

# Members Newsletter



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Cover photo: WAX UP. *Courtesy of Dr Ali Alfaifi*

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## Welcome from the President | Mr James Owens

I am delighted and deeply honoured to be the BSSPD President for 2023-24. The British Society of Prosthodontics has been a welcoming home professionally to me for nearly 30 years, allowing me to make friendships and connections across the UK and beyond. Having been on Council this year, as President Elect, it has allowed me to see how active and vibrant the society is. There are already a number of exciting work streams under way, especially around prosthodontic curriculum development and research support that we hope to bring to fruition this year. Additionally we will continue the excellent Webinar series that BSSPD has pioneered over the last 10 years and has become a mainstay of Dental CPD for our members. We have an exciting programme of Webinars already lined up with topics including Clinical photography; Dental aesthetics; Prosthodontic career planning; Treatment planning and Impression taking already in preparation with others to follow. Full details will be posted on our website shortly.

This year we hope to increase membership particularly among the younger dentist group, who are always the future of any society. As part of this, Council, already have an active roadshow of events at Dental Schools across the UK that we will continue. We have recently visited the BDA Conference and Show in Birmingham, after a break of several years, to help promote the Society's aims and encourage membership uptake. To further this aim we have recently approved a new membership category for Dental Technologists and Dental Care Professional who we hope will find the society's numerous opportunities and CPD support as useful as our other members have already done. We were prompted in this move partly by a number of DCPs who asked about membership at the recent BDA show.

The Society is also keen to support dentists in specialty training and will once again run its much valued 'mock assessment day' for trainees across the UK in Sheffield in the summer

We have, as you are sure to know, recently held our highly successful Conference – One World Prosthodontics in Birmingham. I am sure that the highlights of the conference will still be fresh in the minds of those who attended. On behalf of all of us in the BSSPD, I would like to thank Past President Suresh for assembling an excellent two day educational programme and I am sure many of us are still practising our newly found Bollywood dance moves!

I am currently busy helping to organise the 2024 BSSPD Conference in Cardiff on April 18th and 19th. We have a wonderful venue booked at The Royal Welsh College of Music and Drama in the heart of the City for our 'Prosthodontics at the Interface- Art and Science' Conference. We will explore the many interfaces of Prosthodontics with other specialties, multidisciplinary teams and new technologies that make our speciality so integral to patient care and help drive the development of new treatment options. I look forward to seeing you there for what I believe will be a highly enjoyable educational and social event.

Thank you and welcome to BSSPD!

James Owens

President 2023-24



*Mr James Owens with Kirstin Berridge (L) and Stephanie King (R)*

## BSSPD Annual Conference April 2024 | Prosthodontics at the Interface - Art and Science



**BSSPD Conference 18<sup>th</sup> & 19<sup>th</sup> of April 2024**

***'Prosthodontics at the Interface- Art and Science'***

**Royal Welsh College of Music and Drama Cardiff**



### **Are your details up to date?**

Are your contact details up to date? Has your email address changed recently? Have you moved?



The BSSPD needs your up-to-date details, especially e-mail, to keep you informed. If you are unsure if your details are correct or have had problems receiving emails from the society, please contact us to let us know your details. email: [admin@bsspd.org](mailto:admin@bsspd.org)

Alternatively, you can edit your contact details yourself: log in to the members only area of our website, click on 'Edit my details' and remember to click the red save button after making any changes.

## News bites | Winners

**BSSPD Gold Medal** - The Gold medal is the highest accolade which the society can award. This award is presented only once every three years to an individual who has made 'exceptional contributions to the furtherance/development of Prosthodontics' in the following domains: clinical, research, education, BSSPD involvement. **The BSSPD Gold Medal 2023 was awarded to Prof Craig Barclay**



*I attended my first BSSPD conference in Manchester when it was the British Society for the Study of Prosthetic Dentistry in 1990 under the Presidency of Prof Alan Grant. Little did I realise then that nearly 33 years later I would be awarded with the most prestigious honour that the oldest Dental Society in the United Kingdom bestow.*

*BSSPD has been good to me, I was awarded the Schottlander Oral Prize in 1995, just five years after becoming a member and became, at that time, the youngest President the Society had ever had when I held my conference in Stirling in 2010. I have held various offices within the society from awards administrator, conference organiser, council member and of course president.*

*I was first introduced to the Society by Bob Howell when I worked in Liverpool and since attending in 1990 have not missed an annual conference. It is definitely of all the restorative based societies, the friendliest and best in my opinion. Therefore to receive the gold medal is the highlight of my career.*

*It goes without saying that one can only achieve such distinctions with help by numerous people during your career. My previous bosses in all my jobs along the way namely: Norman Tulloch, John Fox, Bob Howell, David Jacobs, Fraser McCord, and last, but most importantly Ronnie Laird all made me the clinician I am today. Also along the way I got to share my pathway with several colleagues during training who helped inspire me; Phil Smith, Iain Chapple, Phil Lumley, Chris Butterworth, Alex Baxter, Martin Chan, Ian Harris and Anthony Summerwill and anyone else who senility has made me forget.*

*It was fitting that I received my award at the annual conference in Birmingham where I worked for many years under the tutelage of Prof Ronnie Laird to whom I would like to dedicate this award.*

*I would like to thank BSSPD and all its members for giving me this honour.*

**Craig Barclay**

## Kulzer Undergraduate Award



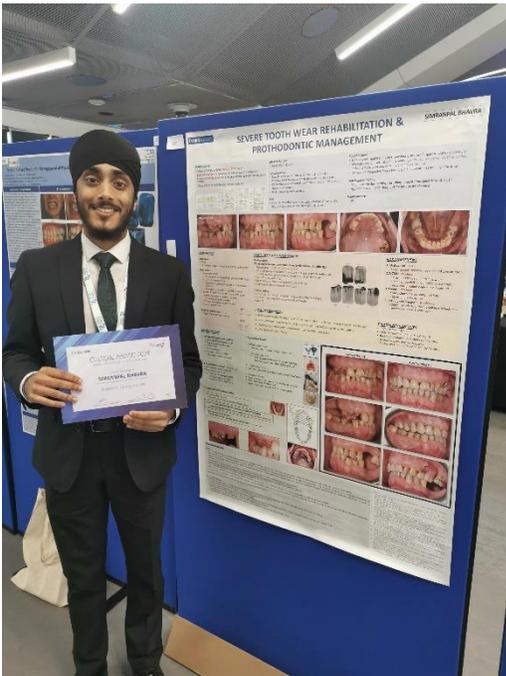
Ms Aliza Khan with Dr Suresh Nayar

This award is made for the best critical review received by BSSPD, on a subject of the applicants choosing, related to Prosthodontics. The winner of the 2023 Kulzer award was **Aliza Khan from Cardiff University** for her essay entitled "For implant - supported single crowns, do customised healing abutments offer an aesthetic advantage for peri- implant soft tissue conditioning when compared with prefabricated counterparts"?

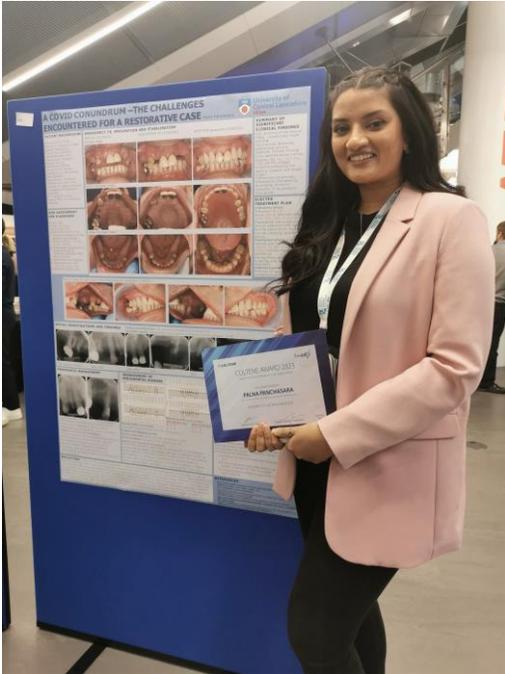
## Coltene Early Career Awards

These new awards are made to BSSPD members who are within 12 months of qualification, or undergraduates in their final year of study, at the time of application. The candidates are required to produce a poster involving either fixed or removable prosthodontic treatment.

The two winners of the 2023 Coltene Early Career award were **Simranpal Bhavra** for his submission "Severe toothwear rehabilitation and prosthodontic management" and **Palna Panchasara** for her submission entitled "A covid conundrum - the challenges encountered for a restorative case"



*"Winning the Coltene prize was a great experience, where I was able to demonstrate my clinical work to a wide array of dental professionals at the BSSPD conference. It was great to have an insight from other members of the society, and additionally look into the other great cases and posters on display throughout the conference. I am grateful to have been chosen as a winner to accept this award and look forward to further involvement with the BSSPD in the future. This is a great prize to attain at the early stage of my career, and I aim to further enhance my clinical skills and progress my learning going forward."* **Simranpal Bhavra**



*"I was extremely grateful to have been allowed the opportunity to submit a case report to the BSSPD this year and felt extremely fortunate to win the Coltene Prize, shared with Simranpal Bhavra. As a new graduate in the early stages of my career, the BSSPD conference presented as a brilliant platform to learn from peers and gain insight their ongoing research through papers and posters. The conference entailed a wide range of topics allowing the opportunity to learn of basic principles as well as advanced techniques; an opportunity I feel I am extremely fortunate to have had. I look forward to attending future conferences and hope to continue to grow and learn from opportunities provided by the BSSPD." Palna Panchasara*

### Schottlander Oral Prize

This award is for the best Oral Presentation delivered to the Annual Conference of the Society.



From L-R: Dr Suresh Nayar, Mr Brian Schottlander, Dr Rosanna Busuttill

The Schottlander Oral Prize was awarded in 2023 to Dr Rosanna Busuttill from UCL for her presentation entitled "A comparison of the marginal and internal fit of two novel CAD/CAM lithium disilicate materials compared with an original CAD/CAM lithium disilicate material".

### Schottlander Poster prize

This award is for the best Poster Display presented at the Annual Conference of the Society.

The Schottlander Poster Prize was awarded in 2023 to **Mr Ollie Jones** from Sheffield University for his poster entitled "A digitally constructed maxillary obturator".



*“Presenting a poster at the British Society of Prosthodontics Annual Conference was a fantastic opportunity to demonstrate the work that we are currently undertaking within our unit in Sheffield. Throughout the two days of the conference, I had the opportunity to discuss the clinical techniques, benefits and challenges with the use of intra-oral scanners to create removable prostheses.*

*By winning the poster prize award, it generated a lot of interest surrounding the case, specifically around how maxillary defects could be captured through scanning techniques, the accuracy of this and what developments are to come in the future”*

**Ollie Jones**

**Awards** The BSSPD offer a number of awards annually, ranging from undergraduates to highly esteemed members of the society. Please see our [website](#) which provides details of all of the awards that are on offer and the submission deadline. The BSSPD would like to thank everyone who submitted for the 2023 conference for their time and effort. We would also like to thank our sponsors who make it possible.

## Open Wide | Mr Peter Briggs



**Peter is a past committee member (2011 -2014) and President of the BSSPD (2014-15). His career included working as a NHS Restorative Dentistry Consultant in London for 25 years and also running a specialist referral practice. Over the years became involved in the oversight of quality management and commissioning of training and education for new and existing workforce within Health Education England as the Regional Postgraduate Dental Dean for London and Kent, Surrey and Sussex. He has continued to publish throughout his career, mostly articles that have been relevant to clinical practice, development of clinical techniques and education. Throughout his specialty career he has been asked to provide expert legal reports. He and his wife Karen have 3 grown up sons and one grandson and another on the way.**

**Welcome to Open Wide! Peter, you have been a member of the BSSPD for many years and also a past-president. How has the BSSPD impacted on you both professionally and personally?**

I joined BSSPD in 2009/10. I was by that time working at St. George's Hospital in South West London. It is a large medical University Hospital with a regional Maxilla-Facial hub and Head and Neck Multi-Disciplinary Team (MDT), linked to the Marsden. The 'evolving' BSSPD was the society that I needed at that time. Being able to speak to Consultants, who worked in similar units to mine was very helpful for me and my team. Through examining I came across a group of like-minded Consultant colleagues, who were involved in *rebranding and updating* BSSPD, which historically had been a successful society supporting, through research, science, teaching and clinical practice those primarily involved with removable prosthetics. All wanted the society to remain sustainable and relevant for 21st century Prosthodontics. It needed to be relevant for GDPs, trainees, specialists and those working in MDT environments. I was happy to get involved.

I was given various tasks by the BSSPD Presidents and Council at that time. The first was to organise the BSSPD education programme for the 2011 Pan Society conference in Birmingham. Fortunately this went well and attracted good numbers of delegates for the BSSPD programme. The interactive treatment session proved to be one of the most popular events at the conference, packing out the allocated auditorium. Chris Butterworth was responsible for the introduction of BSSPD webinars. From memory we both delivered the very first one. Chris also set up a BSSPD young practitioner group, which was ably led by Kushal Gadhia. This group established interest in BSSPD from those in training and sitting Intercollegiate and Membership examinations. We also were encouraged to take BSSPD to the BDA conferences with the able support of Kirstin Berridge and the young practitioner group. This allowed further exposure of the society and attracted new society members.

I have found the lectures, presentations and posters at the conferences very relevant for my needs and the historical focus of the BSSPD on support of research, teaching and quality improvement activities remains at its core. I have attended many society conferences over the years and have always found the BSSPD to be friendly and unstuffy. I have been able to take things back from conferences and webinars and apply them to my clinical workplace. I strongly recommend getting involved with the society to maintain its legacy within a rapidly changing profession. I think the society still has more work to do to attract more GDP and early / middle year learners who work in primary care.

**As mentioned above, in addition to being a well-respected clinician in both sectors, you have also undertaken many leadership roles including postgraduate dean. Was this the career path that you planned when you finished your undergraduate dental school?**

**Pre-Specialisation Years:**

To be honest I had no firm plan after I left dental school. I have never liked over planning and have always been excited by the thrill of not knowing what is ahead! I was appointed as a Consultant approximately 12-years after qualification in Dec 1983. I took my time getting there, as I wanted to experience a variety in different environments. I now realise that it was important for my non-clinical leadership development to work in different primary and secondary care teams. This allowed me to pick up what worked well and what did not.

I initially did house jobs at King's College Hospital (KCH) and then went into primary care to get experience of working in NHS General Practice in South West London. I married Karen, also a dentist from KCH, in 1986. In fact, our plan was to set up a dental practice and we were both open-minded as to where this would be. We also considered working for a period overseas. I soon realised in practice at Battersea that there was lots I did not know and needed to improve on. Particularly Prosthodontics and Endodontics, tooth wear was a new disease to me at that time, which I was seeing more of.

I applied for a place on the 'Cons' MSc at the Eastman. This was a 12-month programme by Derrick Setchell, who had done a Masters in Michigan, USA. I had heard good things about the programme from Martin Kelleher, who joined King's College Hospital in 1984. The programme provided 'taught' teaching of Fixed Prosthodontics and Endodontics together with knowledge-based reading (the famous Eastman reading lists), undertaking your own laboratory work and submitting a research project. The programme had a strong reputation, supported by many respected clinicians, many whom had trained in America. Entry to the course was very competitive, I eventually got in as a reserve on my second attempt. The programme was intense and involved working long hours. The programme completely changed my approach to dentistry and introduced me to a mindset (culture) and a group of people that I remain friends with today. This was not part of a formalised specialist training programme, so our plan was still to go on to find a suitable practice. We went on a 3-month overseas trip with a New Zealand colleague met on the course after the MSc. I was offered a registrar position in the 'Cons' Department to come back to. Before I knew it, I had done registrar posts in Perio (at Eastman) and Removable Prosthodontics (at The Royal London) as I needed to learn more and upskill in these areas. These posts were for 12-months only, so not good for employment security,

When I reflect on the MSc year, it was the most valuable period and experience of my postgraduate career. It made me more reflective and critical of my own performance and what I needed to do to improve. It also embedded me in a small competitive team. I realised that I wanted to get the best from my own potential bubble and it drove me to be more evidence-based in my thinking and to be happy to question and be questioned by others on what I do and why. The group in my 1987-8 MSc year were special, they were also driven to achieve and improve. There have been 6 future Presidents of National Dental Societies from that small group, which says much about the quality culture developed.

### **Specialty Years:**

I decided it was sensible to proceed with higher training to keep all options open for the future. I was appointed to a new Senior Registrar post in South London at the end of 1991. I was appointed as a Restorative Consultant between King's College and St George's Hospitals in Sept 1995. My management and leadership journey started quite early, when I was asked to take on the Clinical Director role of the Maxillo-Facial Unit at St. George's Hospital in 1997. I held this post for 14 years, until 2011.

This was the time that my management and leadership learning curve was at its steepest. I was supported and mentored by individuals at St George's, who helped me improve my leadership skills. To be honest I learnt most from the mistakes that I made during the early years of the role. As I got more experienced, I got better at trusted delegation of others within a team, which allowed more people into the responsibility of decision-making and delivering the Team goals. I also realised the importance of having people who complemented my weaknesses within the team. I improved my listening skills and began to understand the importance of logical thinking at difficult times, rather than allowing emotional thought-processes and individuals to contaminate decision-making. Basically, remaining calm under

pressure situations and listening to good advice. I was able to develop and understand my own professional purpose, values and goals at that time, which drove the culture within the teams that I have led.

### **Health Education England / NHSE Directorate of Workforce, Training and Education:**

The Regional Postgraduate Dental Dean post happened by accident. I was heavily committed to education and training and became Pan London TPD for Restorative Dentistry and the South London TPD for DCT. I had led the Pan London Level 2 training programme for endodontics, which was commissioned by the London Deanery and NHS commissioners in 2009. I was also the local Dental Tutor. Without knowing it, these roles prepared me for the next stage of my career within Health Education England. The opportunities allowed me to grow and develop new transferrable skills and knowledge. I applied in 2014 for the Associate Postgraduate Dental Dean post with responsibility for Dental Specialty training in London. I took up this post in 2015 working under the leadership of Liz Jones, the London Postgraduate Dental Dean. I moved from St. George's to part time postgraduate teaching at QMUL / Bart's.

There were plans in place for Health Education England (HEE) London and Kent, Surrey and Sussex Regions (KSS) to combine. After the retirement of Liz Jones I became the Postgraduate Dental Dean, initially for London and then for the combined LKSS region. My previous experience as a Clinical Director prepared me for the required leadership. The restructure involved a HR consultation process for all the staff across both teams. This gave the opportunity to build a 'new' regional HEE team to deliver optimal quality management and commissioning of education and training across LKSS. Over time I was appointed UK Lead Dean for DFT and Orthodontics by the chair COPDEND and had National professional leadership roles for HEE's Dental Education Reform Programme (DERP) led by Malcolm Smith.

I realise that I am most effective and comfortable working strategically within a change environment and influencing people to look at things differently. I am not afraid *to do the right thing* and will always support the team to do this, even where external / stakeholder opposition exists. I would like to think that the teams that I have led have been *coach-led* but *player-driven*, with a positive and identifiable culture.

I have been very lucky and the professional network that I built up during my clinical career has helped when making difficult decisions. People may not like me, or the decisions that I have made, but will hopefully respect me and understand why the decisions were made.

I am risk-aware rather than risk-adverse. With age and experience I became less confrontational (as I realised that people and teams did not respond well to this behaviour) and better at working collaboratively. When younger my opinion and thinking was either black or white, I became more comfortable working in the grey areas and accepting that at times we all need to compromise.

I am proud of what the LKSS regional team achieved, with the help of others, during the covid pandemic. This was the unique challenge to training and education and for any team.

**Restoration of an endodontically treated tooth appears to be a popular topic that you lecture on. With the advances of modern technology, has your philosophy changed?**

Coming through training we were one of early UK clinical groups to highlight the importance of coronal leakage. During my undergraduate / early years the focus was on apical leakage into the tooth. Brendan Scott (a past BSSPD President) and I, many years ago, wrote a paper for the BDJ calling for the use of evidence-based practice to drive decision-making for management of persistent apical disease of previously endodontically treated teeth. It was at a time that clinicians were developing predictable non-surgical endodontic revision techniques, using operating microscopes and illumination which could be used to avoid apical surgery. Apical surgery at the time was a relatively crude procedure, with pretty basic tooling.

So to answer your question, my own approach to restoring the root-treated tooth has remained pretty consistent over the last 35 years. The tooth should be assessed for restorability before the RCT or Re-RCT is commenced. It should be restored and cuspal-protected, when appropriate, soon after root filling to achieve best healing and long-term survival and coronal seal. There is good evidence that highlights a higher probability of apical healing to the timing of the definitive post-RCT restoration. Basically, the sooner the better. I would recommend reading relevant papers of PV Abbot, an Endodontist from Melbourne, Australia, to anyone with an interest in this area. It is important to strip down teeth restored with composite fillings / cores, as these are more likely to be associated with underlying problems (e.g. leakage / caries / cracks), which are more difficult to visualise than associated with amalgam restorations.

I have criteria for accepting existing indirect crown restoration after the RCT. The decision needs to be based on clinical findings and best evidence. My simple criteria are:

- The restoration will have not de-cemented from the tooth in the last few years.
- There will be clinical and radiographic evidence of a good marginal fit (this will require a bitewing for posterior teeth to confirm this).
- The restoration will provide satisfactory aesthetics and function
- The restoration will not interfere with the objectives of endodontics e.g. access to sclerosed root canals.
- The patient will be informed that the restoration may need to be removed following microscopic visualisation of the tooth and that ceramic is at risk of fracture. My advice is to use new technology where you can but understand the advantages and disadvantages. The use of amalgam Nayyar cores is predictable as a core restoration for root treated posterior teeth. The 2015 BSSPD society debate on amalgam (which was published in the Dental Update) voted strongly in favour of maintaining use of amalgam for such circumstances. For anterior teeth generally avoid posts where you can is my message. Where you need a post core (as there is not enough remaining coronal tooth tissue to retain and support a crown) the material and technique for me relates to the amount of tooth tissue lost. Significant loss of tooth tissue would favour the use of a cast alloy post core, with ferrule. Fibre post and resin lute are applicable where the loss of tooth tissue is less significant. For cuspal protection of posterior teeth try and do as little harm as possible. I am keen to use adhesive metal and newer ceramic materials to achieve this task.

Monolithic zirconia is an ideal alternative to conventional metal crowns and monolithic lithium disilicate is a strong aesthetic material, in thin section, to use as an aesthetic adhesive partial occlusal restorations.

The loss of marginal ridge(s) for me triggers the need for cuspal protection. Our generation successfully used direct amalgam as direct overlay restorations. The same can be done with composite resin.

**Getting to the nitty gritty now: if you have to use a post to retain a core, which is your preferred type and why?**

The profession does not do posts and post cores well. I know from recording LKSS DFT *significant event* data from 2018, that this is an area where early year learners struggle. There are many reasons for this. We all need access to experienced supervisors during our undergraduate and early years postgraduate learning, to learn to do this predictably.

If there is significant loss of tooth tissue and you are asking the future core material to replace most of the coronal height, width and thickness of the tooth, you would best to use an integral cast alloy post and core, that incorporates a ferrule of dentine. Cast alloy will have the necessary compressive and flexural strength for the task. A direct Fibre-post and resin core is appropriate for less damaged teeth, where the flexural weakness of the resin will not be exposed during compressive and flexural function.

The key, of course, is to be able to safely drill a post hole in the tooth, to the correct length and angulation and to ensure at cementation that there is no gap between the apical root filling and the apical end of the post to maximise the chance of apical healing. How many radiographs do you view with a sizeable 'gap' between root filling and post?

**Over the last 20 years, implants have become mainstream treatment for the management of missing teeth. How do you decide between retaining a tooth which requires endodontic treatment versus extraction and implant replacement?**

I ask the patient the following question - *if are to lose this tooth will you want it replaced (or not) and why?* If the answer is yes, it is about ensuring that the reasoning by the patient for *the why* is correct. Then it is allowing the patient to best weigh up the likely outcomes of treatment options available, the pros and cons of each, the costs and the likely recycling requirements in the long-term.

There is good evidence that confirms similar outcome and survival for an endodontically treated and restored tooth and a single implant. We know patients are equally content with a well-restored natural tooth or an implant, generally patients prefer a fixed restoration, not removable.

If a tooth is restorable, which will relate to the amount and quality of its remaining coronal dentine above the alveolar crest, a natural tooth wins the argument for me. Single natural restored teeth perform well and will maintain the hard and soft tissue around them. Natural teeth behave more predictably than implants where active periodontal disease is present.

Where a tooth is not restorable, an adhesive cantilever bridge can often be the best tooth replacement option, where it can avoid a removable partial denture or implant, for patients unable to control their inflammatory periodontal disease.

**Do you believe that restorable teeth are being unnecessarily extracted for replacement with implants?**

My hope is that most clinicians use balanced thought-processes and understand we are here to best serve the interests of patients. I do feel that the value of restored natural teeth has been eroded for

some, by dental implants. As have value of traditional foundation and restorative skills needed to predictably restore broken teeth.

We must understand which patients present a high risk for implants and which ones do not. We now have much better evidence on this, which our patients must understand before they make decisions. Implants and complex treatment must be *biologically earned* by the patient.

Valid consenting is very important. When a decision is made to extract / implant or preserve (RCT & restore) the consenting process must not overplay or underplay the advantages and disadvantages of each option. It must encompass the risk of the oral environment of the patient.

**Another element of your work has been on the medico legal side. What are the key take away messages that you have based on the cases that you have reviewed?**

Unfortunately, it is the basics that we all run into difficulties with. My advice is to try and resolve issues immediately with our patients, as they rightly want an explanation and a solution. People understand that things do not always go well. The important thing is to manage concerns from patients in a timely manner and have the difficult conversation as soon as necessary. Emotions often run high which is why we need to seek advice and help from our insurer at the earliest opportunity.

The function of a Dentolegal Expert is to advise the court. We are not lawyers and are instructed by a solicitor to provide an expert clinical report. I personally have no legal training or qualification.

Good experts are instructed by both sides (claimants and defendants). Having balance is very important as it prevents siloed thinking. Most importantly experts are there to advise and guide the court on clinical matters relevant for the claim. This includes making balanced and sensible comments on the performance of the registrant(s) involved and also on the patient compliance, which we all know is essential for effective prevention and control caries, tooth wear and periodontitis. My interpretation of the literature is that dental implant treatment is contra-indicated for patients who have been unable to control their periodontal inflammatory disease. Where periodontal disease is well controlled over time the prognosis of the natural teeth can be expected to be good.

My final piece advice is if you are keen to provide expert reports for personal injury and negligence cases, try and do it around your work as a busy clinician. This will ensure that you experience, on a day-to-day basis, the issues that you are asked to provide an opinion on.

**What is your advice for younger colleagues interested in expanding their skill set in Prosthodontics?**

Work out what your strengths and weaknesses are and your individual learning needs. Also understand why these are important for you and which are the most important to develop first.

Identify people and teams that can help you develop and learn. This might be a dental practice, a specific course or courses, a university certificate, diploma or masters or working within a hospital or community dentistry department as a NHS employee or a trainee.

Watch out for *the bling* and heavily market *guru* courses and academies that may promise you the impossible. For any course that you are considering, you need to understand the governance processes (to include complaints process), the results of any previous external independent educational assessments and any affiliations with educational institutes and universities. It is also good to understand

if the courses and speakers are linked to any commercial product(s) or companies. It is good to understand from the outset how your progression will be assessed and the literature that will be used to support the learning.

Over a career I think the most important things and skills to develop are:

- Personal skills - dentistry is a people not a technical business. Patients trust us to do the best for them so we need to display professional integrity and be able to deliver to this need.
- Diagnostic and history skills – it is the basics that we need to do well. It is usually this that undermines us all. Attention to detail in all that we do is the key. The best dentists take and interpret predictable, good standard radiographs and they use appropriate special tests and understand their clinical relevance and clinical application. They take good photographs, are careful when taking impressions for study models and are accurate when taking occlusal records. It is about getting into the habit of doing things well with attention to detail.
- Knowing when to say no – a very important function for a health professional. The patient is not always right and often will not like you for it. Prosthodontic intervention needs to be biologically earned, as the mouth is essentially *an open wound*.
- Technical dentistry delivered to a satisfactory standard, which is appropriate to the diagnosis, need and expectation of the patient will generally work very well.
- If you cannot deliver a technical skill to a consistent standard on a plastic tooth you should not be doing so in the mouth. So, set your standards in simulation environments first, being prepared to accept criticism (good and bad) from someone with the skills, the track record and respect.
- Read and understand the most relevant peer-reviewed publications on the area of Prosthodontics that you want to upskill and improve. Importantly understand the relevance to your own clinical practice and application of these.
- Learn to be risk aware, rather than risk averse. Otherwise, you will struggle to move on to develop new skills.

Develop a strong mentor and peer review group at the earliest stage - who you can trust and learn within safe space. For me a self-funded 12-month taught university taught programme kick started my own development after 4 years of clinical experience as a registrant. It established a template for my postgraduate learning. Such courses are not for all as they are generally expensive and will vary in focus and quality. The advantage of a taught programme is getting the opportunity to learn dentistry on *live* patients, with support from experienced and skilled clinical supervisors. The goal should be to seek appropriate people and environments, where this education can happen. I am a great fan of clinical teaching being delivered within the workplace that is most relevant to the learner (for future delivery of care to their patients). There needs to be more opportunities within primary care for this to best support the workforce. I know in England, that NHSE Directorates for Workforce Training and Education are keen to work with others to develop NHS training hubs for this purpose.

*Peter, many thanks for participating in Open Wide and sharing your thoughts. Your reflections provide a lot of valuable and thought stimulating information.*

## News bites | BDA show Birmingham

BSSPD returned to the BDA Conference and show in Birmingham for the first time since 2017 with a stand and speaker spot!

The annual BDA event showcases the entire spectrum of the Dental Profession and their business customers, suppliers and partners. Thousands of delegates attended the two day event held at the vast NEC complex in Birmingham.

The small stand was dutifully manned by Kirstin, Steph and James with a number of new members signing up to the Society. With our sister societies of BSP and BES close by, it was good to fly the flag for BSSPD.



*Kirstin and Steph at the BSSPD stand*

The Society had a presentation session in the Special Interest Theatre where BSSPD Secretary Stephanie King and BSSPD member Matthew Locke gave a comprehensive and entertaining update entitled "Toothwear – Where are we?". There was standing room only and a lot of post presentation discussion.



*Steph King*



*Matthew Locke*



Many thanks to our speakers Matt and Steph who did us proud and of course to Kirstin for her fantastic organisation.

We hope to make this an annual event! **James Owens**

## The Dental Wellness Foundation: Transforming Oral Health in South Africa and the UK

**By Dr Linda Greenwall BDS MGDS RCS MSc MRD RCS FFGDP BEM**

In 2011, Dr Linda Greenwall a member of the BSSPD, who works in a multidisciplinary specialist group practice in Hampstead, London, established two NGO's, the Dental Wellness Trust which works in the UK and The Dental Wellness Foundation which works in South Africa and Kenya. To date we are reaching 38000 children in England, 21000 children in South Africa and 8000 children in Kenya with our LiveSmart Supervised Toothbrushing programme which is held in schools and nurseries. In addition, we run 12 soup kitchens in Cape town associated with our toothbrushing programmes having served over 350 000 meals since the start of Covid.

May 2023 was a busy month for the Dental Wellness Trust charities. We undertook a dental outreach programme from May 15- May 19 to provide restorative dental care for 320 children who are currently enrolled in our Livesmart Supervised toothbrushing programmes in the Mfuleni Township near the airport in Cape town. The Dental Wellness Foundation (DWF) is making a significant impact on the lives of underprivilege children. These children face numerous challenges when it comes to oral health.

Limited access to dental facilities, lack of awareness about oral hygiene, and socio-economic barriers contribute to the prevalence of dental issues in these areas. Due to the Dental Wellness foundation's unwavering commitment to children's oral health, the charity organised once again the highly anticipated Annual Teachers Training Conference to educate teachers about Oral Health and our LiveSmart Supervised Toothbrushing programme.



The conference which was held on Sunday May 14th, Mother's Day in South Africa, paid tribute to our dedicated mothers. This Dental Wellness Foundation Conference served as a crucial platform for promoting oral health awareness among educators in South Africa. It attracted a remarkable attendance of 160 teachers who were eager to enhance their knowledge and understanding of how to implement our LiveSmart supervised toothbrushing programme in their settings. This programme aims to instill proper oral hygiene practices in children at an early age, ensuring a lifetime of healthy smiles. The ice breaker at the conference was a Zumba dance session to get the delegates energized for learning!



Behind the scenes, our dedicated team affectionately known as "The Toothbrush Mamas", officially known as the community oral health care workers played an instrumental role in planning and executing the conference. Their meticulous efforts and organisational skills ensured the success of the event, creating an atmosphere of learning and collaboration. All participants were provided with lunch and transportation at no cost. This way the DWF assured the conference was accessible to a larger audience and also to emphasize the commitment to supporting the local community.



In addition to the conference, the DWF conducted the first school-based outreach of this year. The next one is planned for October 2023. This successful endeavor provided crucial dental care and education to 320 children from 2 schools Nyameko and Itsitsa in Mfuleni. All this hard work was only possible with the support of dedicated volunteers who play an invaluable role in the foundation's mission to help those who need it most. Another key factor that contributed to the success of the outreach was the utilization of the mobile dental van. This mobile clinic allows our team to provide comprehensive check-ups, and restorative treatments on-site.



Moreover, we had the opportunity to collaborate with the Enamel Clinic in Cape Town, Dr Mark Bowes and Dr Howard Gluckman who hosted our Tooth Whitening and Resin Infiltration course to raise funds for the DWF Charity. The course was held in conjunction with Dr Susanne Effenberger, head of research at DMG. Dentists and dental professionals gathered to enhance their skills and knowledge in the field of

whitening and the white spot eradication while contributing to the foundation's charitable cause. The funds raised from the course will be instrumental in supporting future outreach programmes, providing essential care, and fostering oral health awareness in the lives of underprivileged children in South Africa. Through such collaborative initiatives, the DWF continues to expand its impact, not only by directly addressing dental issues but also by building a network of dental professionals committed to giving back to society.

Finally, with immense joy and satisfaction, DWF would like to announce the launch of a new book "Food Memories, the cookbook", written by Dr Linda Greenwall. The book showcases Dr Greenwall's dedication to preserving cherished memories through the art of cooking, and a collection of family recipes that evoke nostalgic flavours, including a chapter on going sugar free and the family history of three generations of dentists in her family. This captivating cookbook is already available in South Africa and soon to be released in the UK. All profits for the sale of the book will go to the foundation.

We truly believe that by combining education, community engagement, and accessible dental care, we aim to empower young children to prioritize their oral health and overall wellbeing. We invite all members of the British Society of Prosthodontics to volunteer their time and expertise in South Africa, providing essential restorative care to children in need. The DWF team are passionate about making a difference and we invite you to join us in our mission. Together, we can create lasting positive change and improve the oral health outcomes of vulnerable communities.



We are calling on members of the society to volunteer to help on our dental outreaches in the UK scheduled for 7th and 14th July- We need your help and also on our monthly screening of asylum-seeking children. Next one is scheduled for 18th June. If you would like to volunteer on any of our programmes in South Africa or the UK, please email [charity@dentalwellnesstrust.org](mailto:charity@dentalwellnesstrust.org)  
[Dental Wellness Trust](#)

## News bites | Young Practitioner's Group Mock viva day

**Due to popular demand, all of the places have been booked (in fact, they sold out in a couple of days!). If you wish to attend the BSSPD Mock Viva Day in 2024** please email [admin@bsspd.org](mailto:admin@bsspd.org) to register your interest.

### When is it:

- Friday 30th June 2023

### Where is it:

- The University of Sheffield

### Who is it for:

- Trainees who are sitting ISFE(Rest) or MPros within the next 12 months.
- If you are not sitting within the next 12 months, please email [admin@bsspd.org](mailto:admin@bsspd.org) to be added to a waitlist.

**Aim:**

- To give attendees experience of sitting MPros and ISFE(Rest) clinical vivas.

**Format of the day:**

- Attendees will rotate around different clinical vivas during the day, having the opportunity to answer cases themselves as well as observe others.
- Personalised feedback will be given after the viva, as well as an opportunity to discuss the cases.
- Lunch and refreshments will be provided to attendees
- This is a small group format (only 16 places available) to ensure that all attendees get a personalized experience.

**Course organisers**

- Stephanie Hackett and Ollie Jones

## YPG Study Day 2023

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### MPROS / ISFE REST DENT MOCK VIVA STUDY DAY

Friday 30th June 2023  
Sheffield, UK

BSSPD  
YOUNG PRACTITIONERS  
GROUP

## Council matters | Update



### **President Elect | Dr Shiyana Eliyas**

Having graduated from King's College London in 2002, with Distinction in Restorative Dentistry, Shiyana has gained experience in a variety of different environments that included dental teaching hospitals, district general hospitals, as well as National Health and Private practice. This included formalised training and staff grade posts in secondary care. She undertook her Specialty Training in Restorative Dentistry at Sheffield Teaching Hospitals NHS Foundation Trust and completed a Head and Neck Oral Rehabilitation Fellowship in Manchester and Liverpool Dental Hospitals.

Shiyana was involved in developing and delivering a 2-year training programme to upskill General Dental Practitioners in Endodontics, and went on to complete a Doctorate on the feasibility of measuring the quality of post-graduate education in endodontics in primary care using outcomes of endodontic treatment and has published widely. She has supported the British Society of Prosthodontics and a number of its past presidents during her time as the Honorary Secretary for the society.

Her current position as a Consultant in Restorative Dentistry at St George's University Hospital Foundation Trust includes the delivery of complex restorative dental treatment and the management of patients who have undergone treatment for head and neck oncology, those with dental developmental disorders and those who have suffered major trauma to the oral cavity, working closely with surgical and medical teams across the hospital. Shiyana has been involved in teaching and training general dental practitioners, dental foundation trainees, dental core trainees and specialty trainees, as well as serving as an external examiner for post-graduate training.



### **New council member | Mr Steve Bonsor**

I am currently a Senior Clinical Lecturer at the University of Edinburgh and Programme Director of the MSc in Restorative Dentistry. I also work in specialist and general dental practice in Edinburgh and Hawick in the Scottish Borders respectively.

I have lectured throughout the UK and was honoured to have been invited by former president Dr Dean Barker to present a BSSPD webinar on "Where have we come from and where are we going with ceramic materials and luting cements?" which I delivered in January 2022.

I am actively involved in research with my main research areas being antimicrobial photodynamic therapy and the clinical performance of dental materials.

I sit on the editorial boards of *Dental Update* and the *European Journal of Prosthodontics and Restorative Dentistry*. My textbook “*A Clinical Guide to Applied Dental Materials*” was published in December 2012.

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It is my great pleasure and privilege to have been elected onto BSSPD council. I am very much looking forward to working to promote and develop the society during my term of office. With my general dental practice background, I hope to raise the profile of the society to GDP colleagues to support them in raising standards for the betterment of patients.



#### **New council member | Mr Conor McLister**

I am a Consultant in Restorative Dentistry in Belfast, and lead on dental implant service provision and prosthetic rehabilitation of head and neck oncology patients. I also work in specialist referral practice and am a part-time Honorary Clinical Lecturer at Queen’s University, with a senior role in undergraduate dental education. I have been a BSSPD member for several years and was very grateful to receive support through the In-Training Award in 2017, as a specialist trainee in Restorative Dentistry. I am delighted to have been elected as a council member.

In this role, I am keen to collaborate within BSSPD, utilizing collective resources and outcome data, to continue the development of evidence-based prosthodontic rehabilitation.

With my current positions in undergraduate and postgraduate training, I would also like to contribute to the society’s important role in education and encourage younger dentists to join and participate in BSSPD.

## Membership packages

The BSSPD offers a number of different membership packages. This includes dental undergraduates, trainees, young practitioners, full membership and retired rates.



[Overseas Affiliate Membership](#) is available for current members of our affiliate organisations who work and reside overseas. This includes:

- The American Academy of Maxillofacial Prosthetics
- Asian Academy of Prosthodontics
- Indian Prosthodontic Society
- Saudi Prosthodontic Society
- Israel Society of Prosthodontics
- Turkish Prosthodontics and Implantology Association
- Egyptian Prosthodontic Association
- Malaysian Association for Prosthodontics



[Dental Care Professional Membership](#) is available to practice managers, dental nurses, dental hygienists, dental technicians and dental technologists.

## STAY UP TO DATE

In addition to this critically acclaimed newsletter, there are many ways that you can stay up to date with the society's activities, news and events - the choice is yours!

[BSSPD website](#)

[BSSPD facebook page](#)

[BSSPD twitter](#)

[BSSPD instagram](#)

## BSSPD WEBINAR SERIES 2023-24

The webinar series for 2023-24 is curated by our president Mr James Owens. The first webinar kicks off in September with Rachel Jackson on clinical photography. Other presenters include Mike Gregory, Sarra Jawad, Elizabeth King, Angharad Truman, Fayette Williams and the Gold Medal recipient Craig Barclay

Updates will be available on the [BSSPD website](#) and social media pages. For a taster of what is to come, please see below:

### **Jaw in a Day: Restoratively Driven Fibulas with Immediate Implants and Teeth**

#### **Aims and Objectives:**

- Become familiar with the indications for immediate placement of implants and teeth in fibula free flaps
- Discuss the Virtual Surgical Planning (VSP) workflow of fibula free flaps with immediate implants for jaw reconstruction
- Understand how to digitally design a prosthesis with free software to integrate with the Virtual Surgical Plan (VSP)
- Review the pearls and pitfalls of immediate implants and teeth with fibula reconstruction of the jaws

#### **About the presenter:**

Fayette Williams is an oral and maxillofacial surgeon practicing in Fort Worth, Texas (USA). He completed his DDS at the University of Tennessee and his MD and surgical residency at the University of Texas Southwestern Medical Center in Dallas. Dr. Williams completed a fellowship in Maxillofacial Oncology and Reconstructive Surgery at the University of Michigan. He holds the Certificate of Added Qualifications in Head & Neck Oncology from the American Board of Oral & Maxillofacial Surgery. Dr. Williams maintains both an academic and private practice and is actively involved in training residents from the University of Texas Southwestern Medical Center. He is also the Program Director for the Fellowship in Maxillofacial Oncology & Reconstructive Surgery in Fort Worth, Texas. Dr. Williams has authored multiple textbook chapters and journal articles on oral cancer and reconstruction, and has lectured nationally and internationally on the surgical reconstruction of cancer-related defects. He places immediate dental implants in fibulas 2-3 times a month, often with immediate teeth.



## EMAIL PREFERENCES



We still have some members who haven't completed their email preferences following the introduction of GDPR in May 2018 – this means that you won't receive emails from us about our events, events run by other organisations, job vacancies, surveys, research studies or consultations etc.

To set your email preferences or to amend them, please log in to the members only area of our website, click on 'Edit my details' and remember to click the red save button after making any changes.

## On-demand CPD

Don't forget, webinars can be accessed by members on the [on-demand CPD page](#). The page has been revamped and looks great. There is a huge catalogue of fascinating presentations that can be accessed anywhere, anytime. Non members can access each webinar for a small fee (but it is much better value to buy membership and binge).

## Who's who

### Officers and co-opted members

President: **Mr James Owens**

President Elect: **Dr Shiyana Eliyas**

Honorary Secretary: **Miss Stephanie King**

Honorary Treasurer: **Miss Pamela Yule**

Honorary Curator and Awards Administrator:

**Prof Chris Butterworth**

Immediate Past President: **Dr Suresh Nayar**

Council Members 2022-2025: **Miss Stephanie Hackett, Dr Gerry McKenna, Prof Barry Quinn**

Council Members 2020-2023: **Mr Steve Bonsor, Mr Conor McLister**

StR Representative: **Mr Oliver Jones**

Society Administration Manger, Data Protection:

**Mrs Kirstin Berridge**

Webinar Hosts (Co-opted): **Prof James Field & Dr Richard Crosby**

International Representative (Co-opted): **Dr Suresh Nayar**

Young Practitioner Group Co-Chairs (Co-opted): **Mr Oliver Jones & Miss Stephanie Hackett**

Newsletter Editor (Co-opted): **Dr Raelene Sambrook**

Continuing Professional Education: **BSSPD council**

RD-UK: **Dr Dean Barker**

EPA Joint National Committee: **Mr Richard D Welfare**

SAC in Restorative Dentistry: **Miss Pamela Yule & Dr Rupert Austin**

Senate of Dental Specialties: **Mr Conor McLister**

Advisory Board in restorative dentistry (Edinburgh RCS):

**Dr Rupert Austin**

BSI Dental Implant Committee: **Prof James Field**

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