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BSSPD newsletter

Volume 1 · September 2006

The British Society for the Study of Prosthetic Dentistry

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The future of BSSPD; Editorial by BSSPD President
Dr Nick Jepson



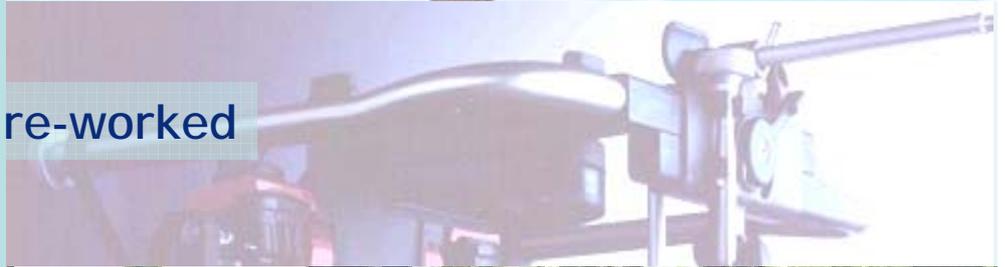
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1 The Future of BSSPD; Presidential Editorial

This Society was established to advance patient care, education and research in prosthodontics, grand ideals that, in truth, the Society has not always effectively addressed. Patterns of dental care and, in particular, specialist prosthodontic provision are rapidly evolving and the Society needs to adapt its role and image to reflect these changes. This need to change or die was, of course, clearly outlined in the report 'BSSPD - The Next Fifty Years'. I am pleased to report that many of the report's recommendations have been adopted as we seek to attract a broader, younger membership and confirm the Society's role as the source for expert prosthodontic opinion and information. At one level, this new format newsletter reflects these changes. I think the style and content is a considerable improvement - I hope you do too. Particular thanks are due to Janice Ellis and James Field for putting it together.

Important changes to membership of the Society have been agreed in a bid to attract a wider participation. It has never been easier to join the Society. Application for membership can now be made on-line and there is no requirement for nomination. Applicants should be registered in the Medical or Dental Register or hold such other qualification as Council approve, registered as a dental undergraduate, or be members of an affiliated Society. The Society's web site has an increasingly important role in advertising the presence of the BSSPD and, thanks to the efforts of Chris Butterworth, is now more than fit for purpose.

In addition to a broadened membership, a sound financial standing is essential to support the changing role for the Society. As reported at the last AGM, membership subscriptions formed less than ten percent of the Society's income and the cost of the Annual Conference was close to the Society's reserve. This is not tenable and I am pleased to report that an increase in the annual subscription (including subscription to the European Journal of Prosthodontics & Restorative Dentistry) to a more realistic £50 was agreed by the AGM. It is my hope that a strengthening financial position will allow an increase in CPD activity supported by the Society for example through the establishment of regional meetings.

An emphasis on CPD was reflected in the programme for the very successful Edinburgh Conference under the Presidency of Fraser McCord. This theme will be continued at the Newcastle Conference in 2007 where a large one-day symposium directed at general dental practitioners will form part of the programme. This has been arranged in conjunction with the Postgraduate Institute for Medicine & Dentistry, Newcastle University and has resulted in an earlier date for the Conference that I trust will not inconvenience Members. For more information on these and other conferences see section 2.

The changing patterns of dental provision that I have alluded to, together with important demographic changes, are continuing to challenge the delivery of undergraduate training in removable prosthodontics. These and other issues related to undergraduate training are considered in section 4.

Council has considered a number of issues over the past year. Of particular importance to the Society are the proposals for the registration of clinical dental technicians which raise real concerns as to their remit, training and grandfathering. As with this and other issues, Council will continue to reflect the Society's views in a forceful but, I hope, constructive manner.

Finally, amidst all this talk of future change, it is important not to forget the Society's history as the oldest Restorative society in the UK. To this end, sincere thanks must go to John Walters who has arranged for the archiving of BSSPD documents by the Wellcome Trust at minimal cost. The archive should be accessible within the next six months or so.

Dr Nick Jepson



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2 BSSPD 53rd Annual Conference :

Edinburgh 2006

The conference was opened by Professor emeritus Roy MacGregor, President of the Society in 1971-1972 who introduced a series of Masterclasses under the general title of Evidence and Excellence in Prosthodontics.

The six experts and their general topics were:

- Dr John Besford: Quality Complete Dentures
- Professor John Hobkirk: Hypodontia
- Mr Martin Kelleher: Bleaching
- Professor Fraser McCord: Advances in Denture Technology
- Mr Steve Sharma: CEREC
- Professor Callum Youngson: Managing Failure in Fixed Prosthodontics

An enjoyable and informative day which gave plenty of opportunity for discussion was rounded off by a whisky-tasting and ceilidh, both of which were thoroughly enjoyed by all who attended.

There were six entrants for the prestigious Schottlander prize and all who listened to the presentations agreed that the quality of the presentations was excellent. Our thanks go to the judges who had the unenviable task of choosing a winner and this year awarded the prize to Dr Helen Craddock from Leeds Dental Institute. Helen's topic was "Associations between clinical parameters and the prevalence of occlusal interferences in unopposed posterior teeth".

The afternoon session was allocated for poster presentations and the trade exhibition. Once again the trade show was well supported. There were 14 posters on display with the Schottlander Poster prize being awarded to Dr Peter Howell and his colleagues from UCL Eastman Dental Institute.

The Annual General Meeting was held at the end of the day. Perhaps the most important outcome of the meeting was the acceptance of the constitutional changes recommended by Council, in particular the opening of membership to those members of the dental team with an interest in dentistry but who may not have a dental degree.

The conference dinner was held in the superb setting of the Royal College of Surgeons of Edinburgh when guests were welcomed through the impressive portal by the sound of a lone piper. A most enjoyable meal was followed by a superb toast to the Society by Professor Ronnie Laird, President of BSSPD 1996-1997. After the dinner, Dr. Paul Geissler conducted interested parties through the museum.

There was an excellent attendance on Tuesday morning for the final session of scientific papers; the final paper was a most interesting presentation on potential links between denture hyperplasia and helicobacter pylori infections, by Professor Loster and colleagues from Cracow, Poland.

The Conference closed with the installation of the new President, Dr. Nick Jepson. The council is grateful for all those involved in the organisation of this most successful conference but in particular Craig Barclay and his ever present assistants Chris Butterworth and Alex Baxter.



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BSSPD conference 2007

54th Annual Conference; 3rd-5th March 2007

The President, Dr Nick Jepson, and Council look forward to welcoming you to Newcastle for the 54th Annual Conference of the BSSPD. The conference venue is the Hilton Hotel situated on the Gateshead and Newcastle quayside. The hotel is sited in an area of stunning redevelopment that boasts the Sage, a visionary and innovative centre for the celebration, performance, enjoyment and practice of all forms of music, and the Millennium 'eye' bridge. A short walk along the quayside will bring you to the Baltic Centre for Contemporary Art and the venue for the conference dinner, it's Riverside Restaurant.

Following on from last years successful formula there will be a joint symposium with the Newcastle University Post-graduate Institute for Medicine and Dentistry on Saturday. We will be joined by many local practitioners for this CPD opportunity which will present an ideal opportunity to show case the society.

Presentation of scientific papers including those in contention for the Schottlander prize will take place on the Sunday morning followed by poster presentations and the AGM in the afternoon.

Following further scientific presentations on Monday morning the conference will close with the installation of the new President, Mr Richard Welfare.

Registration for the Annual Conference 2007 will be on-line only via the BSSPD website.

Conference Presentations

Those wishing to give an oral or poster presentation should submit a 250 word 'IADR' style abstract via the BSSPD website (www.bsspd.org). The standard oral presentation will be twenty minutes but some ten minute slots will be available for shorter communications. Please indicate the preferred duration of your presentation and whether you wish to be considered for either the main Schottlander prize (£750 for the best oral presentation) or the Schottlander Poster Prize (£100).

Other BSSPD Awards

The closing date for entries is 8th December 2006. Further details of the Society's Awards including how to enter for them and names of past recipients can be found on the website. In brief they are; Heraeus Kulzer Undergraduate Essay Prize; a £250 award for the best essay submitted by an undergraduate. The title chosen by this years President is, "*Restoration of missing teeth with removable partial dentures is not the treatment of choice for partially dentate older persons.*" Discuss the validity of this statement. The Coltene Student Bursary worth £400 is to support travel or study in the field of prosthetics.

The BSSPD Travel Fellowship (£1000) is available to junior staff, and is intended to facilitate study in prosthetics whilst the new BSSPD Research Award (£1000) is intended to support research through the purchase of equipment and/or consumables.

The New Graduate Prize will be awarded to up to 5 graduates (up to 3 years post qualification) and is intended to enable new graduates to attend the annual conference of the Society. Also new this year, 4 Student Elective Prizes of £500 will be made to support electives. The entry date for these prizes differs from the above and potential applicants should visit the website for further details.



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Future conferences in conjunction with other societies:

European Prosthodontic Association 30th Annual Conference (EPA 2006)

One Whitehall Place, London 2nd - 4th November 2006

In association with The British Prosthodontic Conference, The Association of Consultants and Specialists in Restorative Dentistry and the Specialist Registrars in Restorative Dentistry Group.

The main theme of the conference "What is Prosthodontics?" will be divided into sub-themes to consider educational aspects, patient choice, quality of care and future developments. A panel of prominent and experienced internationally renowned speakers including Professor Per-Olof Glantz from Malmo, Sweden will be contributing to what promises to be an exciting programme. For more information visit the EPA website at www.epa2006.com



Restorative Dentistry 2007 Dilemmas and Decisions in Dentistry ICC Birmingham 15-17th November 2007

The BSSPD is pleased to announce it's collaboration with it's sister societies (BES, BSP and BSRD) in hosting the first Restorative Pan Society Conference. Please put this date in your diary and plan to support this exciting new venture.



BSSPD Annual Conference 2008

The 55th Annual conference will take place in Exeter Thistle Hotel under the Presidency of Richard Welfare. The dates for your diary are 15-18th March 2008. The conference will ask;
"Does it make a difference?"
and will start with a study day on partial dentures.

The conference will be welcomed by the Mayor of Exeter and include a fascinating visit to the Met office.



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3 Workshops Reworked :

The 53th annual conference included a series of presentations under the general title of Evidence and Excellence in Prosthodontics. We include here a brief synopsis of two of our experts masterclasses.

Treating Children with Complete Dentures

Hypodontia is an uncommon condition; however its effects on the patient and their family can be severe. International recommendations are for all patients to be treated by a multi-disciplinary team, and for there to be strong GDP support, which can provide the non-specialist aspects of the care plan. In severe hypodontia this may include treatment of the younger patient with complete dentures, which many find challenging. Below are just a few suggestions that may help with these challenges

Consultation

- Check the Medical History, does the patient have a related syndrome e.g. Ectodermal Dysplasia?
- Spend time developing a relationship with the child and ensure parental and patient support before you start.

Treatment Plan

- Complete dentures can significantly improve speech and peer group relationships.
- When using an overdenture in the partially dentate consider starting with an upper denture on its own. This can provide significant improvement in appearance, and is easier for the patient to manage than complete upper and lower dentures. Initial successes provide a good platform for more extensive treatment.
- Whilst high standards are important, going the extra mile in search of the ultimate outcome can be counter-productive in the younger child. Keep appointments short.
- Retain teeth wherever possible; bone is retained, support for a prosthesis is enhanced, and the tooth remains if the denture is not used.
- Conical teeth can be very sharp! They can also contain a fine pulpal extension: trim with care and after a radiographic check.
- Adaptation is usually good in motivated children.

Recording Impressions

- Disposable trays can be readily cut down to an appropriate size.
- Use controllable, fast-setting materials. Compound and the more viscous elastomers are useful. Avoid low viscosity materials and those with a strong flavour.
- While recording an elastomeric impression, put some material in the child's hand. It will divert their attention, they know that the impression will be removed when it sets, and they can take it home afterwards as a souvenir. But don't forget to protect the clothes!

Recording Jaw Relationships

- Be realistic with the appearance. Use small white teeth with a clear conscience! The mixed dentition and even orthodontic brackets and a simple archwire can add greatly to the realism.

Try-In

Clear palates look less bulky than opaque ones

Professor John Hobkirk is Head of Prosthetics at the UCL Eastman Dental Institute and Hospital. In 1977 he established the world's first multidisciplinary hypodontia clinic which has now treated over 2500 cases.



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3 Workshops Reworked :

Bleaching

Night guard vital bleaching has been shown to be simple, safe, effective and applicable in helping to solve a number of common dental problems. It avoids the unnecessary destruction of precious tooth tissue. Bleaching is of immense help in managing trauma, fluorosis, tetracycline staining and in the ageing population.

The most effective proven method of doing this is with night guard vital bleaching (Van Haywood 1989). Its efficacy has been confirmed by multiple randomised double blind controlled trials (Curtis et al 1995, Myers et al 1995, Mattis et al 1996, Rosenstiel et al 1996). 90% of patients experience some lightening when discolouration is due to ageing, inherent discolouration, brown fluorosis, or trauma.

The inside/outside bleaching technique has revolutionised the approach to non-vital discoloured front teeth and minimises any further damage to these teeth (Poyser, Kelleher, Briggs 2004).

Bleaching does not affect the micro hardness, or the surface morphology of teeth. The colour changes are stable in 75% of cases at two years and in 62% of cases at three years. It carries minimal risk and has proven long-term benefit with re-bleaching only being necessary in a minority of cases. If re-bleaching is required it requires only a fraction of the time involved in the initial bleaching.

"Hyperenamelosis" -an excess of enamel requiring dentists to cut it off- is not a common condition. Most of the other alternative treatments for discoloured teeth involve increased loss of tooth tissue, time and money.

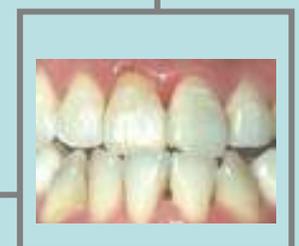
Bleaching with 10% carbamide peroxide has no effect on soft tissues but care needs to be taken with high concentrations of hydrogen peroxide involved in power bleaching. Minimal calcium is lost from enamel with one week's worth of bleaching producing about as much damage as drinking one can of Cola.

Thermal sensitivity is frequently reported and in one in seven cases this is sufficiently severe to stop bleaching. This sensitivity always goes within a day or two of ceasing the bleaching. Irreversible pulpitis has never been reported with night guard vital bleaching, unlike the long-term reports of conventional full coverage where about 15% of crowned teeth are dead at five years by comparison with controls.

Bleaching should precede more invasive irreversible procedures such as microabrasion, veneer or crown preparations.

Enamel is not a renewable resource and discoloured teeth do not suffer from a "porcelain deficiency" disease.

Martin Kelleher has a private practice in Bromley, Kent and is Consultant in Restorative Dentistry at Guys, Kings & St. Thomas Dental Institute, The Royal Surrey Hospital and Kent and Canterbury Hospital.



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4 Undergraduate Training :

The British Society for the Study of Prosthetic Dentistry was established in 1953 to promote the advancement of patient care, education and research in fixed and removable prosthodontics. Prior to this year's conference representatives from the majority of the UK Dental Schools met to discuss the challenges encountered in the delivery of undergraduate training in removable prosthodontics, specifically,

What are the current expectations of undergraduates in relation to their output within removable prosthodontics?

What are the constraints on providing undergraduates with an adequate quality and quantity of clinical experience?

The discussion identified a number of issues related to the above questions.

While the GDC states that on graduation students should be competent at providing partial and complete dentures the group questioned what level of 'competency' could be realistically achieved within the five undergraduate years. Although there was no doubt that basic skills *could* be acquired it was felt that only with clinical practice and exposure could a sufficient degree of competence be reached. Most students qualifying within the UK manage between four and thirteen patients requiring removable prostheses with an average of three of these cases (range 1-8) being edentulous. Although several of the schools also include competence assessment in the various aspects removable prosthodontics there was doubt as to how much confidence there could be in this in the current climate. Certainly, there is a need to ensure rigorous assessment of competence at a time of decreased clinical exposure and this needs to be assured wherever possible.

What then are the constraints that limit an undergraduate's experience?

Firstly there are a decrease in the number of patients deemed suitable for the provision of removable prostheses by inexperienced students particularly patients requiring complete dentures who are often referred by experienced practitioners unable to satisfy their treatment needs. Also the changing demographics of patients requiring removable prostheses means that whilst the prevalence of edentulism is decreasing, the age at which patients become edentulous is increasing. There was a perception among the group that the general difficulty, with respect to patient type and clinical complexity, is also on the increase. Add to this the general reduction in clinical exposure to these patients at dental schools and the challenges become more apparent at both undergraduate and postgraduate levels.

Many of the UK dental schools teach restorative dentistry in 'polyclinics' or outreach clinics in order to embrace the concept of total patient care. These clinics are often staffed by skilled and dedicated general dental practitioners and their value in delivering an increased amount of clinical teaching was not underestimated by the group; however, these staff members *are* by and large generalists and do not claim to have specialist skills in removable prosthodontics. Concern was expressed, therefore that overall control of the teaching and delivery of removable prosthodontics could be easily lost as the number of specialist clinical academics with suitable skills reduces. The ever increasing burden of fewer teachers providing greater clinical support and teaching was of concern in terms of their continuing effectiveness.

Removable prosthodontics is one area of dentistry that relies heavily on the interaction of members of the dental team with clinician and technician working closely together. The reduction in number of technician training posts and instructor technicians has resulted in several schools reducing the quota of cases that they expect students to complete because they would be unable to cope with the amount of technical support required within available resources.

At the inception of vocational training (VT) it was intended to provide additional experience and training in all aspects of dentistry. However with regard to removable prosthetics, many of the group reported - albeit anecdotally - that graduates felt their prosthodontic skills had decreased rather than improved after their VT year.

The group has proposed to conduct a formal and detailed survey of the teaching of removable prosthodontics in UK Dental schools and to make recommendations to lessen the impact on the provision of prosthodontic services in the future. The BSSPD always welcomes the views of anyone with an interest in prosthetic dentistry (removable and fixed) and will be glad to consider any views that this report provokes.

JS Ellis - Rapporteur
(N' castle)

R McAndrew -
Assistant Rapporteur
(Cardiff),

J Hobkirk (Chair,
Eastman),

M Fenlon (Kings
College London),

F Houston (Dublin),

M Barsby (Queen
Mary),

F McCord
(Manchester)

T Clifford (Belfast),

R Jagger (Bristol),

N Martin (Sheffield),

B Scott (Dundee),

D Walmsley
(Birmingham),

M Lyons (Glasgow),

D Adams
(Liverpool),

C Watson (Leeds)

F Allen (Cork)

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5 Clinical Excellence Awards :

BSSPD is now recognised as a nominating body for citations for national Clinical Excellence Awards.

Councils of a number of restorative societies have suggested that the ACSRD act as a gateway for these citations but no decision as to how to take this forward has yet been reached. In the meantime anyone considering applying for a national award and seeking a citation from the BSSPD should contact the Hon Secretary for an application form for the BSSPD's internal assessment purposes.



6 Who's Who in BSSPD :

BSSPD Council 2006-2007

Officers

Dr Nick Jepson (President)
n.j.a.jepson@ncl.ac.uk

Dr Janice Ellis (Acting Hon. Secretary)
j.s.ellis@ncl.ac.uk

Prof J Mark Thomason (Hon. Treasurer)
j.m.thomason@ncl.ac.uk

Dr Phil Smith (Hon. Curator)
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Prof Fraser McCord (Immed. Past President)
fraser.mccord@man.ac.uk

Mr Richard Welfare (President Elect)
Richard.welfare@uclh.nhs.uk

Dr Mike Fenlon (Co-opt, Conference
Organiser)
Michael.fenlon@kcl.ac.uk

Members

Mr Chris Butterworth (Webmaster and Membership Secretary) 2004-2007
Christopher.butterworth@rlbuht.nhs.uk

Mr Stewart Barclay 2004-2007
Stewart.Barclay@nuth.nhs.uk

Mr Brian Schottlander 2005-2008
bschottlander@scottlander.co.uk

Mr Finlay Sutton 2005-2008
finlaysutton@another.com

Mr Martin Donachie 2006-2009
m.donachie@arh.grampian.scot.nhs.uk

Dr Brendan J Scott (Awards Administrator) 2006-2009
b.j.j.scott@dundee.ac.uk

Representatives

British Prosthodontic Conference - Mr Rob Jagger (Chairman Elect), Mr Stewart Barclay (Secretary Elect)

SAC in Restorative Dentistry - Mr Chris Butterworth, Mr Stewart Barclay

Association of Consultants & Specialists in Restorative Dentistry - Mr Martin Donachie

Pan Society Meeting - Mr Mike Barsby

Advisory Board in Restorative Dentistry, RCS Edinburgh - Prof J Mark Thomason

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Nominations for council members:

Two council members are due to retire in March 2007: Mr C Butterworth and Mr S Barclay.

Nominations are sought for two new council members to serve on council from 2007-2010. Nomination forms can be obtained by e-mail from the Acting Hon Secretary (Dr J Ellis). Nominations should be duly proposed and seconded by Society members and returned to the secretary with an indication that the nominee has been approached and is willing to stand.

Mark Thomason will also be stepping down as Treasurer at the end of this financial year and council are seeking nominations for a suitable replacement.

The closing date for nominations is 8th December 2006.

Nominations for Honorary Membership:

Nominations are normally considered at the November Council meeting. Any member who wishes to suggest another member to be considered should send a short (1 side of A4) curriculum vitae to the Acting Hon Secretary by 31st October 2006.

Newsletter & Website :

The BSSPD website at www.bsspd.org is used to post information about meetings, register for meetings and submit abstracts. It also has membership & prize application forms.

Members are encouraged to access the website which allows them to amend their own membership details, search for other members details, and access previous newsletters and other society documents such as members publications.

Please note that the next edition of the BSSPD newsletter (due out in January) will only be available in an electronic format on the BSSPD website. The September newsletter will continue to be available in both paper and electronic formats.

We hope you have enjoyed the new format of the BSSPD newsletter and would welcome any feedback you may have on its format and content.

Many thanks to James Field who has assisted in the development of the new format.