factors. Routinely performing an action regularly and in a specific time period helps actions to become automatic or a habit. Research has shown that repetition is key in habit formation, however, missing a few days here and there is not shown to derail the process.[22] In many behaviour change models, relapse or failure is seen to be a positive stage as it leads the individual to evaluate their efforts and consider the reasons for failure, which can make future attempts more likely to succeed.[23] Nearly

all participants who failed to complete 28 days said that they intended to try again.

Group that did not access regular dental care

In 2024, there were 122 participants in this category of which 69 (56%) reported having no access to NHS services in their area, whilst 28 (23%) gave the cost of treatment as reason for not accessing professional dental care. Smaller numbers stated: dental phobia; mobility issues; and a few did not feel that they needed to see a dental professional. Despite this, 34 (28%) reported being concerned that they may have gum disease, that their gums bled, or that they suffered with halitosis. The general response from this group was positive, many expressed gratitude that taking part had made them realise the importance of "flossing", helped them find appropriate products and provided motivation to form a regular habit. Many of this group completed three weeks or more of the challenge, noticed a difference and planned to continue.

Forgetting!

Among the group that stopped, when asked what may have helped them continue, a popular answer was "reminders". These reminders or prompts could be accessed through a mobile app, however, in previous initiatives, when asked if they would prefer the chart on their phone rather than a paper copy, more than half of participants declined. This response further reinforces the need for future interventions to empower people to make their own choices by giving them the knowledge and tools and guiding them to make decisions on how they can achieve behaviour change, rather than a blanket approach. People are more likely to succeed if they have been a part of the planning and have the opportunity to choose what they feel is right for them.[24] Giving individuals a choice of paper chart or mobile phone reminders may increase compliance with use of the chart, which certainly was the case in the Flossuary initiative, and increase chances of successful behaviour change.

By intervening earlier, targeting older children and adolescents, and attempting to develop these habits alongside daily toothbrushing, with a view to it becoming the accepted 'norm' it may be possible to further reduce the "forgetting" issue.

Conclusion

It is important to acknowledge that interdental cleaning alone is not enough to prevent periodontal diseases and there are obvious limitations to any behaviour change intervention. Some participants did not complete the challenge, and many did not take part. A significant number of our population will simply show no interest or deem it to be unimportant.

However, as clinicians we spend vast amounts of time teaching these skills and finding ways to motivate patients to develop this habit. We also frequently witness the difference that regular effective interdental plaque removal can make to gingival inflammation.

Some studies have shown this type of intervention to have an impact on behaviour change in the short term, but there is limited evidence of effects on long term behaviour change.[25] A follow up survey last year (unpublished) found that a number of participants who took up interdental cleaning as a result of participating in Flossuary, were still continuing their habit daily, three months later. There are obvious questions about the level of plaque control these individuals are achieving but reported observations of reduced bleeding seem to point to an improvement in gingival health.

Teaching this on a societal level, could potentially give more people the opportunity to improve or maintain their oral health: an opportunity that is currently only available to those individuals who access a dental professional.

Furthermore, preventing gingivitis through self-care at home is cost saving 3 and supports a person-centred, minimally invasive approach.

Interdental cleaning is certainly more difficult to teach to large groups, due to the range of products available and their suitability to the individual. By designing interventions based on behaviour change models which empower individuals to plan their behaviour change, encourage them to set personal goals[15] and by giving them the capability, opportunity, and motivation[26] it may be possible to teach interdental cleaning on a societal level as part of a wider periodontal disease prevention strategy.

Further research is needed to evaluate the longevity of habits formed as a result of the Flossuary initiative. Clinical assessment of individuals prior to and following the intervention, and feedback from clinicians would allow further evaluation of this initiative and the impact it could have on improving gingival and periodontal health as part of a wider preventative approach.

Author: Elizabeth qualified in 2003 and works in general practice . Her special interest is in perio systemic links. She founded Flossuary as a national initiative in 2021.

Contact: enquiries@flossuary.com

References

1. Nazir MA. Prevalence of periodontal disease, its association with systemic diseases and prevention. *Int J Health Sci.* 2017;**11(2)**:72–80. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5426403/.
2. Reynolds I, Duane B. Periodontal disease has an impact on patients' quality of life. *Evid Based Dent.* 2018;**19(1)**:14–15. doi:https://doi.org/10.1038/sj.ebd.6401287
3. Tonetti M. Time to take gum disease seriously: the societal and economic impact of periodontitis. European Federation of Peridontology. Economist Intelligence Unit Report. 2021;7. [online] Available at: https://impact.economist.com/perspectives/sites/default/files/eiu-efp-oralb-gum-disease.pdf [Accessed 24 March 2024].
4. Sanz M, Ceriello A, Buysschaert M, Chapple ILC, Demmer RT, Graziani F, et al. Scientific evidence on the links between periodontal diseases and diabetes: Consensus report and guidelines of the joint workshop on periodontal diseases and diabetes by the International Diabetes Federation and the European Federation of Periodontology. *J Diabetes Res Clin Pract.* 2018;**137**:231-241.
5. Sanz M, Marco del Castillo A, Jepsen S, Gonzalez Juanatey JR, D'Aiuto F, Bouchard P, et al. Periodontitis and cardiovascular diseases: Consensus report. *J Clinical Periodontol.* 2020; **47(3)**:268–288. doi:https://doi.org/10.1111/jcpe.13189.
6. Gomes-Filho IS, Cruz SS, Trindade SC, Passos-Soares JD, Carvalho-Filho PC, Figueiredo AC, et al. Periodontitis and respiratory diseases: A systematic review with meta-analysis. *Oral Dis.* 2020; **26(2)**:439–446. doi:https://doi.org/10.1111/odi.13228.

7. Chapple ILC, van der Weijden F, Doerfer C, Herrera D, Shapira L, Polak D, et al. Primary prevention of periodontitis: managing gingivitis. *J Clin Periodontol.* 2015;**42**:S71–S76. doi:https://doi.org/10.1111/jcpe.12366.
8. Public Health England (2017). *New Change4Life campaign encourages parents to 'Be Food Smart'.* [online] GOV.UK. Available at: https://www.gov.uk/government/news/new-change4life-campaign-encourages-parents-to-be-food-smart [Accessed 18 January 2024].
9. NHS England (2023). *NHS Diabetes Prevention Programme* (NHS DPP). [online] NHS England. Available at: https://www.england.nhs.uk/diabetes/diabetes-prevention/ [Accessed 18 January 2024].
10. Van Der Weijden F, Slot DE. Oral hygiene in the prevention of periodontal diseases: the evidence. *Periodontol* 2000. 2010;**55(1)**:104–123. doi:https://doi.org/10.1111/j.1600-0757.2009.00337
11. Oral health becomes mainstream topic for schools. *Brit Dent J.* 2020; **229(10)**: 642–642. doi:https://doi.org/10.1038/s41415-020-2447-0.
12. Gray-Burrows KA, Day PF, El-Yousfi S, Lloyd E, Hudson K, Marshman Z. A national survey of supervised toothbrushing programmes in England. *Brit Dent J.* 2023; 1–5. doi:https://doi.org/10.1038/s41415-023-6182-1.
13. Ng E, Lim LP. An overview of different interdental cleaning aids and their effectiveness. *Dent J.* 2019;**7(2)**:56. doi:https://doi.org/10.3390/dj7020056.
14. Shaddox LM, Walker CB. Treating chronic periodontitis: current status, challenges, and future directions. *Clin Cosmet Investigat Dent.* 2010;**11**:79–91. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3645457/.
15. Jönsson B, Abrahamsson KH. Overcoming behavioral obstacles to prevent periodontal disease: Behavioral change techniques and self-performed periodontal infection control. *Periodontol 2000.* 2020;**84(1)**:134–144. doi:https://doi.org/10.1111/prd.12334.
16. Office for National Statistics (2024). Cost of Living Latest Insights - Office for National Statistics. [online] www.ons.gov.uk. Available at: https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costofliving/latestinsights [Accessed 20 March 2024].
17. Quinlan K. Does floss have a future? *Brit Dent J.* 2016;**221(4)**:152–153. doi:https://doi.org/10.1038/sj.bdj.2016.588.
18. Stawarz K, Gardner B, Cox A, Blandford A. What influences the selection of contextual cues when starting a new routine behaviour? An exploratory study. *BMC Psychol.* 2020;**8(1)**:1-11. doi:https://doi.org/10.1186/s40359-020-0394-9.x.
19. Judah G, Gardner B, Kenward MG, DeStavola B, Aunger R. Exploratory study of the impact of perceived reward on habit formation. *BMC Psychol.* 2018;**6(1)**:1-12. doi:https://doi.org/10.1186/s40359-018-0270-z.
20. Public Health England (2021). *Stoptober 2020 Campaign evaluation.* [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018003/Stoptober_2020_Evaluation.pdf [Accessed 16 March 2024].
21. Alcohol Change UK (2023). *Dry January.* [online] Alcohol Change UK. Available at: https://alcoholchange.org.uk/help-and-support/managing-your-drinking/dry-january.
22. Lally P, van Jaarsveld CHM, Potts HWW, Wardle J. How are habits formed: Modelling habit formation in the real world. *Europ J Soc Psychol.* 2010;**40(6)**:998–1009. doi:https://doi.org/10.1002/ejsp.674.
23. Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot.* 1997;**12(1)**:38-48. https://pubmed.ncbi.nlm.nih.gov/10170434/.
24. Berkman ET. The neuroscience of goals and behavior change. *Consult Psychol J: Pract Res.* 2018;**70(1)**:28. [online] 70(1), pp.28–44. doi:https://doi.org/10.1037/cpb0000094
25. Chaffee BW, Persai D, Vora MV. Interdental cleaning and oral health status in an adult cohort, 2015 to 2018. *J Dent Res.* 2020;**99(10)**:1150–1156. doi:https://doi.org/10.1177/0022034520926139.
26. Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implement Sci.* 2011;**6(42)**:1-2. doi:https://doi.org/10.1186/1748-5908-6-42.

BY JULIE BISSETT & JULIETTE REEVES

PROTECTING THE ORAL MICROBIOME

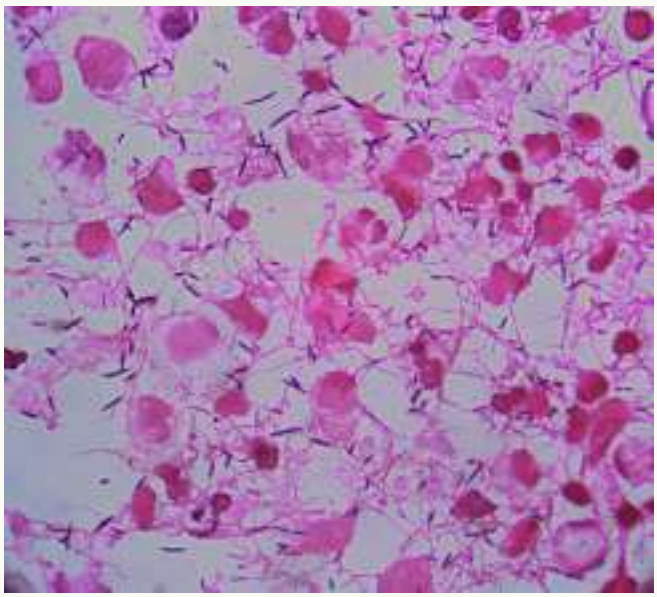


IMAGE COURTESY OF EMERITUS PROFESSOR MIKE LEWIS, UNIVERSITY OF WALES, CARDIFF.

Julie Bissett interviews Juliette Reeves about how best to optimise patient treatment outcomes.

According to a recent article in *The Guardian,* we live in 'microbiome-aware times'. Genetically speaking, we are more microbe than human. In the online piece, microbiologist Christina Kumpitsch explains how plaque '…is comprised of microbial biofilms fostering the growth of harmful microbes and contributing to conditions such as gum disease'. She adds that early detection and treatment of conditions such as dental decay, gum disease, sinusitis and allergies could 'help preserve the health of the oral and nasal microbial communities'.[1]

The oral microbiome

Much of the research surrounding the microbiome is still in its infancy, with investigators challenged by factors such as microbiome diversity and functionality and considerations related to correlation vs. causation. Understanding the interactions among microbes is crucial for comprehending their relationship with host health and disease development.[2]

Despite this complexity, the rapidly emerging interdisciplinary field of microbiome science remains exciting and full of potential. Ample evidence-based research is available to assist dental professionals in guiding patients toward a fundamental understanding of its critical role in maintaining oral health and overall wellbeing.

The oral microbiome is a complex community of microorganisms vital to health and influences oral and systemic diseases. It exists in biofilms throughout the mouth, maintaining a balanced ecosystem. When this balance is disrupted, pathogens can cause disease, leading to dysbiosis, or an imbalance in the oral microbiome ecosystem, which impacts the mouth's health. Sharing this information in all communications helps empower patients to maintain their oral health between appointments.

Understanding the healthy microbiome is the first step in human microbiome research, and researchers continue to explore how it impacts functional and metabolic pathways in disease. Indeed, it is hoped that future studies will be designed to 'identify different biomarkers and assist in targeted therapies and personalised medicine for better patient management in clinical practice'.[3]

Ongoing studies continue to add 'meat to the bone' to offer a comprehensive understanding of not only how the oral microbiome affects oral health but also how dental treatments can impact its status.

Juliette Reeves is a multi-award-winning dental hygienist and nutritionist with over 40 years of experience. A committed clinician, she is passionate about delivering high-quality patient care whilst focusing on the associations between oral health and general health and wellbeing. She also lectures widely on the topic.

Research and evidence continue to develop,' she says. 'And it is an exciting time for oral care, with new products and techniques driving innovation. Emerging science and promising technologies are shaping the future of dentistry – for example, Thomas Van Dyke, Professor of Oral Medicine, Infection, and Immunity at Harvard, has published some exciting research regarding our immune system blueprint and how this protects us from inflammation and disease.'.

She takes a holistic approach to dentistry and strongly advocates maintaining a healthy and varied microbiome to support oral and systemic health.

Juliette explains: 'Understanding the functions of oral microbes in health and disease is essential for developing effective strategies to protect and enhance the oral microbiome. Oral microbes contribute to various vital functions, including the digestion of food, the production of beneficial compounds and the prevention of pathogenic colonisation. However, an imbalance in this microbial community can lead to oral diseases such as caries, gingivitis and periodontitis. Dysbiosis can also have far-reaching effects beyond the oral cavity, influencing systemic health.'

Systemic diseases

Research has shown a significant association between the oral microbiome and systemic diseases, particularly cardiovascular disease and chronic inflammatory conditions. Bacteria from the oral cavity can translocate to other areas of the body through the bloodstream, a process known as bacteraemia. This translocation often occurs during everyday activities such as eating, drinking and brushing teeth.

Juliette says, 'Once these bacteria enter the systemic circulation they can trigger a pro-inflammatory cascade, contributing to systemic inflammation and increasing the risk of diseases such as atherosclerosis, rheumatoid arthritis and diabetes.' Maintaining a healthy oral microbiome is, therefore, integral to both oral and systemic health.

Oral health care

'We must encourage our patients to embrace good oral health practices, such as regular brushing and interdental cleaning with floss or interdental brushes. Ensuring a well-functioning immune system can help achieve this. Additionally, specific treatments can support the health of the oral microbiome.'

Regular dental check-ups and hygiene treatment help maintain the oral microbiome balance, however modifying patients' oral health habits can be challenging, often necessitating clinical interventions. But these, too, can disrupt the balance of the oral microbiome. Immediately after deep cleaning, for example, there might be a temporary disruption in the oral microbiome. Although typically followed by a reestablishment of a healthier balance, patients often suffer tooth sensitivity and gum inflammation post-treatment.

Juliette says: 'Following a deep clean, inflammation levels initially rise as pro-inflammatory markers appear first, but eventually, everything returns to baseline levels. So, it's important to inform patients that deep cleaning, whilst disrupting the balance initially, reduces pathogenic bacteria, lowers inflammation and fosters a healthier environment for beneficial bacteria, ultimately leading to a more balanced oral microbiome.'

Juliette prioritises immediate post-treatment relief for her patients. Local application of hyaluronan gel in conjunction with scaling and root planing may benefit periodontal health in patients with chronic periodontitis.[4] She says, 'I apply hyaluronan gel in pockets following subgingival PMPR which first attenuates pro-inflammatory markers. The patient may experience a week of discomfort so I usually send them home with a post-operative care kit and instructions, which include Gengigel First Aid Oral Fluid and the regular Gengigel Mouth Rinse. I also suggest an SLS-free toothpaste, interdental aids and using disclosing tablets once a week for a month to help them avoid not undoing everything we have just done!'

'Following deep cleaning, we may need to re-treat some areas, so patients should be placed on a three-month recall to ensure effective maintenance of difficult-to-access areas. Thorough debridement is essential every three months because bacterial colonies within the gingival crevice can become more pathogenic and mature over 12 weeks, contributing to increased bone loss.'

Monitoring bacterial levels and inflammatory markers is vital for assessing and adjusting treatment plans. Proper oral hygiene and supportive treatments can maintain a healthy oral microbiome, significantly contributing to overall health and preventing oral and systemic diseases. Understanding the intricate relationships between oral microbes and systemic health underscores the importance of an integrated approach to dental care.

References

1. https://www.theguardian.com/society/article/2024/jun/23/the-happy-microbiome-how-to-nourish-all-of-yours-from-mouth-to-gut-to-vagina#:~:text=We%20feel%20a%20strange,keeping%20us%20healthy%20and%20happy
2. https://www.ukri.org/wp-content/uploads/2021/12/MRC-01122021-Microbiome-challenges.pdf
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6503789/#:~:text=Oral%20microbiome%20is%20crucial%20to,to%20manifest%20and%20cause%20disease
4. https://www.gengigel.co.uk/about-gengigel/clinical-studies/#:~:text=Conclusion%3A%20Gengigel%20effected%20significant%20improvements,after%203%20and%207%20days

For dry mouth – when just water is not enough

New

1 in 5 suffer from dry mouth, and water is usually the standard remedy. But for many people, water only provides brief relief. TePe's new hydrating mouthwash and mouth gel ease the feeling of dry mouth, provides comfort, and protects teeth. We recommend the gentle, unflavoured products for those with a very dry mouth and mildly flavoured products for those with moderate problems.

TePe® Hydrating Mouthwash - TePe's mouthwash moistens the mucosa and leaves a pleasant feeling in the mouth. Not only does it help with dry mouth, but the added 0.2 % fluoride also gives that extra protection against caries.

TePe® Hydrating Mouth Gel - TePe mouth gel gives immediate and long-lasting comfort*, moistens and soothes the oral mucosa and is convenient and easy to use whenever needed – great for on-the-go.

Available from dental wholesalers. Find out more at tepe.com.

*The duration of the comfort is individual; people with no or very little saliva usually experience a more prolonged effect.

Made in Sweden

AEROSOLS – AN UNDERESTIMATED RISK FACTOR IN DENTAL PROPHYLAXIS

Background

In the dental care environment, prophylaxis specialists like you play a decisive role in helping patients maintain good oral and dental health. We will discuss the challenges you face on a daily basis: from managing aerosols to fulfilling the expectations of your patients. At the same time, we would like to introduce you to a new product, a world's first, which will help to make your routine work noticeably easier.

Ultrasonic scalers and aerosols

Ultrasonic scaling is a spray mist and aerosol-generating procedure. Spray mist and aerosols impair the visibility of the treatment area. Moreover, aerosols pose a health hazard that should not be underestimated.

Aerosols as a source of health risk

Aerosols in the dental operatory represent a health risk, because they have the potential to transfer infectious viruses and bacteria from patients to dental prophylaxis staff as well as to other dental professionals and patients in the dental office.[1]

Certain standard prophylaxis procedures, for example, ultrasonic scaling, generate high amounts of potentially infectious aerosols consisting of water used for cooling, saliva, biofilms and blood.[2]

Risk prevention through various layers of defence

The risk of infection to dental personnel and patients cannot be entirely eliminated. Aerosols can remain suspended in the operatory for up to 30 minutes, and they may spread throughout the dental office by way of the ventilation system. Various measures should be combined to reduce this health risk to the best possible extent:[2]

- Personal protection by wearing a face mask, gloves and safety glasses
- Reduction of the infectious load carried by the patient by means of the routine use of aseptic mouth rinses before dental procedures. It is important to note, however, that mouth rinses are not very effective against bacteria in biofilms on teeth (plaque), gums and in periodontal pockets. Therefore, during the mechanical removal of biofilms by means of ultrasonic scaling, harmful bacteria may still be spread.

Suppression of aerosols:

- An effective way of suppressing aerosols involves binding them before they are formed. This reduces the likelihood of spreading airborne diseases during ultrasonic scaling treatments.

Our innovative solution, a world's first, reduces the aerosol generated by ultrasonic scalers by up to 99 per cent.

Benefits of using VivaDent® Aerosol Reduction Gel

More protection

A reduction of up to 99 per cent of aerosol formation significantly contributes to the prevention of health risks associated with aerosols, for example, the likelihood of cross contamination and the spread of airborne diseases. This translates to improved protection for you and your patients.

Better visibility

Less formation of aerosol improves the visibility of the treatment area. Dental mirrors remain virtually free from water spray, which greatly simplifies professional tooth cleaning.

More satisfaction

Less spray mist improves the overall treatment experience for your patients. Their face remains dry during the tooth cleaning procedure, make-up stays in place and glasses keep clean.

To secure a free sample or to find out more information on how to use VivaDent Aerosol Reduction Gel including product details can be found by scanning the QR code or visiting:
https://www.ivoclar.com/en_gb/products/prevention-and-care/vivadent-aerosol-reduction-gel

[1] Plog J et al., Phys. Fluid 32, 083111 (2020)

[2] Harrel SK and Molinari J, JADA 135, 429–437 (2004)

CLINICAL QUIZ

On examination of your patient you note a partially erupted lower left third molar.

Q1. What is the clinical term for the flap of gum partially covering the tooth?

Q2. What is the name given to the procedure that involves removal of the flap?

Q3. The patient reports that the area became inflamed recently. What is the clinical term for this inflammatory process, and should the tooth now be surgically extracted?

Q4. How can a clinician establish if an unerupted or partially erupted third molar is in communication with the mouth?

IMAGES COURTESY OF MICHELLE WYATT, COLCHESTER.

SEND YOUR ANSWERS TO THE EDITOR BY 30TH SEPTEMBER. PLEASE INCLUDE YOUR ADDRESS.

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

ANSWERS TO CLINICAL QUIZ JULY 2024

The winner is: **Nicola Evans**

These painful erythematous changes have been present for three months. You diagnose angular cheilitis.

Q1. What two types of micro-organism are most frequently recovered in microbiological swabs of angular cheilitis?

A1. Staphylococcus species and Candida species

Q2. Give two types of anaemia that may be an underlying predisposing factor.

A2. Iron deficiency anaemia and pernicious (vitamin B12) anaemia

Q3. What common underlying endocrine disorder should be excluded?

A3. Diabetes

Q4. What topical antimicrobial agent has been found to be helpful?

A3. Miconazole (Daktarin)

Dry mouth – the importance of the dental team

The results of the Oralieve Dry Mouth Survey 2024 are in, and the role of the dental team in the diagnosis and management of dry mouth is clear!

The Oralieve Dry Mouth Survey, the most comprehensive survey of its kind, questioned approximately 1000 dry mouth sufferers to understand the affect dry mouth can have on their well-being, their coping mechanisms and how they articulate the condition to family and health professionals.

The results highlighted:

- Almost 40% of sufferers have never been diagnosed by a healthcare professional
- Over a third of sufferers are unsure as to the cause of their dry mouth
- 68% of sufferers report mental exhaustion and frustration from coping with their symptoms and over a half of all sufferers report disturbed sleep patterns
- Of those sufferers who have been provided a diagnosis of dry mouth, 1 in 4 were identified by a dentist or hygienist/ therapist

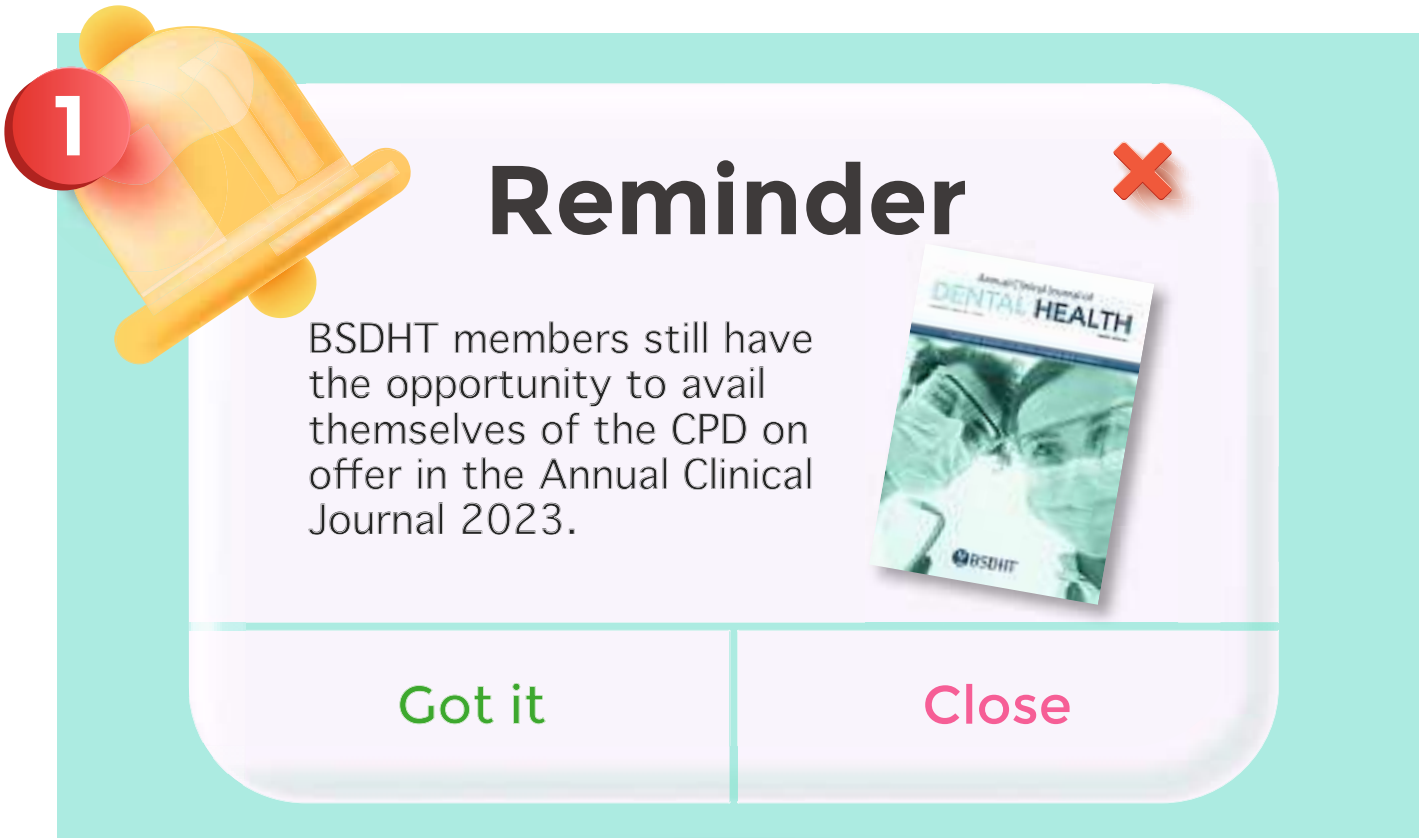
The key to helping sufferers effectively manage the symptoms of dry mouth is DIAGNOSIS. The role of the dental team is critical in leading the way on proactively diagnosing sufferers.

To view the full survey results, visit:
https://www.oralieve-direct.co.uk/pages/resources

About Oralieve

Since 2017 Oralieve has been helping dry mouth sufferers better understand the potential causes of their symptoms, but importantly signpost options to manage the condition more effectively.

We are passionate about helping those affected by dry mouth discover better ways to manage their symptoms and make life just 'that little bit more comfortable'.



DIARY DATES

AUTUMN 2024 BSDHT REGIONAL GROUP STUDY DAYS

Contact: enquiries@bsdht.org.uk

Regional Group	Date	Details	Contact (Group Secretary)	Contact Details
Eastern	Sat, 12th October 2024	Delta Hotel, Huntingdon	Amanda Kestell	easternsecretary@bsdht.org.uk
London	Thurs, 26th September 2024	BDA, Wimpole Street, London	Theai San	londonsecretary@bsdht.org.uk
Midlands	Sat, 12th October 2024	Bragborough Hall, Braunston, Daventry	Joanna Ericson	midlandssecretary@bsdht.org.uk
North East	Thurs, 26th September 2024	**AGM Online only**, 7pm - 9pm	Sarah Hunter (Acting)	northeastsecretary@bsdht.org.uk
North West	Tues, 29th October 2024 (7pm) TBC	ONLINE AGM Only	VACANT	northwestsecretary@bsdht.org.uk
Northern Ireland	23rd September 2024/ 8th October 2024	Malborough Clinic, Belfast/Online	Gill Lemon	northernirelandsecretary@bsdht.org.uk
Scottish	Thurs, 3rd October 2024	**Online** - AGM combined (7pm - 9pm)	Emma Hutichison	scottishsecretary@bsdht.org.uk
South East	Sat, 28th September 2024	Canterbury Cathedral Lodge, The Precincts, Canterbury, CT1 2EH	Sam Davidson	southeastsecretary@bsdht.org.uk
Southern	Sat, 14th September 2024	The Mercure White Hart Hotel, Salisbury	VACANT	southernsecretary@bsdht.org.uk
South West & South Wales	Tues, 8th October 2024 (8pm)	ONLINE AGM Only	Harriet Elseworthy	swswsecretary@bsdht.org.uk
South West Peninsula	Weds, 2nd October 2024	AGM online only	Lynn Chalinder	southwestsecretary@bsdht.org.uk
Thames Valley	Sat, 28th September 2024	Stoke Mandeville Hospital	Keileigh Ierston (Acting)	thamesvalleysecretary@bsdht.org.uk

GET FIT AND RAISE AWARENESS WITH THE MOUTH CANCER FOUNDATION

The Mouth Cancer 10 KM Awareness Walk From Home will start on Tuesday 1st October until Saturday 30th November, so plenty of opportunities to get in those 10Ks!

Walk as many times as you like on your own or with your family and pets around the comfort of your own area or a location you enjoy. The charity is encouraging as many people and dental practices as possible to step out and make a difference during Mouth Cancer Action Month.

President of the Mouth Cancer Foundation, Mahesh Kumar, says: "The charity's goal is to see the coming together of everyone involved in saving and improving lives of mouth and head and neck cancer patients. My hope is that all sectors of the charity, dental, medical, pharmacy and patient support group communities will join forces to really help make a difference this year".

For more information visit
www.mouthcancerwalk.org

Register Today - https://register.mouthcancerwalk.org/

RECRUITMENT

BSDHT JOB OPPORTUNITY

DENTAL HYGIENIST

RUGBY, WARWICKSHIRE

We are looking for an experienced Hygienist to join our small team to work in a **Direct Access Hygiene only clinic** in Rugby, Warwickshire.

Our clinic is well-established with a growing patient list. This has prompted us to seek a new team member initially for **1 day a week** with some Saturday's, possibly **starting September/October** with the prospect of more sessions in the future.

This is an **exciting opportunity** for the right person to join a motivated TEAM who are keen to ensure the best possible outcomes for their patients, while being able to utilise their **full scope of practice**. It can be challenging working in a Direct Access clinic, but it affords a certain amount of autonomy with guidance from the experienced Practice Team.

If you feel you are ready for a challenge, this position could be for you, email donnageorge@gmail.com for further information.

BSDHT JOB OPPORTUNITY

PART TIME
DENTAL HYGIENIST

SURBITON, SURREY

Experienced Dental Hygienist required to take over patient list of retiring hygienist.

- To work Thursdays and Fridays.
- Long-established, friendly, private practice with outstanding reputation.
- Competitive rates of pay.

Please email cv to tpage@stedhamhouse.com

BSDHT JOB OPPORTUNITY

DENTAL HYGIENIST

WORCESTER

- Dental Hygienist needed 1-2 days.
- Busy Mixed Practice
- Easy access
- Pleasant environment
- Onsite parking
- Chairside assistance
- Supportive staff

Email CV to: beeches.centre@btconnect.com

BSDHT JOB OPPORTUNITY

PART TIME
DENTAL HYGIENIST/DENTAL THERAPIST

SANDHURST, BERKSHIRE

Opportunity at Confidental, Sandhurst [GU47 9BT] Join our family-run dental practice, Confidental, where teamwork, integrity, and patient care are our core values. We're looking for a skilled and compassionate Dental Hygienist/Therapist to deliver top-quality hygiene and periodontal care, educate patients on oral health, and collaborate with our dental team.

Requirements:
Hygienist/Therapist qualification with GDC registration
2+ years of experience preferred, along with EMS Workflow knowledge.

What We Offer:
Competitive pay starting at £40.36 per hour, with potential bonuses.
Flexible hours, with full nurse support and access to the Airflow Prophylaxis Master.
Opportunities for professional growth in a supportive, friendly environment.

Job Type: Part-time | Pay: From £40.36/hour | Hours: 8-24/week

If you're passionate about making a difference in patient care, send your CV and cover letter to Rachael at rachael@confidentialsmiles.co.uk by September 30, 2024

We are recruiting
Dental Hygienists / Dental Therapists

At Rodericks Dental Partners you will receive...

Rodericks Dental Partners

Dedicated support scheme
You'll benefit from comprehensive assistance and mentorship.

Continuing Professional Development (CPD)
Enjoy numerous development opportunities.

Peer review and collaboration
We promote a culture of peer review and collaboration to foster your professional growth.

Ready to take the next step with Rodericks Dental Partners?

Contact our recruitment team to find out more:

Email: recruitment@rodericksdental.co.uk

Visit: rodericksdentalpartners.co.uk/careers

Scan to discover available opportunities

PERIODONTAL WORKFLOW

For more information and to speak to your local representative, scan the QR code

DIAGNOSE > DISCUSS > TREAT > REVIEW

Follow the recommended steps of periodontal therapy

- Identify local and systemic risk factors and communicate effectively with the patient
- Carry out supra and subgingival instrumentation
- Use a combination of our products if surgical intervention is required
- Continue to monitor and support the patients' oral health throughout their life

Call us for a no-obligatory consultation
on 0800 038 9840
or email info.uk@acteongroup.com

FIGHT PERIODONTAL DISEASE

with the support of

acteon

Periodontal Workflow

Enhancing your workflows through innovation

BSDHT ADMIN

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

ADMINISTRATION

President: **Miranda Steeples -** president@bsdht.org.uk

President Elect:
Rhiannon Jones - presidentelect@bsdht.org.uk

Honorary Treasurer:
Simone Ruzario - treasurer@bsdht.org.uk

Honorary Secretary:
Juliette Reeves - honsec@bsdht.org.uk

Honorary Vice Presidents:
Iain Chapple, Nishma Sharma, Debbie Reed

Tutor Rep: **Emma Bingham -** tutorrep@bsdht.org.uk

Publications Editor representative:
Patricia Macpherson - pubs@bsdht.org.uk

Elected Council Members:
Kirsty Chappell - ecm1@bsdht.org.uk

Elected Council Members to Executive Team:
Emma Bingham - ecm4@bsdht.org.uk
Tracy Doole - ecm2@bsdht.org.uk

UK representatives to the IFDH:
Rhiannon Jones, Miranda Steeples

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

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

Student representative to council:
Billie Dunn - studentrep1@bsdht.org.uk
Lauren Chipman - studentrep2@bsdht.org.uk

Student Representative Coordinator:
Claire Bennett - studentrep@bsdht.org.uk

Coaching and Mentoring Representative:
Emma Slade-Jones - MC1@bsdht.org.uk

Diversity, Inclusion and Belonging representative:
DIB2@bsdht.org.uk

REGIONAL GROUP REPRESENTATIVES ON COUNCIL

Eastern: **Andrea Hammond** easternregionalrep@bsdht.org.uk

London: **VACANT** londonregionalrep@bsdht.org.uk

Midlands: **Nina Farmer** midlandsregionalrep@bsdht.org.uk

North East: **Suzanne Ellis** northeastregionalrep@bsdht.org.uk

North West: **Victoria Griffiths** northwestregionalrep@bsdht.org.uk

Northern Ireland: **Tracy Doole** northernirelandregionalrep@bsdht.org.uk

Scotland: **Lynn Harris** scottishregionalrep@bsdht.org.uk

South East: **Jo Downs** southeastregionalrep@bsdht.org.uk

Southern: **Anna Wahlberg** southernregionalrep@bsdht.org.uk

South West and South Wales: **Adam Taylor** swswregionalrep@bsdht.org.uk

South West Peninsula: **Sabina Camber** southwestregionalrep@bsdht.org.uk

Thames Valley: **Fiona Stovold** thamesvalleyregionalrep@bsdht.org.uk

ADMINISTRATION

EASTERN

Chair: **Jade Tan** easternchair@bsdht.org.uk

Secretary: **Amanda Kestell** easternsecretary@bsdht.org.uk

Treasurer: **Pelagia Kaplanidou** easterntreasurer@bsdht.org.uk

Trade Liaison: **Anna Charters** Email: easterntlo@bsdht.org.uk

LONDON

Chair: **Sakina Sayed** londonchair@bsdht.org.uk

Secretary: **VACANT** londonsecretary@bsdht.org.uk

Treasurer: **Udita Patel** (Acting) londontreasurer@bsdht.org.uk

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

MIDLANDS

Chair: **Helen Westley** midlandschair@bsdht.org.uk

Secretary: **Joanna Ericson** midlandssecretary@bsdht.org.uk

Treasurer: **Stephanie Leyland** midlandstreasurer@bsdht.org.uk

Trade Liaison: **Jenny Whittaker** midlandstlo@bsdht.org.uk

NORTH EAST

Chair: **Julie Rosse** northeastchair@bsdht.org.uk

Secretary: **Sarah Hunter** northeastsecretary@bsdht.org.uk

Treasurer: **Sarah Warwick** northeasttreasurer@bsdht.org.uk

Trade Liaison: **Liz Powell** northeasttlo@bsdht.org.uk

NORTH WEST

Chair: **Victoria Griffiths** (Acting) northwestchair@bsdht.org.uk

Secretary: **Jessica McGenn** (Acting) northwestsecretary@bsdht.org.uk

Treasurer: **Poppy Urvine** northwesttreasurer@bsdht.org.uk

Trade Liaison: **Kathryn Mayo** northwesttlo@bsdht.org.uk

NORTHERN IRELAND

Chair: **Rachael Fletcher** northernirelandchair@bsdht.org.uk

Secretary: **Gill Lemon** northernirelandsecretary@bsdht.org.uk

Treasurer: **Chloe Hutchinson** northernirelandtreasurer@bsdht.org.uk

Trade Liaison: **Niamh Adair** northernirelandtlo@bsdht.org.uk

SCOTTISH

Chair: **Lynn Harris** scottishchair@bsdht.org.uk

Secretary: **Emma Hutchison** scottishsecretary@bsdht.org.uk

Treasurer: **Yasmin Sutherland** scottishtreasurer@bsdht.org.uk

Trade Liaison: **Yasmin Sutherland** scottishtlo@bsdht.org.uk

SOUTH EAST

Chair: **Jo Downs** southeastchair@bsdht.org.uk

Secretary: **Sam Davidson** southeastsecretary@bsdht.org.uk

Treasurer: **Adelle Cager** southeasttreasurer@bsdht.org.uk

Trade Liaison: **Sarah Breslin** southeasttlo@bsdht.org.uk

SOUTH WEST AND SOUTH WALES

Chair: **Harriet Elsworthy** swswchair@bsdht.org.uk

Secretary: **Lynn Chalinder** (Acting) swswsecretary@bsdht.org.uk

Treasurer: **Rachael Redstone** swswtreasurer@bsdht.org.uk

Trade Liaison: **Jennifer Jenkins** (Acting) swswtlo@bsdht.org.uk

SOUTH WEST PENINSULA

Chair: **Morag Powell** southwestchair@bsdht.org.uk

Secretary: **VACANT** southwestsecretary@bsdht.org.uk

Treasurer: **Lauren Binns** southwesttreasurer@bsdht.org.uk

Trade Liaison: **Alison Brown** southwesttlo@bsdht.org.uk

SOUTHERN

Chair: **Kirstie Hutchings** **Karen Poulter** southernchair@bsdht.org.uk

Secretary: **VACANT** southernsecretary@bsdht.org.uk

Treasurer: **Karenn Helmrichne-Davila** southerntreasurer@bsdht.org.uk

Trade Liaison: **Jessica Davies** southerntlo@bsdht.org.uk

THAMES VALLEY

Chair: **VACANT** thamesvalleychair@bsdht.org.uk

Secretary: **(Acting) Keileigh Ierston** thamesvalleysecretary@bsdht.org.uk

Treasurer: **Isla Baxter** thamesvalleytreasurer@bsdht.org.uk

Trade Liaison: **Sarah Turnbull** thamesvalleytlo@bsdht.org.uk

Varios Combi Pro

Ultrasonic and powder therapy in one unit

Ultrasonic Treatments
Wide range of ultrasonic tips for scaling, perio/ implant maintenance, restorative and endodontics.

Powder Therapy
Powder therapy chambers for supragingival, and sub-gingival (optional extra) with lightweight handpieces.

Varios Combi Pro
Combined Oral Hygiene Unit
RRP £5,151
Y1002843

View the NSK Varios Combi Pro Video

Learn more about the NSK Varios Combi Pro

Note: Connection to external 6mm air & water line sockets are needed to run this unit.

FREE Perio Set worth £1,231* **BUY NOW**

See NSK's wide range of tips for scaling, perio and restorative

Powder Therapy

Choose from NSK's range of 3 powders, all compatible with the Varios Combi Pro

FLASH pearl
Calcium carbonate based powder for effective supra gingival stain removal

SOFT pearl
Water soluable, glycine based powder for removal of moderate staining

Perio Mate Powder
Glycine based powder for subgingival powder therapy and effective disruption of biofilm

*Terms and conditions apply. Offers only available through participating dealers.

IKIGAI
ORAL HYGIENE COMMUNITY

NSK Ikigai Autumn Course Programme
Get your hands on NSK's Varios Combi Pro under the expert tutelage of Cat Edney, Lauren Long, Siobhan Kelleher, Jenny Walker and Kathryn Mayo.

Choose your course & enrol now

NSK United Kingdom LTD www.mynsk.co.uk
Office 4, Gateway 1000 Arlington Business Park, Whittle Way Stevenage, SG1 2FP, UK - info@nsk-uk.com - 0800 6341909