

The British Society of Prosthodontics

Members Newsletter 2021



February 2021 Volume 25

bsspd.org



Moroccan Street Trader provided by Prof Paul Wright

Welcome

The President's Editorial | Dr Robert McAndrew



Welcome to the first society newsletter of 2021 and congratulations to Raelene as the new Editor and for doing such excellent work putting it together. I am sure you are aware the society newsletter is very much dependent on stories and content from its lifeblood (the membership) and these stories need to be relayed. We have taken a different road with the presentation of the newsletter and it is my sincere hope that you find it interesting, digestible, appropriate and readable.

As we move at pace through 2021 we continue with another unwelcome national lockdown and the only certainty is uncertainty but hope prevails. I strongly believe that there is light at the end of the tunnel and the year of the dragon will, I am sure, make us all stronger and more resilient than I think many of us currently realise.

I look forward to the postponed BSRD, BSSPD, RD-UK and SRRDG joint conference in March and being integrally involved in this inaugural event. The programme looks good, the speakers exciting and the virtual environment something that will be an experience to us all; at the time of writing there are over 250 registrations. It is my intention to also hold a smaller virtual event later in the first half of the year and continue our society's tradition of ensuring the membership gets the opportunity to share ideas, research and presentations with fellow members. Details will be forthcoming but for those who wish to be organised get your abstracts and presentations ready when the big reveal comes.

It would be remiss of me not to thank council and everyone's hard work behind the scenes and equally unforgiveable of me not to thank each and every one of you for continuing to work hard in your daily lives, look after families and ensure that the world of dentistry in the UK continues to march forward. I know of council members who have been involved in the roll out of mass Covid vaccinations and DCTS who have helped prone and un-prone those suffering and desperately fighting against this most unwelcome virus. I tip my hat to you all.

Keep fighting the good fight, keep smiling and we will conquer, for united we are invincible.

Dr Robert McAndrew, President BSSPD

Conference

Annual Conference 2021 | Better Patient Care Through Collaboration

Thursday 25th March 2021 & Friday 26th March 2021: This will be the first UK Restorative Dentistry & Prosthodontic Conference, held jointly between the BSSPD, RD-UK, BSRD and SRRDG. The organising committee has created an exciting programme focussed on clinical management of patients with complex needs including cleft lip and palate, head and neck cancer and tooth structure loss.

To accommodate for the issues with restricted travel, the conference will be delivered as a virtual event. This means that you can enjoy the lectures from the comfort of your own home. It also means that as long as your mike is turned off, you can eat a bag of crisps without annoying anyone. Though, we do hope that the interactive online platform will encourage all attendees to be engaged so please be considerate if you are crisp eating. Probably, the one disadvantage is that you will be responsible for your own catering ie you will not be sent a food pack. Therefore, if you do want to eat crisps, please ensure that they have been purchased in advance. [For further details and to book, please click.](#)

Awards

BSSPD Gold Medal Award 2020 | Richard Welfare



Richard Welfare was the recipient of the prestigious BSSPD 2020 Gold Medal Award. To commemorate this achievement, Richard provided an online lecture. His lecture outlined his observations of the key aspects in the development of prosthodontics since gaining his qualification in 1969. This included an interesting overview of the drivers for change and their implications on delivery of treatment, teaching and patient outcomes. Richard gave a heartfelt reminiscence of his time with the BSSPD and what the society means to him – friendship. Looking forward, he is keen to remain active within the society, sharing his knowledge and wisdom acquired over 50+ years in clinical dentistry.

Having qualified from KCL in 1969, Richard has had a long and successful career until retiring from clinical practice/teaching in 2011. He has published many papers and was president of the BSSPD in 2007-08. In 2014 he was awarded Honorary life membership of BSSPD.

The BSSPD Gold Medal Award 2020 Lecture can be found on our website.

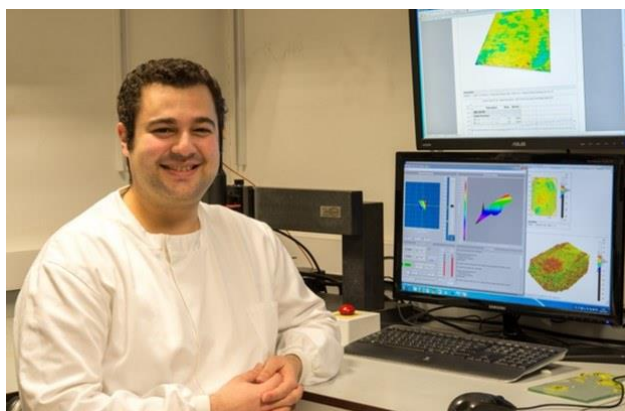
Have you seen the other on demand webinars available? The BSSPD webinars provide a wealth of verifiable CPD starting with the very first webinar presented by Mr Peter Briggs in November 2012

There is a range of topics that will suit a clinician of any level including updates on materials, techniques, treatment planning and more advanced concepts of patient management. Please visit the BSSPD website ([on demand webinars](#)) for more information on both live and on demand webinars.

Newsbites

Emerging Leader 2021 | Petros Mylonas

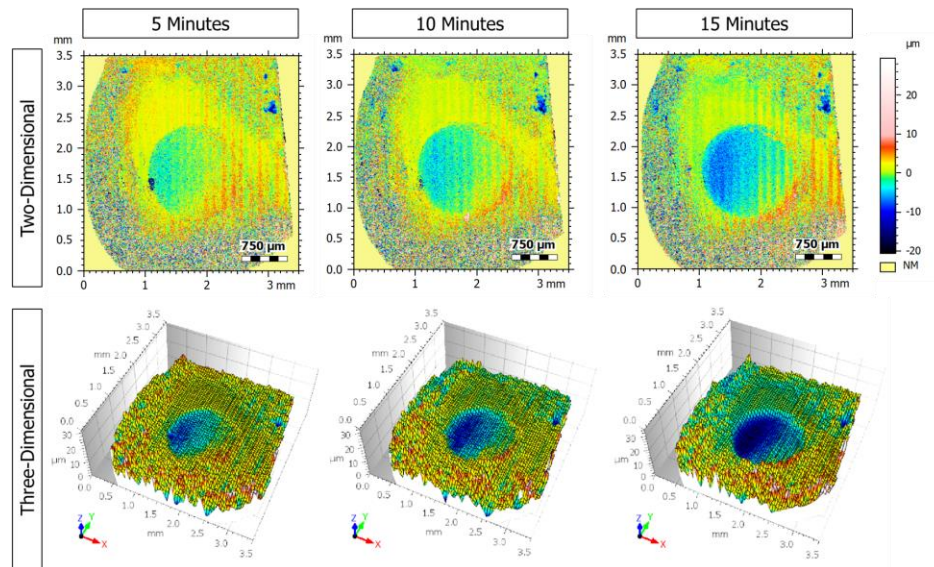
Petros Mylonas has been named as an Emerging Leader 2021 in the journal *Surface Topography: Metrology and Properties*. This is in recognition of his research on the topics of surface metrology and its application in erosive toothwear research. Petros is a clinical lecturer and StR in Restorative Dentistry at Cardiff University. As an early career researcher, he has already published and presented his work both nationally and internationally. His latest research paper investigates novel surface metrology techniques to measure and quantify erosive toothwear in vitro. It describes a new in vitro method for creating and characterising changes in surface form (bulk enamel loss) on complex freeform surfaces (the natural human enamel surface). The methods and principles in this paper have wide reaching implications for those conducting hard tissue in vitro research, in particular, those studying deviations in surface form on complex biological surfaces.



Petros next to the non-contacting laser profilometer at the end of his PhD at KCL (2019)

Petros, who completed his PhD (2019) in Prosthodontics and Biomaterials at KCL under Professor Bartlett and Professor Moazzez, said “I never expected my work to be picked up and read by individuals who were keen to explore the avenues which I briefly encountered during my PhD in merging mechanical engineering principles with dental research. I am very grateful to my doctoral supervisors, David and Rebecca, and to my doctoral examiners for their help without whom ultimately I would not have been able to produce this body of work”.

Congratulations Petros!



2D and 3D illustration of differences in human enamel after experimental erosion (blue is the eroded region).

Share Your Success with Us!

BSSPD would like to share the success stories of its members with the world!

Send your news items to admin@bsspd.org

Email preferences

We still have 60 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, job vacancies, surveys, research studies or other interesting things. **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.

Damien Walmsley is a past president of the BSSPD (2010-11). He is a Professor in Restorative dentistry at the University of Birmingham since 2000 though has retired from his clinical commitments at the end of 2020. Damien has contributed significantly to dentistry through his involvement with the BDA and his role as editor of the Journal of Dentistry. He was also President of the Association for Dental Education in Europe. Open Wide talks to Damien to find out more about his professional life in dentistry, his photography passion and how this has influenced him.



You completed your undergraduate training in 1981 and then joined the BSSPD in 1986. How has the BSSPD been instrumental in your professional life?

The BSSPD is one of the friendliest societies that I have been a member of in my career. This allows you to make friends and network in the Prosthodontic world. I remember receiving advice from the senior members of the society. There were many younger people to talk to and share experiences.

What are your proudest accomplishments with the BSSPD?

My first presentation when I was a young lecturer was memorable. Organising and leading the team for the 2nd Pan Dental Conference at Liverpool is another great memory. I enjoyed my year as President and the after-dinner speech by Don McLean at the Botanical Gardens in Birmingham was so funny. It is so important to have a good after dinner speaker at a conference dinner. My only regret was that I did not win the sweepstake on how long the speeches took.

Who were your mentors and what was it about them that inspired you?

Ronnie Laird as past president and my boss was the biggest influence in my career, and he was explicit in his instructions that you had to join the BSSPD. In research, Roy Williams one of my PhD supervisors gave me the skills to perform experiments and how to show leadership in the discipline.

Early in your career you made a decision to pursue research and complete a PhD. You then went on to have a long academic career. How did you determine this/come to this decision?

Starting a PhD was serendipity. I qualified from Manchester having done an overseas elective in Michigan on dental ceramics. The work was written up for Dental Technician and I presented at the Dentsply Student Clinician Prize during the BDA conference in Newcastle. I enjoyed the experience so following on from hospital jobs at Guys and then Barts, I heard there was a MRC sponsored PhD

opportunity back at Manchester. It was on ultrasonics and there were two supervisors, Ronnie Laird from dentistry and Roy Williams from Medical Biophysics. I went back to being a student again for three years. Having a PhD at 27 meant that I was able to move forward quickly. Being trained in research and paper writing always makes academic work easier to do. Higher training in dentistry was then my next goal.

Did teaching make you a better clinician?

I started teaching Prosthetics during my PhD and enjoyed it. It was a case of being thrown in the deep end but the team at Manchester was arguably the best in the UK. Prof Alan Grant was in charge and the staff included Martin Woodhead, Wesley Johnson, Hugh Devlin, David Russell and Gillian Hoad Reddick. There were some fantastic part timers there as well. When I arrived at Birmingham, I was one of the new kids on the block. Teaching was very regimented and sometimes punitive. Feedback and reflection were not the first terms that came to mind. Therefore, if you showed some compassion and encouragement then the student response was immense. The emergence of the Internet and the start of Big Tech and dot.com meant that digital teaching came into being. I was in the right place at the right time. As an early adopter it was an amazing time and when windows 3.1 appeared then the pace of change accelerated. We presented much of our early work at BSSPD conferences and educational research in this area has been one of my long-term themes. The world has now embraced online learning big time but in those early days so many people said that it would never catch on.

Your research is innovative and engages multidisciplinary teams including experts from mathematics, inorganic chemistry, and fluid mechanics. How has working with researchers outside of dentistry influenced your thinking?

Interdisciplinary research has been a strong area of my network. This all started with my PhD having two supervisors: one from Dentistry and one from Biophysics. I found that this interaction was very rewarding. Our dental training brings in many different areas including dental material science. The analytical scientific mind is often looking for a clinical output of the research ideas. I liken all the specialist subjects to pavement stones, but it is the cracks or joins between them that bring about the greatest discoveries. One of the reasons I love working in a University is the rich, diverse and stimulating culture that is associated with it. In my later years, I interacted more and more with all parts of the University and found the networking increased. It also brings more enhanced reputation for dentistry as well. I do enjoy my patient interactions with the NHS, but I firmly saw myself as the bridge between the University and the NHS. Often the two organisations see themselves as different, however working together unleashes so much potential that they could not achieve by themselves.

Another aspect of your research has focussed on the issue of 'fake news' in dentistry. What would be your advice to a younger clinician on navigating the content available on the internet?

I received funding for a Marie Curie fellow from the European Commission. My fellow came from Brazil and he was forever irritated by his own government who tended to push incorrect information. We had the idea that an article on Fake News would benefit clinicians and help them not only to understand the problems but also how to combat it. Fake news is now widespread in all walks of life and it is not only dentistry that is affected by it. My advice as the article mentions is that we should be ready to counter misinformation and what better way than by ensuring that we provide our patients with the correct information.

In addition to everything you have accomplished in dentistry, you are also an avid photographer. Your photos are beautiful - in 2010 you started a 365 project. Can you explain what this is and what it has meant to you?

I love diaries and I have reflected on key moments in my life. When I was 18, I was given a diary to fill in which was based around the photographs of Linda McCartney as she lived her life on the road with Wings. That diary covers my last days at school and my first days at Manchester University. Photography moved from dental macros to more general subjects. I started a blog for the dental school back in 2006 and handed over to one of my ex-students Alice Parr. The blog gave me a chance to showcase my pictures and gave me confidence to start publishing them. Alice Parr is now keeping the blog going and she also loves photography. My 365 photo a day project combines my reflective mind and my love of photography. In my pictures, there is everything from family to conferences from work to home. My daughter makes a book of the pictures each year and they are fun to look back on.

What have been the most dramatic and helpful changes in prosthodontics?

The rise in CAD/CAM and 3D printing has been exponential. Many laboratories now have a digital workflow and many procedures that were done by hand are now designed and manufactured via digital machines. It will be exciting to see where this pace of change leads to in the future. The other area that is exciting is the new acceptance that not everything is dictated by the dentist (dentist centric). We now look to the person who also happens to be our patient. Therefore, we are now taking into account their lifestyle and their personal approach to healthcare. So we have moved from dentist to patient centred care. However, we have now redefined the patient care and look towards person centred care. This approach to healthcare is more demanding but also more rewarding as we improve the well-being of society

What changes do you predict in the next decade?

How can you predict changes after the unforeseen consequences of a pandemic? Previously, we would have talked about changes and they would have been incremental in nature as we have very limited ability to look into the future. Unpredictability now appears to be the new normal and so there will be changes in how people organise themselves and think about their work plans. The pace of digital workflow will move forward quickly. Prosthodontics is seeing the rapid decline of complete denture work and this will be accompanied by increased partial denture work. Not everyone will be able to afford implants. The technology of implants will change as new smart materials emerge. The public are better educated than ever before. The pandemic has taught them new sciences, they understand more about what is happening to them. They are no longer content to accept whatever the healthcare professional tells them. It is important that we are able to communicate our ideas for treatment and ensure the patient is on board with the outcomes. There is one certainty about the future, it will be an exciting time for dentistry.

Did you know that the public can use our website to find a prosthodontist?

If you wish to be included on the search database you need to opt in – just log in to the [members section of the website](#) click on ‘edit members details’ then ‘edit primary contact details’, then ensure the ‘yes’ button for ‘show details on website’ is selected. Don’t forget to click the red save button once you have amended your details. If you practice from multiple locations you can add each practice location to improve your chances of appearing in the search results. If you have any problems with this please contact Kirstin (admin@bsspd.org) and she will be able to help you list your practice.

Please note that since 25th May 2018, your practice may no longer be listed if you did not reply to our email confirming that you still wanted to be listed.



Digbeth Lights provided by Prof Damien Walmsley

How has COVID-19 impacted teaching and learning at our Universities?

How has COVID-19 affected specialty membership examinations?

The following insights have been shared.

The undergraduate experience

Nasir Zeeshan Bashir, University of Birmingham

2020 has brought a unique set of challenges – the COVID-19 pandemic brought the entire globe to a standstill, and the effects on healthcare systems were profound. Hospitals underwent repurposing to deal with the vast influx of patients presenting with this new disease, and routine care was ceased. The effects of COVID-19 on dentistry were particularly restrictive, primarily due to the atomised fluids generated during dental procedures, which have potential to act as a reservoir for the SARS-CoV-2 virus.

For dental students, this situation has raised a number of concerns, and completely transformed the way in which undergraduate education is delivered. Dentistry is a clinical profession, and patient-facing teaching is crucial in developing the necessary pre-requisite clinical skills, therefore closure of teaching hospitals was of great concern. This is particularly true for students in the clinical phase of their degree, where the primary worry has been whether or not a sufficient amount of training could be attained to meet the GDC requirement of being a “safe beginner”. Admittedly, this is still a huge concern for many students, particularly those in the latter stages of their training, where a great deal of uncertainty still remains as to whether they will graduate on time, and whether foundation training will proceed as normal. From a personal point of view, I have been fortunate enough to be a student at the University of Birmingham, where the contemporary facilities associated with a purpose-built dental hospital have allowed for AGPs to be reintegrated into the curriculum early on. However, this is not representative of the situation for many students around the UK, where AGPs are still extremely limited, and it remains unanswered as to whether the clinical requirements of the degree can be met. It is not just the students in their clinical years who have been affected, with those in the earlier stages of their training also seeing a complete overhaul in how teaching is delivered. Typically, the first two years of the BDS degree involve a rigorous series of lectures and seminars exploring the biomedical sciences, to provide the theoretical underpinning of clinical practice, supported by comprehensive training in medical anatomy. Some of this teaching, in particular the anatomy, is most well-suited to being delivered in a face-to-face format, and it is unknown what the effects of losing out on this aspect of teaching may have on the overall quality of education.

Furthermore, the social effects of the restrictions must also be taken into consideration. Fundamentally, dentistry is a challenging degree, and the friendships formed by students are often what allow them to thrive and become immersed in their training. However, COVID-19 has largely eliminated any social aspects of the degree, leaving many students without an outlet through which they can readily discuss the newfound challenges which come with being a dental student during a pandemic. Whilst it is

understandable that the social element of being a BDS student must be restricted, it is also clear how such a stark work-life imbalance may pose a great a mental health burden for many.

It is not true to say, however, that COVID-19 has been entirely negative. Whilst face-to-face communication is restricted, the sense of unity amongst students is stronger than ever, with the common goal of making it to the other end of this pandemic as qualified dentists. Interestingly, also, it seems like staff are much more relatable to the students now, with many facing similar challenges in their own clinical practice, which has allowed them to empathise with students more easily. Overall, we hope that 2021 will be more optimistic than 2020, and hopefully we will look back on this period of time, and see the resilience and determination it built as an asset to our character. **Acknowledgments:** I would like to explicitly thank Professor Iain Chapple, Dr Kirsty Hill, and Mr Thomas Addison for their extensive efforts in supporting students at the Birmingham Dental Hospital throughout the COVID-19 pandemic.

Reflections from the University of Dundee

Mr Andrew Paterson, Senior Clinical Lecturer/Honorary Consultant in Restorative Dentistry, University of Dundee/NHS Tayside

The Covid19 Pandemic has had a profound effect on undergraduate and postgraduate prosthodontic teaching. The prospect of delivering online denture courses for students, initially scattered across the globe, meant a steep digital learning curve for clinical and laboratory teaching staff. With teamwork, resilience, late nights and adaptability theory teaching continued and continues with a combination of recorded audio PowerPoints, videos, quizzes, denture design exercises, live tutorials and online adapted assessments across time zones. This was well received by the students and many reported this helped their motivation to study in uncertain times. In the Autumn when students returned to campus a pared down laboratory course (due to social distancing issues) for BDS3 and BDS4 students took place. Our BDS5 students returned to clinic in both Dental Hospital and outreach centres and gained much valuable clinical experience in removable prosthodontics as the non-AGP nature of treatment was suited to the recommencement of clinics.

We were fortunate that our MDSc Prosthodontic students were nearing the end of their clinical programme and could concentrate on their dissertations, finishing in September 2020. Online teaching continued, assessments and assignments were modified, and much digital innovation gave the students meaningful simulated experiences. Unfortunately, as this course attracts international students our new intake was postponed by 18 months to both prioritise undergraduate clinical teaching and to recognise the difficulties that international students have in both travel and relocation for a clinical taught course. In consequence to fill the gap approval has taken place for online Certificate and Diploma courses in Prosthodontics, with recruitment currently underway.

Towards the end of 2020 BDS4 students were to re-start clinics followed by BDS3 with a plan to ramp up clinics in early 2021 to try catch-up on the lack of clinical experience. Pods were constructed in the Prosthodontic Department open clinic for AGP's. Unfortunately, the current lockdown and pressures on acute services in NHS Tayside has meant NHS staff redeployment and suspension of student clinics in the Dental Hospital till the end of February 2021 at the earliest.

We are very proud of how our students have adapted to the continuing uncertainty of the Pandemic whilst dealing with a course that normally would dovetail theory, laboratory and clinic together being split into its component parts one of which is largely absent. Additionally, with the best will in the world largely online teaching can neither reproduce the social aspects of face to face learning nor replicate the missed life experiences that University offers and the long-term effects on motivation and wellbeing is uncertain. We are acutely aware of the lack of meaningful clinical experience that has resulted and the need to address this in whatever timescale is necessary to produce safe beginners. It is essential that theory and lab knowledge can be scaffolded into clinical prosthodontic capability and competence. The uncertainty continues...

Postgraduate training

Prof Lambis Petridis, Chair of Prosthodontics, UCL Eastman Dental Institute

The COVID-19 pandemic brought significant disruption and grief around the world. Dentistry was not exempt from this disruption and all our specialist training programmes had to go through significant changes and adjustments in the last 10 months. I think the most significant disruption happened when dentistry shut down during the first lockdown and Dental Hospitals became urgent dental centres (UDCs) serving the general population. I was very happy that we successfully managed to overcome that closure and regain our clinical activity for our students albeit with new protocols and some restrictions.

However, I believe that even in the worst of crisis, managers and leaders have to think of the possible positive outcomes and try to create opportunities. At UCL Eastman Dental Institute this disruption forced us to make significant adjustments in the delivery and assessment of our programmes - introducing much more online, remote, and blended learning. At the point of the Covid-19 disruption our Unit was going through a number of changes due to the relocation of the Institute to our new state-of-the-art facilities in the main Bloomsbury UCL campus, and the parallel restructuring of our modules, assessments, and teaching content. So the necessary adjustments and pressure helped us to transform our teaching and assessments, by increasing our blended learning and introducing new learning material, turning the disruption into a positive change and proceeding with our planned adjustments more swiftly. The crisis also forced us to become better in time management and be more organised which I think is another plus. Most of the new measures are planned to be kept even after the restrictions subside and the pandemic eases.

I think overall, despite the disruption, at least for our Prosthodontic programmes, the end result was positive and led to productive changes that increased the quality of our programmes and enhanced student experience.

Remote delivery of Bi-Collegiate Restorative Specialty Membership Examinations

Professor Andrew Eder, Chair, Restorative Specialty Membership Examinations, Faculty of Dental Surgery, Royal College of Surgeons of England

On behalf of my colleagues, I am grateful for the opportunity to update the BSSPD membership - and to thank any members who may also be examiners - following last year's successful transfer of the Royal College of Surgeons of England and Royal College of Physicians and Surgeons of Glasgow Bi-Collegiate Restorative Specialty Membership Examinations to remote delivery in response to Covid-19.

The examiners and the professional teams have worked tirelessly over the last few months to organise and deliver robust and fair revised-format diets for MEndo, MPerio and MPros. In line with the recent General Dental Council statement relating to dental specialty training [1], the mode of delivery for these examinations has been successfully adapted to an entirely remote format [2]. This has meant that career progression has not been significantly delayed for these trainees, and they have been able to undertake their formal assessments in a safe and responsible manner in relation to the needs of maintaining appropriate social distancing during a period of increasing Covid-19 spread within the United Kingdom population.

Moving forward, there will be a further remote diet between 17 and 20 May 2021, primarily for international candidates although UK candidates will also be welcome to sit, and another diet (delivery format to be confirmed subject to Covid-19) between 20 and 24 September 2021. For more information, please see the website ([exam overview](#)).

1. Joint statement on arrangements for dental education and training, while measures are in place to control the spread of COVID-19 (version 2 dated: 1 September 2020). Please see the full joint statement [here](#).
2. Remote delivery of FDS examinations. Landau A, Voerman, K and Cobourne, M. Faculty of Dental Surgery, Faculty Dental Journal; January 2021, 12: (1); 30-31

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).

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.

Membership

We encourage all new and existing members to pay their annual subscription by direct debit "the smart way to pay". This makes it much easier for our Society to manage our membership and also makes it easier for members - no more need to remember subscription deadlines each year. For those wishing to change payments to direct debit, please contact Kirstin at admin@bsspd.org or download the direct debit mandate form from the [Members Only area](#) of the website (under 'Council Papers').

Phil Smith

Phil Smith is a past president of the BSSPD (2018-19). He has recently retired from his role as senior lecturer and consultant in restorative dentistry from Liverpool University. Whilst he no longer has an active teaching role of undergraduates or postgraduates, he is continuing with research, particularly in the area of cariology. He has lectured internationally, being a keynote speaker at events in Japan, US and Syria. Phil was also the European Journal of Prosthodontics and Restorative Dentistry Assistant Editor for 10 years. Open wide talks to Phil about his career, choices and professional achievements.



You joined the BSSPD in 1988 and through your professional work, you have also been involved with many other colleges and specialist societies in the UK. What is unique about the BSSPD and how has it impacted on your professional life?

I had attended other meetings of course, but BSSPD was different in that it was much friendlier and it was a great opportunity to meet senior colleagues who were very supportive of younger members. It really was a true opportunity for networking.

You are a past president of the society (2018-19), as president, what did your role involve?

As President you are aware of the responsibility that goes with heading one of the longest established specialist societies in the UK. A major part of being President is making sure that the annual meeting is a success, but perhaps more importantly it involves giving thought to how BSSPD might evolve and prosper in the future, for e.g. the webinar series, developing the website and the various prizes the Society awards and going forwards how BSSPD stays contemporary and continue to deliver on its' founding principles of supporting research, clinical excellence and education in Prosthodontics.

Your work has given you the opportunity to lecture extensively both nationally and internationally. What is the most memorable presentation you have given and why?

That's true I have been really fortunate to have been able to present at many meetings around the world. That makes it really difficult to choose the most memorable because they all stick in the mind for many reasons but I suppose the most memorable was my first ever presentation at a scientific meeting and that I made at BSSPD in Durham in 1989. Memorable because it was nerve wracking standing in front of colleagues (some of them the most senior in their specialty) for the first time. So that set me on the route of clinical academia – so that's where my journey started and that's what makes it most memorable.

You trained in Newcastle as an undergraduate, completed a masters in Liverpool and then a PhD in Manchester. What were the advantages and disadvantages of training across different universities?

Yes that's all true I'm an Alumnus of 3 Universities! Of course if you are exposed to only one way of doing things that can be somewhat constraining. Having contact and being able to work with and learn from colleagues across different institutions allowed me to gain more breadth of experience by seeing how differing approaches to solving issues and problems can be used. I can't really think there are too many disadvantages apart from having to move home.

Your decision to undertake postgraduate training was a number of years after working as a general dentist. Why the change?

Well although it might seem as though there was a plan actually there wasn't one! It was purely a chance telephone call from one of my professors from undergraduate days and that's how I returned to my first alma mater initially as a temporary lecturer and then switching to hospital training posts. So I didn't have a plan I just enjoyed the jobs I was doing and the opportunities to learn from some truly great clinicians and academics, something that I have been fortunate to experience in all the places I have been lucky enough to work in.

You are actively involved in treating patients with cleft lip and palate. How has this group of patients defined your appreciation of the role of prosthodontics in ensuring dignity for them?

Well this was another stroke of good fortune and I have Manchester to thank for this one. I was so lucky to work with two highly influential orthodontists, Bill Shaw and his wife Gunvor Semb, who were instrumental in restructuring the treatment of CLP in the UK and together with Fraser McCord (another BSSPD President) supported me in making a visit to Oslo. There I met Tore Ramstadt who had many years of restorative experience in managing cleft patients and incredibly detailed records that we were able to discuss in detail. On returning to Manchester I was lucky to be able to head up the Restorative CLP service as a part of the North West CLP Service. It made me appreciate the multi-faceted life-long health care needed by CLP patients and their families, and also that prosthodontics plays a pivotal role for many.

Do you have a football club? Given that you moved cities a couple of times, did this ever cause you any problems?

I have been a season ticket holder at Manchester City for many years, and I do like watching live games. So I did watch Newcastle United when I was studying & working in that City too. I've been to Goodison Park whilst I've been in Liverpool too but I'm afraid that going to Old Trafford and Anfield would be a step too far!

Keep in touch!

Remember to regularly visit the Society's website to keep informed about planned events and to update your membership details.



Early Monday provided by Prof Damien Walmsley

Obituary

Prof Alan Grant 17.03.1930-02.10.2020

The world of Dentistry is now a poorer world with the death of Professor Alan Grant.

Alan was born, in Pimpinio, a small town in Victoria on 17th March, 1930. He went to Westgarth Central School to year 8, then University High School. Sometime in his youth, he acquired glasses, and with that, his older brother, Geoff, gave him the nickname 'the professor.' On leaving school, Alan attended the University of Melbourne Dental School, graduating BDS in 1952.

He entered general dental practice for a few years and, whilst in practice, gained his MDSc. He joined the staff of Melbourne Dental School in 1961 and thereafter, was awarded his DDSc. from his alma mater. Alan was by this time a Senior Lecturer and he published widely with his colleague Professor Atkinson. In 1967, Alan became one of the inaugural Fellows of the Australasian College of Dental Surgeons (now the Royal Australasian College of Dental Surgeons), a distinction of which he was

justifiably proud. Alan had many published papers principally in the field of dental materials - indeed his early papers and articles were published while he was still a student.

Alan's reputation in the fields of Dental Prosthetics and Dental Materials had by this time spread and in 1970, he was invited to the Chair of Prosthetic Dentistry / Honorary Consultant at the Turner Dental School of the University of Manchester (now known as the University Dental Hospital of Manchester). There, with his friend and colleague Professor George Nixon, a strong Department of Restorative Dentistry was established in addition to a Unit of Dental Materials Science which was to assume an International reputation.

Alan married his devoted wife Anne of 55 years in December 1961. They rejoiced in their family of 3 children - Matthew, Nick and Helen. They sailed *en famille* from Melbourne to Southampton. It is testimony to the patience and forbearance of Alan and Anne that they coped with the voyage which lasted a full calendar month, 4 September - 4 October 1970 aboard the SS Ocares. The three children spent some time in the so-called isolation hospital with either measles or chicken pox, which meant that when the family finally docked in Southampton the ship's MO instructed them not to take the train to Manchester as planned, but to hire a car and drive. When they arrived in their temporary home in Cheadle Hume, they found that the central heating was out of order.

Alan's served as Dean of Manchester Dental School 1977-1981 and 1988-1991 and as a Pro Vice Chancellor of the University of Manchester from 1988-1992. There is no question that Alan attained the pinnacle of his discipline. He co-authored 5 textbooks and, among his many honours, he received:

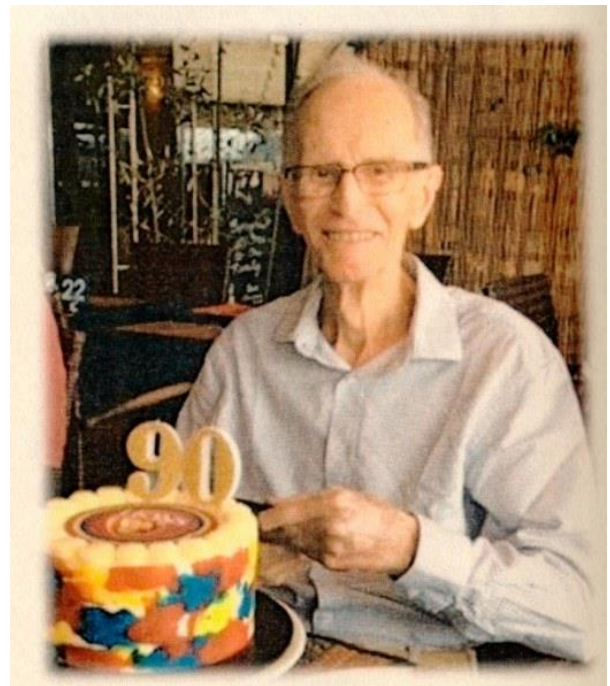
- President of the British Society of Prosthetic Dentistry, 1989-1990
- the Triennial Gold Medal Award of the British Society for the Study of Prosthetic Dentistry in 1996 – later became an Honorary Member
- the IADR Distinguished Scientist Award
- the gold medal of the University of Air Langka in 1997.
- FDS RCS (Eng) *ad eundem* in 1992.

Alan retired in 2003 when he and his wife Anne returned to Queensland and while there amongst other noble interests, served on the Ethics Committee of Griffiths University and was an active member of the Land for Wildlife conservation program.

He was a perfect gentleman, always considerate and extremely modest. He nurtured long friendships and commanded deep affection and respect.

Alan had an immense influence on my life and I shall miss his wit, warmth and wisdom - Dentistry has indeed lost a leading light.

Professor J. Fraser McCord



Infection Control Dilemmas Regarding the Use of Polytetrafluorethylene Tape in Dentistry

By Marina Dourou and Ali Nankali

The successful integration of innovative techniques, combined with the introduction of unconventional materials into the constantly evolving field of prosthodontics, has contributed to the incorporation of Polytetrafluorethylene (PTFE) tape into the dental armamentarium. PTFE is a readily available material with numerous advantageous physical and chemical properties, including its valuable ease of manipulation and handling properties, which have contributed to its widespread use in restorative dental procedures.

PTFE tape is beneficial in a plethora of clinical applications in the field of operative dentistry, including its use as a spacer material for restorations, its utilization as a recovery material for the try-in stage of extra-coronal restorations and for the blocking-out of defined undercuts prior to impression taking. Additionally, PTFE tape can be applied as a barrier material to seal off the root canal system when temporising endodontic procedures or protecting the implant abutment screw heads by using it to seal the screw access channels in implant-supported prostheses. PTFE can also be used as a means to prevent subgingival infiltration of cement during the placement of definitive or temporary restorations, as well as for interdental separation during bonding procedures (Sattar 2017). Despite PTFE's numerous advantageous characteristics, does this material comply with UK cross infection protocols, ensuring that our patients receive the standard of care they have a right to expect?

A number of protocols are set out by regulatory organisations for infection control in clinical practice. Having policies and guidelines regarding the management of dental instruments and associated equipment in the context of infection control, constitutes an essential quality requirement. Instruments and equipment used in the delivery of dental care must be in a clinically satisfactory condition up to the point of use and they should be stored in appropriate conditions that ensure restraint of microbiological recolonisation and contamination (DH 2013). Considering that PTFE tape is not produced by companies that identify themselves as manufacturers of dental or clinical equipment, the production line and storage protocols do not ensure that the final product is sterilised. Therefore, by utilising PTFE tape in our clinical practice, without undertaking a systematic approach to the decontamination of this material, we fail to meet our ethical and professional duty to ensure that infection control procedures are followed routinely.

A preliminary study was conducted to investigate the potential microbial contamination of PTFE tapes following distribution and prior to clinical use, thus assessing their eligibility for use in UK dental healthcare. For this preliminary work as an initial stage of a PTFE microbial contamination approval study, 23 PTFE tapes were identified in the UK market with the potential for application in dentistry. A sample of 11 PTFE tape brands, from most commonly used types, was randomly selected and microbiologically investigated. The results of this preliminary study concluded that:

- All PTFE tapes were contaminated with microbes upon receipt,
- dissimilar levels of contamination between PTFE tapes from different manufacturers were detected,
- the microbial contamination within each tape is of uneven distribution; different types and number of colonies were detected on different strips from the same PTFE tape reel,
- low levels of anaerobically cultured colonies were obtained relative to aerobically cultured colonies,
- gram-positive species are more prevalent than gram-negative species,
- gram-positive rods are the most abundant and no gram-negative cocci were isolated from any of the samples,
- identification tests using Matrix Assisted Laser Desorption Ionization – Time of Flight (MALDI-TOF) Mass Spectrometry revealed that the sampled PTFE tapes are inconsistently contaminated with environmental spore-forming bacteria, namely *Bacillus licheniformis*, *Bacillus amyloliquefaciens*, *Bacillus amyloliquefaciens ssp. Plantarum* and *Aneurinibacillus migulanus*.

Dental materials and equipment currently utilised in healthcare settings are provided by healthcare suppliers and manufacturers, unlike PTFE tape which is not currently recognised as a dental material.

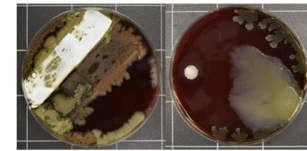


Figure 1 – Tape ID number 3

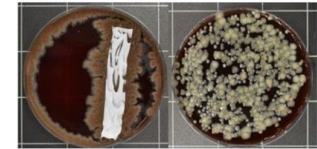


Figure 2 – Tape ID number 6

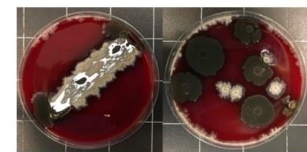


Figure 3 – Tape ID number 11

All data collected following
72h aerobic incubation (37 °C
in a 5% CO₂ atmosphere)

*Microbial contamination on blood
agar plates after incubation using
two separate methods for each tape*

Despite the limitations of this preliminary investigation, the results highlight an area of clinical concern that needs to be further evaluated in order to improve the healthcare services and the quality of treatment offered to patients, with respect to the materials they are being exposed to.

The use of PTFE tape can be of significant advantage to clinicians, however, the findings of this preliminary investigation serve the purpose of raising awareness regarding PTFE's potential unsuitability for use in the delivery of dental treatment, until a standardised approach to eliminating microbial contamination from PTFE tapes prior to clinical use has been developed. This would optimise infection control by adhering to protocols, such as ensuring that all equipment has been adequately disinfected and sterilised prior to patient use. Therefore, it is important to design a standardised sterilisation protocol for PTFE tapes, which will neither deteriorate the material's physical properties nor compromise its effectiveness. In doing so, we would be fulfilling our professional obligation and social responsibility to put our patients' interest first, whilst making significant best practice improvements.

References

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DH (Department of Health Decontamination), (2013), Health Technical Memorandum 01-05: Decontamination in primary care dental practices 2013 Edition, [online] Available from: <https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices> [Accessed 30 January 2021].

Last Words



Whilst the pandemic has changed the way everyone lives, for us dentists, the impact has also been significant in every aspect of our work - whether that is direct patient care, research or education. Nevertheless, it is evident that the profession has responded and embraced new ways, for example teledentistry and online education. Although most of us miss the face to face nature of what we do, digital technology for communication has moved forward in leaps and bounds. As the new newsletter editor, I have created an online format for my first BSSPD newsletter. It has been designed to have an interactive interface and be viewed on any device. Though, if you prefer, there is also the option to view it in a PDF format.

I would like to thank everyone who contributed and I hope each of you have enjoyed reading this newsletter.

Raelene Sambrook, BSSPD Newsletter Editor

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