

periodical

The newsletter for members of the BSP • 2020/21



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British Society of
Periodontology and
Implant Dentistry

Member Information

Education & Events

Lockdown Heroes

Undergraduate Group Annual Review

Early Career Group News

BSP S3 Treatment Guidelines

Meet the Dream Team

We are extremely lucky at BSP to have a brilliant team working behind the scenes to keep the Society running smoothly and our membership happy. Together, Paula and Tamsin support Council and work hard to ensure that the aims of our strategic plan are achieved each year and our membership is kept up-to-date with the latest news and events.

BSP Executive General Manager



Paula Dunn does a wonderful job as the Executive General Manager. She is responsible for the day-to-day management of the Society and is involved in all aspects of BSP activities.

Paula Dunn admin@bsperio.org.uk 0844 335 1915

BSP Education & Events Manager



Tamsin Lawson is our fantastic Education and Events Manager. She is responsible for organising our Annual Conference, Educational Webinar Programme and Events throughout the year.

Tamsin Lawson conferences@bsperio.org.uk 01277 353 182

Contributors

- Dr Richard Tucker (Editor)
- Prof. Nikos Donos (President 2020)
- Dr Vipul Patel (ECG Chair)
- Dr Shaun Hodge
- Dr Claire Storey (Other Member of Council)
- Prof. Ian Needleman
- Dr Darinder Dhadwal
- Prof. Mike Milward
- Dr Xavier Struillou (EFP President)
- Dr Angela Boodhoo
- Dr Mark Ide (Past President), Prof. Luigi Nibali and Dr Koula Asimakopoulou
- Prof. Nicola West (Honorary Secretary) and Prof. Moritz Kebschull

Useful Contacts



Keep up-to-date with the latest news by visiting our website and following us on social media:

- bsperio.org.uk
- @BSPerio
- British Society of Periodontology
- britishsocietyofperiodontology
- BSP British Society of Perio & Implant Dentistry

Thank you to our supportive Partner Sponsors...

We wish to extend our sincere thanks to our 2020 Partner Sponsors, Acteon, GSK, J&J and Oral-B for their support this year. Their generous funding enables the Society to achieve its strategic aims and support our members together with the wider dental community. Despite the challenges faced this year with Covid-19 and some of our planned activities being postponed, the BSP has continued to achieve its goals and has successfully completed several initiatives.

As a charity, we rely heavily on funding from industry and are, therefore, incredibly grateful to continue our successful working relationship with our Partner Sponsors. With their support we continue to grow and succeed in our aim to advance all aspects of periodontology and dental implantology. Promoting the importance of gum health to dental and medical professionals, undergraduate students, patients and the public is vital.



Contents

Letter from the Editor.....	3
Presidential Review	4
Awards & Prizes	5
Gum Health Day 2020	5
BSP Undergraduate	6, 7
Representatives	
BSP Patient Forum	8, 9
BSP Early Career Group.....	10
Peri-implantitis	11
Audit: BSP Implementation.....	12, 13
of the 2017 Classification	
An Interview with Claire Storey	14
Lockdown Heroes	15, 16, 17
EFP Review	18
Rule of Six.....	19 20
Reflections on Covid-19.....	21
S3 Level Guidelines for the UK	22



Letter from the Editor

Welcome to the 2020/21 Issue of the Periodical!



When we embarked on this publication, I initially feared that we would struggle to find content, as so many events had been postponed this year due to the pandemic. However, once I

reflected on the ongoing work carried out by Council, I was struck by how much the Society had continued to achieve during lockdown. In some ways, perhaps, the period of lockdown enabled the BSP to make significant progress in raising awareness of the importance of gum health to the public, patients, dental and medical professionals.

As you will read in Professor Donos' review on Page 4, the Society has worked extremely hard to support our members and the wider dental community during this challenging time.

Although lockdown prevented our Gum Health Day public events from going ahead, our versatile team launched a lockdown challenge on social media, which proved to be a huge success. Read more about the incredible response to this campaign on page 5.

I must draw your attention to the most inspiring articles on pages 15, 16 & 17. I was in complete awe reading how fellow colleagues worked tirelessly to help others and played such a vital role helping ease the pressure on NHS staff during lockdown. I know there are many heroes out there but I wish to thank Professor Ian Needleman, Dr Narinder Dhadwal and Professor Mike Milward for sharing their personal accounts with us.

One of the most successful initiatives we undertook during lockdown was the adoption of the S3 Treatment Guidelines, a project led by Professor Nicola West and Professor Moritz Kebschull. It was an incredible achievement to organise online meetings in such a short space of time, comprising of dental professionals, medical experts, stakeholders and BSP Patient Forum members. Learn more about this rapid guideline review on pages 22 & 23.

As part of our ongoing commitment to develop our communication channels, we have been working with our new web developers, Optima, to create a more modern website that will support our ever-developing educational programme and membership needs. Paula and Tamsin

worked closely with Optima and we are delighted with the results. In addition to providing improved functionality to our members, we are now able to deliver our email and newsletter communications in a much more modern format.

A huge amount of effort goes into our communications, in the hope of always keeping our members, the wider dental community and patients up-to-date with the latest news and developments. Our channels of communication form an integral part of our membership growth and collaboration with other health professionals. In addition, good and effective communication enables us to achieve and maintain strong, lasting working relationships at all levels of our organisation.

I am extremely proud of the significant growth in the number of followers on our social media channels and am pleased to share the latest figures:

Facebook – 14,830 Instagram – 2,629 Twitter – 1,987

If you don't already follow BSP, I would encourage you to do so!

- @BSPerio
- British Society of Periodontology
- britishsocietyofperiodontology

I would like to extend my sincere thanks to this year's Periodical contributors. I have thoroughly enjoyed reading their articles and have no doubt you will agree it is a remarkably interesting edition. Finally, I must also express my gratitude to Paula Dunn who has worked extremely hard to assist me with this publication.

Happy reading from all the team at BSP!

Dr Richard Tucker
Honorary Editor

Article contributions

Don't forget that we love to hear from you! Whether it be feedback about our work or to share a news story with us. We send monthly e-newsletters to our members and the Periodical is printed annually. If you would like to contribute an article, then please contact us:

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Challenging Times

by BSP President 2020, Professor Nikos Donos



What a year it has been so far!

On March 11th, the World Health Organisation declared a global pandemic and we found ourselves in an unprecedented situation battling an outbreak of Covid-19.

As a profession, we were in an extremely difficult predicament as we had a responsibility to protect our patients and staff whilst also looking after our own health and safety, together with that of our families. It soon became clear that changing behaviour was essential for reducing risks associated with this rapidly unfolding health crisis. In our clinical settings, we adapted our working pattern to ensure we could provide our services safely. The “new norm” of delivering our professional services appears to be “here to stay” and we are all following recent developments and initiatives such as “point of care” screening techniques for Covid with great interest and hope.

As a Society, we quickly responded to the Covid-19 challenge. Our priority was to support our members during this difficult time and I am proud of the BSP team who worked incredibly hard to provide guidance for them and the wider dental community.

During lockdown, the BSP worked behind the scenes, with Prof. Iain Chapple assisting the OCDO England, to develop a standard operating procedure (SOP) for a safe return to practice. His specific remit was to look at which aspects of periodontal care could be managed with non-AGP while the risk levels in the community were high.

Once UK guidance was released, we created a “Risks associated with steps of treatment” flowchart to help practitioners apply the rules in practice and organised a series of four free webinars entitled, “BSP Back to Work Hand Instrumentation Masterclass”. Over 11,380 dental care professionals subscribed to the series and we were delighted that the UK dental community found these initiatives extremely helpful.

Currently, the BSP team continues working with stakeholders, being pro-active in promoting the interests of our members. I also recently attended an online meeting with the GDC in which they reviewed their Corporate Strategy in response to the widespread impact of Covid-19.

This year, our educational programme has focused on treatment modalities of periodontitis/peri-implantitis and introduced topics such as soft tissue management around implants and crown lengthening. I wish to thank all our National and International speakers who have kindly supported BSP.

Whilst in lockdown, Prof. Nicola West and Prof. Moritz Kepschull led the BSP review of the EFP S-3-level clinical treatment guidelines, which you can read more about on pages 22 & 23. A series of educational webinars is planned for early 2021 to assist our members and the wider dental community in implementing the S-3 EFP Guidelines.

Our membership supported our strategic decision at the AGM in June to add a Patient Forum representative to Council, as a voting member. Patient representation is vitally important as all our clinical, educational and research activities are focused on the well-being of patients. I conducted interviews with Prof. Nicola West and Paula Dunn and was pleased to appoint Julian Ekiert to this role. I look forward to welcoming him to our Council meeting in December.

Our Annual Conference has again been postponed and will now take place on 12-14 November 2021. I am grateful to the speakers, sponsors and delegates who have committed to the new date. The topic of soft and hard tissue regeneration will be presented by Nationally and Internationally renowned master clinicians and researchers in this field and promises to be an excellent event.

I am extremely proud of how much we achieved during these challenging times. It is important to emphasise that all the above would not have been possible without the continuous support of the Officers of the Society and Council members. A special thanks for their great efforts go to Paula Dunn, Executive General Manager, and Tamsin Lawson, Education & Events Manager.



Awards and Prizes

The BSP annual awards and prizes for research into periodontology continue to be extremely popular. The awards cater for all categories of our membership; undergraduates, postgraduates and qualified dentists, hygienists and therapists.

A full list of prizes can be viewed on our website and reflect our commitment to progression and innovation: <https://www.bsperio.org.uk/professionals/awards>

Due to lockdown, we have so far been unable to present any prizes, but are delighted to announce the following winners:



Imogen Midwood
Alex Pollard
Anjana Sagar



Sumaiya Yonis



Ahmed Elmatary & Matin Ali Madadian
Shaun Hodge
Varkha Rattu



Gum Health Day 2020

Despite lockdown causing the postponement of our planned public events, we did not allow Gum Health Day (GHD) to simply pass us by. Instead, we held a GHD lockdown challenge on our social media platforms which proved to be a huge success in engaging the profession.

We invited people to create an image or short video illustrating, “Taking care of my gums while at home”.

We were overwhelmed with the amazing response from dental professionals and showcased a range of creative ideas, including paintings, pictures, posters, embroidered images, fun and informative videos, with one even using British sign language to convey the important message, “Say No To Bleeding Gums”.

Our BSP Undergraduate Representatives (UG) helped us to create a real buzz on social media and were extremely proactive in spreading information about GHD and maintaining good oral hygiene. The UG Committee created a fantastic video entitled “Don’t Rush, Just Brush”, which can be viewed on our new YouTube channel: https://youtu.be/Xjy3_Jkz9no

We look forward to re-scheduling our public events in the future, with the support of our UG Representatives and Sponsor, GSK.



Tamsyn McKenna



Emily Parker

BSP

Undergraduate Representatives

The initiative we undertook in 2018 to appoint student representatives in each UK dental school, from dentistry, dental hygiene and dental therapy programmes, has been hugely successful. We are grateful for the many activities this digitally collaborative group has undertaken this year to highlight the work of the BSP and the many benefits of membership.

In February, BSP Undergraduate Committee members, Hira Jamil and Dominic Clark-Roberton, attended the Undergraduate Dental Research Conference in Manchester to promote the Society to the next generation of the profession.



In March, Murray Irving, Mohammed Zafrul Islam and Krish Majithia kindly represented the BSP at the BDSA Conference at Barts, London, which was attended by dental students from across the UK.



Sadly, in May, the public events arranged by each dental school's team of undergraduate representatives to promote Gum Health Day had to be postponed due to lockdown. Despite there being great disappointment, the UG Representatives were instrumental in helping us run a successful online campaign, which you can read more about on page 5.

The BSP Webinars, "By Students, For Students", continue to be extremely popular. These events are **free** to all students and feedback shows that this initiative to support the future of our profession is greatly valued by students throughout the UK.

In April, Hira Jamil and Jessica Baxter Brown, Undergraduates from the University of Birmingham, delivered a fantastic webinar on the use of local and systemic antimicrobials in periodontal disease.

In July, Oliver Ryder, Jagjit Malhi and George Cooney, Undergraduates from the University of Manchester, delivered a brilliant webinar on the aetiology, diagnosis and treatment of the perio-endo lesion.

Both events were extremely well attended with up to 730 registrations for each webinar. It takes a lot of hard work and courage to prepare and deliver a presentation and we are grateful that our representatives are so committed to helping each other learn through peer teaching.

The BSP would like to express its gratitude to Dominic Clark-Roberton, who has been a strong leader of the Undergraduate Group and "trail blazed" the "By Students, For Students" webinar initiative. Council appreciates the time and effort he has put into this role and the fantastic job he has done. The BSP is delighted that Dominic has agreed to stand in the advisory position of Past-Chair, to help oversee a smooth transition for the new Committee.

The elected Committee members for 2020/21 are:



Chair - Brinder Singh Shergill
(The University of Glasgow)



Vice-Chair - Jay Patel
(The University of Leeds)



Secretary - Lizzie Briggs
(The University of Dundee)



Hygiene & Therapy Liaison - Gamze Eroglu
(The University of Dundee)

As we welcomed the new Committee members, we were interested to find out more about our new Chair, Brinder Singh Shergill:

Who is Brinder Singh Shergill?

I am currently a postgraduate in my 5th year at the University of Glasgow, studying Dentistry. My first degree was in Biomedical Sciences at Royal Holloway University of London, where I graduated with an Upper 2:1(Hons). Between my degrees I worked as a Territory Manager for four years which was a fantastic opportunity and experience in both the NHS and Private sector.

Achievements during my dental degree:

I have been fortunate enough to have been elected to the following esteemed positions:

- **Peer Mentor:** This role allowed me to assist first years to transition into the Dental Hospital.
- **Peer Assisted Learning (PALs):** This is a programme for 3rd-5th years to teach certain clinical procedures to those in 1st year. To maximise the programmes potential and to ensure the learning was consistent, I wanted to enhance the programme by providing a platform whereby the information taught is standardised. I did this by liaising with the head of the PALs programme to create and teach a lecture on impression taking to 4th year students.
- **Senior PAL Student Tutor:** I assist in a programme called Peer Assisted Learning (PAL) which allows 4th-5th year dental students to teach certain clinical procedures to those in 1st year. To maximise the programmes potential and to ensure the learning was consistent, I wanted to provide a platform whereby the information taught was standardised. I have done this by working with clinicians to produce clinical presentations which are taught to the senior years before they teach the 1st year dental students. This has been very successful - fingers crossed it stays this way!

- **BSP UG Dental Representative:** I had the opportunity to attend the BSP 2019 London Conference. This was a remarkable opportunity where I learned a wealth of knowledge and showed how much the BSP values and wants to support undergraduates.
- **Chair of the BSP UG Group Committee:** The momentum has kept on growing and I was delighted to be appointed as Chair of the Group. As the famous quote goes "with great power comes great responsibility".

Hobbies

- I have a passion for field hockey (If slipping around on the ice was a rule, I'd be an ice hockey World Champion!)
- I play for Slough Hockey Club and have been playing since I was 12. I have coached and been captain which gave me a lot of insight into teamwork skills.
- I am a huge advocate of the benefits of physical health on mental health. Since moving to Glasgow, I have joined a gym. Yes - I have become one of those people! However, I cannot recommend it enough as it provides a fantastic form of stress relief and you don't feel bad when you have a second serving of dinner!
- I am very family orientated so moving to Glasgow was a big change for me. For that reason, I wanted to make it a home away from home and to do this I went to the local Gurdwara (Sikh temple). I was lucky enough to hear and join a charity group called Seva Scotland which makes fresh hot vegetarian meals and snacks to give to the homeless. The volunteers are amazing and have become my adopted family, whether they wanted to or not.

Aims as BSP UG Chair:

One of my main aims this year is to integrate the UG members and Representatives to gain more input on initiatives which raise awareness for the BSP.

We have had record numbers of new members of which the majority were students. I want to keep this momentum as well as retain as many as possible upon qualifying. I believe it is important to show student members how they can continue to be supported by the BSP Early Career Group.

I am also keen to help the Society promote the successful "By Students, For Students" webinars. The BSP currently host two a year and I want to encourage all representatives to promote these events to the students in their dental school.

Finally, I am hopeful that the Gum Health Day 2020 planned public events will go ahead in 2021 and am keen to maintain the momentum of the successful campaign.

BSP Patient Forum Going from Strength to Strength!

The BSP Patient Forum have not let Covid-19 get in the way of them achieving their goals this year. Our dedicated group of volunteers have continued to meet, albeit virtually, to share their experiences and ideas, to impact the future of gum health in the UK. Although we have Patient Forum group meetings in London and Scotland, the facility for online meetings has encouraged us to explore widening the geographical spread of volunteers, to ensure that we reflect the diversity of the communities we serve.

FEBRUARY

In February, the Forum's involvement and contribution to an initiative at the University of Glasgow Dental School had an incredibly positive impact. Professor Shauna Culshaw and Dr Madeleine Murray took the innovative step of inviting three volunteers from the Scottish BSP Patient Forum to attend a half-day symposium, focussed on practical, patient-related aspects of periodontology. Working in small groups, the 3rd year dental students had the opportunity to question the Patient Forum members and gain insight into the periodontitis patient journey.

Professor Culshaw reflected on the feedback from the students and concluded,

“The students were overwhelmingly positive about the experience. They found the opportunity to meet with the patients extremely valuable and felt it would hugely impact their clinical practice. Clearly, there is an enormous benefit to having time to hear from a patient, in a non-clinical setting, about their perspective on the impact of periodontitis, treatment and the challenges patients face. The Patient Forum members were open and honest and I am extremely grateful to them. This is certainly a worthwhile activity that we will repeat again in the future.”

MARCH

In March, Professor Ian Needleman held a successful meeting in London. He was delighted to be joined by Mr Derek Stewart OBE, who is internationally recognised for his work as a patient advocate regarding throat cancer but also much wider across healthcare. Derek led a fantastic “Making your voice heard” session, allowing the members to hack into his extensive experience to help develop their skills and confidence in advocacy for gum health.



Professor Needleman was grateful to the volunteers for their enthusiasm on the day and remarked,

“I was struck by how fortunate we are to work with a Forum who are so committed to improving oral health and supporting the BSP. Derek Stewart's training was hugely helpful in providing a structure that Forum members can use to promote periodontal health when lobbying for change.”

MAY

In May, six Patient Forum members participated in the adolopment of the EFP's Evidenced-based Treatment Guidelines, ensuring they were suitable for the UK healthcare system. In working group meetings comprised of dental professionals, medical experts and stakeholders, the members made hugely useful comments that helped to clarify the guidance. The BSP was the only European periodontal society to have the benefit of patient involvement in the guidelines and we greatly valued their input.

JUNE

In June, members attending our Annual General Meeting voted unanimously in favour of appointing a member of the BSP Patient Forum to serve on Council. Honorary Secretary, Professor Nicola West, welcomed the member decision and commented,

“BSP Council recognise how privileged we are as a professional society to have a Patient Forum with so much energy, enthusiasm and excellent ideas. Our patient volunteers are extremely supportive of the BSP and our mission to improve gum health in the UK. We believe that such an appointment will give a greater voice to the patient community and will further strengthen the Society and lead to greater partnerships in periodontal health.”

SEPTEMBER

In September, having interviewed three very worthy candidates, the BSP were pleased to appoint Julian Ekiert to the role of Patient Forum Council Representative. Professor West was extremely impressed by the enthusiasm of all applicants and excited by the prospect of working more closely with a Patient Forum representative,

“Julian has a wealth of skills and experience and will be an asset to the Society. He will undoubtedly challenge us with a patient's perspective, but we shall embrace those challenges, as they will bring about necessary change and growth for the Society. The Council team and I look forward to welcoming Julian to our next meeting in December.”

Julian was delighted to be appointed and is looking forward to his new role, “I believe the BSP Patient Forum can make a significant contribution to promoting awareness of gum disease and its serious impact on society. As a member of the BSP Council I will do all I can to promote this objective.”



This month, we are finalising our latest series of patient information leaflets which the Forum members have kindly provided insightful feedback on the content and images. We are looking forward to launching these new resources on our website very soon.

As we approach the end of the year, we are extremely grateful for the closer workings we have enjoyed with the Patient Forum Group. We wish to thank all our Patient Forum volunteers for the time they dedicate to helping us achieve our aim of raising awareness of the importance of gum health.

Finally, we would also like to thank Professor Ian Needleman for his passionate commitment and drive to this initiative since its inception in 2007 and Professor Shauna Culshaw for successfully leading the group in Scotland.



BSP CONFERENCE 2021



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The BSP Early Career Group

by Dr Vipul Patel

I was delighted to be appointed Chair of the Early Career Group (ECG) for 2020... which is clearly going to be a memorable year for us all!

Normally, it's all change in the ECG ranks but not this year... it was decided that 12 months was not enough time for Committee Members to make an appreciable impact on their roles so we extended their terms to 24 months. Thankfully, there wasn't mutiny in the 'ECG ship' and I was, therefore, fortunate to be working with an established, experienced and enthusiastic team. I offer my sincere gratitude to Mitul Shah (Secretary), Anjana Sagar (Mono-speciality Rep), Zehra Yonel (Academic Rep), Philippa Hoyle (Social Media Officer), Michael Paterson (NHS Rep) and Jenny Walker (Hygiene/Therapy Rep) for their support.

The year got off to an amazing start with our over-subscribed Mucogingival Surgery Masterclass in January 2020. This was presented by Dr Paul Baker and Dr Ian Dunn in Manchester. The hands-on Masterclass was supported by two dedicated pre-course webinars, allowing the speakers to maximise the hands-on element on the day. The course covered various mucogingival techniques including Free Gingival Grafts (FGG) and root coverage procedures. The event was a huge success with both presenters remarking on the fantastic group of delegates. They also extended their personal thanks to Dr Bobby Varghese and Dr Mitul Shah for their excellent assistance on the day during the hands-on surgical tasks.

In April, we made the decision to merge our ECG social media accounts with the BSP accounts. We felt that this would create a larger audience with a broader experience and background in Periodontology, thereby, allowing ECG and BSP members to get more from our posts. Philippa Hoyle now works closely with our Executive General Manager, Paula Dunn, to increase our social media presence and ensure we continue to meet all your Periodontology needs!

The BSP remains passionate about furthering the skills of all clinicians, so that patients have access to high quality dentistry and periodontal care. The ECG supports dental care professionals of all levels who are seeking to further their skills and careers, regularly replying to member enquiries. In line with changing demographics and patient needs, there is a need to develop a skilled workforce who can manage periodontal conditions throughout the UK. With this aim in

mind, we have collated information about courses, training pathways and the accreditation of performers of level 2 complexity treatments, formerly known as 'dentists with a special interest' and added them to our new website. This helpful advice document can be found on the "Career Pathways and Specialty Training" page: <https://www.bsperio.org.uk/early-career-group/career-pathways-and-speciality-training>

Covid-19 has sadly transformed the landscape at a global level with significant impacts at professional and personal levels. As we become accustomed to new acronyms like 'aerosol generating procedures' (AGP), reinvigorate less used ones like 'filtering facepiece' (FFP), and rewrite our standard operating procedures (SOP) with 'fallow times', I am confident in our resilience and tenacity to return to 'normality'. It will, of course, be a 'new' normal but I hope one which has made us all a little stronger, a little wiser and a little more humble.

I am well aware of the impact of Covid-19 on our trainees at undergraduate and postgraduate levels. I too have been impacted, however, things will improve, opportunities will be created, and your teachers and supervisors will be there to support and guide you.

Unfortunately, due to Covid-19, we are unable to go ahead with our plans to run an ECG Masterclass course in January 2021. However, as soon as the world is a safer place, we shall be organising our 2021 event. In the meantime, you may wish to review our previous successful courses on the website: <https://www.bsperio.org.uk/early-career-group/about-early-career-group>

We are very much looking forward to the ECG event at next year's BSP Conference. I will be chairing an inspirational Q&A talk with former EFP President, Professor Filippo Graziani, which I hope will give the audience some food-for-thought. As always, there will be a social event organised for the Early Career Group on the evening of Friday 12th November, venue TBC. This should provide a great opportunity to network in a relaxed environment and get to know the Committee and fellow members. I look forward to seeing you all there... Face-to-Face, not on Teams!

Richard Tucker Interviews Prof Donos, BSP President Peri-implantitis

The BSP has added Implant Dentistry to its name to reflect more accurately the, now long established, activities of the members and the specialty at large, from training to clinical practice.

Since the early days of Prof Branemark's contribution to tooth replacement, dental implants are being used widely within the dental profession. We know that some implants can last for over 50 years, however not all do. Implants can be a highly successful replacement for teeth and, as with bone loss around teeth, implants with bone loss can present us, and our patients, with some challenges. So where are we in our understanding of some of the issues? I posed some questions to our President:

1. In assessing the suitability of a patient for implant treatment, how does susceptibility to periodontal inflammation translate to susceptibility to peri-implant inflammation, if at all?

Based on the significant amount of evidence in the literature, we consider that patients that have been treated for periodontitis, they present with higher risk for developing peri-implantitis. For every day clinical practise, this translates to ensuring that periodontal disease is under control and that the patient is placed on an individualised Supportive Periodontal Care (SPC) programme before replacement of missing teeth with dental implants. Furthermore, significant consideration should be made in relation to the appropriate restorative solutions for periodontitis treated patients.

2. Much is made of implant surfaces, however the threads by their very nature are biofilm retentive. What challenges does this present when implant threads are exposed in the oral cavity?

Within a clinical setting where treatment of peri-implantitis takes place, we need to expect that exposure of implant threads due to peri-implant mucosal recession may take place, irrespective of the type of implant surface. Furthermore, the patient should be informed that recession will take place as part of the healing process. Whilst implant surfaces are biofilm retentive, in some situations, the exposed threads following treatment of peri-implantitis may be easier to maintain plaque-free, with oral hygiene procedures and SPC.

3. Unlike around teeth, the thickness and keratinisation of the peri-implant soft tissue has been shown to be a factor in long-term stability. How important is this in the management of disease?

In the most recent AAP/EFP world consensus conference (American Academy of Periodontology/European Federation of Periodontology), it was concluded that there is "unequivocal evidence" regarding the effect of keratinised mucosa on long-term health of peri-implant tissue. In different publications though, it has been suggested that the presence of keratinised mucosa may be advantageous in terms of patient comfort/ease of plaque removal.

4. What are the main factors to consider in supra-structure design?

There is significant amount of evidence to indicate that a supra-structure design that will allow access for oral hygiene procedures and professional plaque removal during SPC is very important in terms of preventing peri-implant diseases (peri-implant mucositis and peri-implantitis). Furthermore, a design that will allow a screw retained prosthesis is considered as more favourable than a cement retained one.

5. How important is supportive peri-implant therapy and what are the key factors to include when managing patients?

Supportive peri-implant therapy should be part of the overall SPC for both periodontitis treated and healthy patients. Today, the Implant Disease Risk Assessment (IDRA) has been developed by Heitz-Mayfield & Lang which includes the most common risk factors that are involved following dental implant placement and restoration. According to IDRA, the risk factors that should be monitored are: history of periodontal disease, percentage of sites with bleeding on probing, prevalence of PPD \geq 5 mm on implants or teeth, periodontal bone loss in relation to age, periodontitis susceptibility, supportive periodontal therapy, distance of the restorative margin of the implant supported prosthesis to the bone, implant prosthesis related factors i.e. well-fitting/access for cleaning/screw retained etc. In my view, it should be emphasised that the appropriate training of the dental team in identifying and addressing the different risk factors is essential and the educational providers should ensure that these are included in the relevant curricula.

The BSP Implementation of the 2017 World Workshop Classification of Periodontal Diseases: Lessons Learned One Year On

More than a year since the BSP outlined its adaption of the 2017 World Workshop Classification of Periodontal Diseases, now might be a good time to reflect on how well it has fared in clinical practice. The project discussed below was winner of the BSP Audit Prize 2020 and will be presented at the BSP Conference in 2021.



Dr Shaun Hodge BDS MFDS RCPS (Glasg) is a General Dental Practitioner with an interest in periodontology, in Cardiff, South Wales.

I work at an independent dental practice in Cardiff, South Wales where both general and specialist led dentistry is provided. Care is centred around regular recall, with particular emphasis on periodontal maintenance utilising a team approach. I joined the practice as an associate prior to lockdown, so with clinical duties greatly reduced and no strong desire to learn a second language, or begin a much needed home fitness regime, I undertook an audit to assess the implementation of the BSP adaptation of the new classification.

When the new classification was first announced in 2019, the practice focussed on providing ‘in-house’ guidance to its dentists and dental care professionals in an effort to rise to the BSP’s challenge of its full implementation within three years of release. I audited the periodontal records of a complete patient list belonging to a single dentist as of January 2020, exactly one year after the introduction. I had in mind two main aims: firstly, to assess the degree of implementation of the new classification and secondly to reflect upon any lessons learned from its repeated use.

896 patient records were analysed. I found that 91% of patients had been diagnosed according to the BSP adaptation of the new classification, which was pleasing. Many of the subjects who had not received a diagnosis either had attendance records outside the timeframe or were awaiting radiographic assessment. 75.5% of the cohort were non-periodontitis patients and of these, 76% were diagnosed with ‘clinical gingival health’. This and further data will be presented in detail at the BSP Conference in 2021, but perhaps more intriguing than the figures were the subtle changes in the overall approach to assessment and management of each patient which the classification influenced.

An Emphasis on Bleeding on Probing

Bleeding on probing (BOP) is a central component of the new classification, including when assessing the non-periodontitis patient. A bleeding score is essential for each patient, as without one it would be impossible to determine whether the patient exhibits clinical gingival health (defined as BOP % <10%). I found that this emphasis fundamentally changes the conversation with the patient. Rather than attempting to explain a series of ordinal codes as designated by the BPE, patients can be provided with a tangible, easy to understand percentage score of bleeding.

As a direct consequence of the new BSP implementation, patients and clinicians have a clear goal to strive for, as well as a firm basis for determining personalised treatment plans and recall intervals. In our collective experience, this increased understanding empowers the patient themselves to lead their own care. It also highlights the importance of treating gingivitis vigorously, rather than as a reversible, and, therefore less significant condition compared to periodontitis.

Bleeding is a proxy for inflammation and periodontal destruction is driven by the inflammatory process. It is also well understood that many of the plausible biological mechanisms associating periodontal conditions with systemic disease are related to chronic inflammation. This includes the well-established relationship with diabetes, as well as emerging links to cardiovascular disease and cognitive decline. Therefore, it is entirely fitting that BOP and the inflammatory burden of the periodontium are considered paramount when assessing patients.

Periodontal Audit and the New Classification

The new classification, when properly implemented, creates vast amounts of tangible data which may not have been routinely recorded previously. This data facilitates assessment of patients in the diagnosis of clinical gingival health, as well as specific periodontal diseases. As bleeding scores have been undertaken for every patient, the changing pattern of periodontal status over time may be monitored in a selected patient population. The classification represents an opportunity for dental practices to audit the outcomes of periodontal pathways of care and enables comparison both within single practice groups and regionally, even down to the level of individual clinicians, as is the case in this audit.

A New Era in Periodontology

Periodontal medicine is entering a new era, heralded by the new classification. Public perception of the importance of periodontal health is shifting, as evidence of causal relationships between periodontal disease and a whole raft of major health conditions become increasingly apparent. It is important that the foundational systems we use to classify and to diagnose our patients, reflect the latest scientific understanding of the disease and it is our experience that the new classification is exemplary in this regard. Reducing the inflammatory burden is key. Recognising this in our approach to classification through assessing presence of health or disease and stability or instability of the condition, using the BOP, is a huge leap forward. It has never been more possible for patients to clearly visualise their periodontal status, while providing clinicians with a firm foundation to construct effective, evidence-based treatment and maintenance protocols.

Lessons Learned

- The BSP adaptation of the new classification of periodontal disease is fit for purpose, implementable in a dental practice setting and lends itself to audit.
- Its emphasis on monitoring levels of periodontal inflammation through measurement of BOP is readily grasped by patients.
- The new classification empowers the patient and provides a clear framework for structuring treatment plans and maintenance protocols.





An interview with ... Dr Claire Storey

1 What is your position in the BSP and what does this role involve?

I was honoured to be elected to the position of Other Member of Council in 2017. In this role, I attend Council meetings, help develop strategies for public and professional engagement and educational resources. I have the opportunity to input into research ideas, matters around training and interact with Industrial Partners. I also represent the BSP on the RD (Restorative Dentistry) UK Council. I represent the views and actions of the BSP and conversely feedback into Council matters of relevance from the wider Speciality of RD.

2 Where are you based during your working week?

Though currently on maternity leave, I have a Consultant role at Charles Clifford Hospital in Sheffield where I specialise in all aspects of RD and lead on Periodontology and Oncology rehabilitation. My research interests are in microbiological aspects of periodontology, service development and virtual consultation. I undertake research and am passionate about the relationship between primary and secondary care. I teach on the University Postgraduate programmes and work in local private practice, when I'm let out for good behaviour!

3 Which aspect of your job do you most enjoy?

I love my oncology rehabilitation cases. Taking patients through the pathway from diagnosis, active treatment to a successful dental and orofacial rehabilitation is extremely rewarding. The impact it has on their quality of life brings me enormous satisfaction and the complex and lengthy treatments allow me to develop strong relationships with patients and their families.

4 What is the career highlight you are most proud of?

I felt an enormous sense of pride being appointed to my Consultant role in Sheffield in 2016 and felt that years of studying, sacrifices, financial commitment and difficult examinations had led to that point.

5 If you could do any other job what would it be?

If I had to do another job, I would love to be a silversmith and jeweller. I adore the solitude of working in my studio and the techniques are remarkably like restorative dentistry!

I also enjoy reading and drawing with my children and aspire to be a children's author. A far cry from the scientific papers and educational books I have published!

6 How do you spend your leisure time?

I have a busy family life with 3 young children, George (8), Charlie (6) and our newest addition, Lola (8 months). We love spending our free time outdoors, engaging in water sports, walking, cycling and exploring the nearby Peak District. I'm also a keen motorcyclist and recently tried trials biking. Although I love attempting new sports, I am still nursing a few bruises, so may need more practise at this one!

7 Do you have any pets?

Molly is our geriatric springer spaniel! She's enjoying her golden years now with my parents in Newcastle. She can do a wealth of tricks but is slowing down and can't hear, though we are not sure if it's selective deafness, as she always seems to hear when there's a treat involved!

8 What was the last thing you read in digital or in print?

I read "The boy, the Mole, the Fox and the Horse" by Charlie Mackesy. It's a beautifully illustrated children's book which portrays the importance of friendship, kindness, compassion, inspiration and understanding. I should probably start reading scientific literature soon, as I return from maternity leave!

9 What is your favourite type of music?

This is such a difficult question to answer! Music is part of the very fabric of our home and family. We have a music school, Seven Hills Tuition, in Sheffield. I love everything from classical to heavy metal to cheesy rap, dependant on the mood and provided it has real instruments in it! If you had to pin me down, I'm a bit of a sucker for listening to 60's popular music but also love playing classical on the piano, though still rather a novice!

10 What has been your most memorable vacation and why?

In 2018 we took a motorbike tour of Europe, heading first to Amsterdam, where we explored museums I didn't have time to at Europerio. We travelled through Netherlands to Maastricht, then to Cologne through the most untouched rural forest areas, where we stopped by mountain lakes and went for a swim (it was 40 degrees and in leathers we were like a pair of boil-in-the-bag chickens!). Winding mountain roads, led to Luxembourg, through the Ardennes in Belgium. It was an epic 1400-mile adventure full of laughs, great food, great biking and many different experiences.

Dental Heroes Support NHS Heroes

On 22nd March 2020, the UK declared an official lockdown. All dental practices were forced to close and dental hospitals ceased routine treatments. Plans were put in place to establish special dental hubs around the country for those who required emergency care.

Many dental professionals were redeployed to ease the pressure on the NHS staff during the pandemic crisis. There are too many heroes to thank but we are grateful to Professor Ian Needleman and Dr Narinder Dhadwal for sharing with us an honest account of their personal journeys during lockdown.



Lockdown in Critical Care by Professor Ian Needleman

'There have been people coming in from all specialisms, even dentistry, to help us (UCLH CCU), and they have had to learn a lot of new skills very quickly. The rest of us had to learn about a completely new disease.'

Professor Hugh Montgomery
The Observer, 10 May 2020

Working in Critical Care at UCLH is one of the greatest privileges of my life. It was tough and way out of my comfort zone, but the incredible teamwork both from our own team as well as the Critical Care staff was a wonderful balance. I was also supremely fortunate to have the love and support of my family to return to everyday.

When routine dental care was being suspended, many of us looked for options to support the NHS. Together with an amazing team of eleven Eastman staff, eight Perio and three Endo, we were asked to develop a Family Liaison Service for Critical Care. Normally, such comms is managed by the nursing team, but the pandemic created unprecedented and distressing challenges including the huge increase in numbers and complexity of patients coupled with the prohibition on visiting.

We started with a basic template but over the first two weeks needed to rapidly develop systems to keep families in touch about their critically ill loved ones. This meant receiving and tracking calls, supporting families, triaging messages for clinicians and attending Ops/MDT meetings three-times daily. The days were 12-14 hours long and I still feel the shock of being told by one of the palliative care consultants at the end of week one that this was my new normal, frankly the concept blew my mind.

We further developed the service to facilitate video calls as well as, tragically, arranging end of life visits. Because of our relationship with families and patients, we also took on the role of advocates especially where decisions on end of life visits needed to be made equitably. Our clinical skills were not entirely wasted as we worked with CCU to develop an oral health protocol with shared learning about making it work in a Covid-19 setting. Oral health was a real problem due to the duration of intubation.

We are evaluating the service currently and the raw stats are interesting with more than 650 calls responded to. Interview analysis has shown just what a difference it made to families, patients and CCU staff. What was initially conceived as an administrative activity evolved into a comms, support and advocacy service. There has been much learning and an appetite to develop the model. My heartfelt thanks to the Critical Care Consultants Anna Petsas and Tim Bonnici and particularly to the Eastman 11*.

*Eva Aguilera, Sanjay Ardeschna, Francesco D'Aiuto, Ruth Glover, Jesus Molina, Federico Moreno, Divya Patel, Maja Sabalic, Geoff St George & Jeanie Suvan



My Maternity Redeployment by Dr Narinder Dhadwal

During lockdown I was conscious that the Covid-19 death toll was rising sharply, so I opted to work on the maternity wards.

I began my training with others meeting the clinical director at The Royal London Hospital for a quick briefing before we set off as groups to visit our respective departments. The head midwife introduced us to various staff members and gave us a tour of the wards. Further hands-on training was arranged on cannulation and venipuncture. We also had an overview of anatomy and the equipment available for cannulation. We were, also, shown how to collect blood using a winged device, vacutainer, needle and syringe.

One important piece of equipment was the CTG. This monitors and records the fetal heart rate and contractions. By looking at different aspects of the baby's heart rate, doctors and midwives can see how the baby is coping and monitor for any signs of distress, so that they can decide when it is appropriate to intervene and deliver. Part of our training involved role-plays on women with eclampsia and pre-eclampsia, what to do if she presents with a maternal haemorrhage, how to successfully deliver vaginal breech babies and how to manage shoulder dystocia deliveries.

My role consisted of attending all morning handover briefings by the nightshift midwives and doctors in relation to each patient. I was often in charge of taking patient observations and how these are recorded on special charts. Several babies on the wards developed jaundice. These babies were treated with phototherapy. My role was covering the baby's eyes prior to starting treatment, which was quite tricky. Mothers recovering from C-sections, unable to reach their babies to feed or change them, certainly valued my help. A couple of mothers suffering from Covid-19 were not allowed visitors and I was pleased to offer emotional support.

In theatre I assisted anaesthetists in cleaning and disinfecting the patient's skin prior to epidural, positioning patients and applying dressings following procedure. On occasions I administered vitamin K injections to newborns.

This was, without doubt, the most rewarding 'once in a lifetime' experience of being involved in a very different type of patient care. I was most impressed by the medical team's workflow. Good communication and teamwork were vital when responding rapidly to changes that could be life-threatening. On one occasion a midwife was struggling to deliver a baby shoulder dystocia and an emergency call was raised. I was amazed that within seconds over 20 clinicians were in the room assisting.

I was proud to support the NHS during the acute phase of the Covid crisis. It highlighted that as dental professionals we have many transferable skills. The pandemic has affected us all in different ways. My time with the Obstetric team at The Royal London Hospital will be an enduring and fond memory.

highlighted what I enjoy most about teaching, that being the interaction with students in tutorials and on clinic. Initially, I found it difficult to adapt to the online world that I found myself in. Despite the challenges, academic teaching continued and we found new ways of delivering educational content. This has been complex across the whole University sector, but certainly the University of Birmingham has been very proactive in adapting to the new challenges. As Deputy Director of Education in the College of Medical & Dental Sciences I have been heavily involved in ensuring our students get the best education possible in these difficult times.

Part of my job, as an Honorary Consultant with Birmingham Community Healthcare Trust, is to see Trust patients one day a week. Due to the cessation of routine clinical service, staff were redeployed to help support other acute clinical areas across the Trust. This included staff supporting hospital elderly care, district nursing, administration and Covid swabbing of staff and care home residents. I was redeployed to the swabbing team and it was a real honour to be able to help support the NHS during these challenging times.

Setting up and delivering the swabbing service was a considerable logistical challenge and brought together staff from across our Trust. I received initial training on infection control and swabbing technique and had two main areas to cover: a drive-through facility at the Dental Hospital and care home residents in the West Midlands. Each morning the teams would be allocated their tasks. When travelling to care homes we used a variety of hire cars, which I enjoyed - the biggest challenge was trying to get the satnav to work!

Swabbing care home residents was often challenging, especially as the procedure, if done correctly, is rather uncomfortable. I did get called some interesting names! I also had to resist the urge to perform a full periodontal examination - old habits die hard!

As progress on reinstating clinical service at the Hospital progressed, the swabbing team began to get smaller as staff returned to their usual jobs. Being part of the swabbing service was certainly a challenging time but extremely rewarding and I worked with some lovely people that I wouldn't have otherwise met. I made good friends and a reunion is planned when life gets back to some semblance of normality.



From Periodontology to Covid Swabbing – What a Strange and Challenging Year! by Professor Mike Milward

When I was raising a glass on New Year's Eve little did I know what was to come in 2020.

We had been looking forward to finally getting our house extended. After much debate between the architect, Birmingham Council and the Conservation Department work finally commenced in February. The builders had indicated a sixteen-week project. Following boarding up and knocking down of the back of the house, the Covid lockdown struck and we were left with a cold, dark and dusty house and no

builders. After lockdown work started again but supplies of building materials were a problem; £10 bags of plaster were changing hands for £80 and this was an issue for many materials. Eight months on and it's still not completed, but I'm pleased to report the windows are finally being fitted!

Many of you will know me as a Clinical Academic at the School of Dentistry, University of Birmingham. In this role we had to quickly adapt to online teaching which was a real challenge initially but quickly became the "new normal". This

BSP Educational Webinars

The Society continues to be extremely active in delivering education. Our annual educational webinar programme covers a range of topics which appeal to all categories of our membership.

Members can view the webinars free of charge, however, it is essential that they register in advance, via the Events page of the website: <https://www.bsperio.org.uk/events/bsp-event-calendar>

Once registered, members have the option to view the presentation live on the night, or up to six months after the event, with CPD.

Our new website supports our ever-developing educational programme and membership needs. In addition to accessing your personal details through the Membership Profile tab, there are also several helpful functions to enable you to have control over your BSP activities. Here are a few of the new features that you will undoubtedly find beneficial:

BOOKINGS

You can now review any Event bookings you have made and print them off for your records.

PAYMENTS

We are often contacted to provide subscription payment or booking receipts for tax purposes. The new website now allows you to review payments made to the Society and print invoices for your financial records.

CERTIFICATES

When logging in to your account, you will see a reminder for any courses you need to evaluate. You can also print off historical CPD certificates for your education portfolio.

We hope that you enjoy using the new website and find the improved member functions helpful.



European Federation of Periodontology

by Dr Xavier Struillou

I became EFP President in March 2020 when the Covid-19 pandemic was gathering pace across Europe and lockdowns were being imposed. This compelled us to postpone our General Assembly and develop new ways to communicate and connect with our members and stakeholders.

In fact, we started to do this in Dublin at the beginning of March with our Perio Master Clinic 2020, where some speakers and participants could not attend because of travel restrictions. Thanks to our professional conference organiser Mondial Congress & Events, high-quality technical facilities enabled speakers to give their presentations via pre-recorded videos, whilst live webcasting enabled participants, unable to travel to Dublin, to see all the presentations and discussions.

Since then, we have sought to be responsible and creative in our reaction to the challenges posed by the pandemic, using online media to deliver continuous education about important issues in periodontal science and clinical practice.

A key initiative was the creation of a Covid-19 safety protocol for dental practices – drawn up by my predecessor as president, Filippo Graziani – which we published in May. The protocol comprises infographics showing how dental practices can operate safely and manage patients before, during, and after treatment.

In April, we launched the *EFP Perio Sessions* educational webinars, where leading periodontists have shared their expertise on subjects including treating gingival recessions, periodontal surgery, and smile aesthetics. On social media, we created the live EFP Perio Talks on Instagram, where two periodontists discuss a topic related to periodontal clinical practice.

Gum Health Day 2020 on 12 May was a largely virtual affair with EFP-affiliated national societies holding webinars, social-media actions, and other online activities to spread the message of “Say NO to bleeding gums”.

In July, the EFP S3-level clinical practice guideline on the treatment of periodontitis stages I-III was published in our scientific magazine the *Journal of Clinical Periodontology* (JCP). This guideline – the fruit of Perio Workshop 2019 – will have a lasting impact on the daily practice of clinicians worldwide.

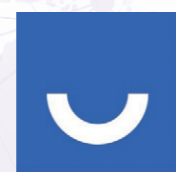
The JCP has achieved its best-ever impact factor (5.241) and is now ranked second out of 91 publications in dentistry, oral surgery and medicine.

In terms of new projects, we have an enhanced patients area on our new-look website and in September we launched the Perio & Cardio campaign on the links between periodontal and cardiovascular diseases, in partnership with the World Heart Federation and with sponsorship from Dentaid.

One big and difficult decision we took was to postpone EuroPerio10 in Copenhagen from June 2021 to the spring or summer of the following year. In the light of the continuing pandemic, we feel that this move increases the chances for a successful meeting, worthy of the EuroPerio tradition.

Unable to hold our 2020 general assembly in Prof Graziani's home town of Pisa at the end of March, we held a successful general assembly in online format on 3 October at which our strategic plan for 2021-2025 was approved and where we launched our Sustainability Manifesto.

Through all these initiatives, the EFP provides a framework for patients to receive better treatment, for citizens to be made aware of gum health, for professionals to be kept updated, and for students to be trained – always in the context of our shared goal of periodontal health for a better life.



EFP

European Federation of Periodontology

Rule of Six by Dr Angela Boodhooa



The story of this extraordinary time will be retold and we will remember how we sewed face masks from T-shirts and displayed our NHS rainbows with pride.

We have spent much of the past few years trying to prise ourselves away from technology, trying to re-engage the 'old fashioned way' and stop the daily reliance on our smart 'phones. We are all guilty of automatically hash tagging our every move on social media paired with carefully chosen filtered photos to match.

Overnight, six months ago, the nation entered the Covid lockdown.

Without haste we wrapped ourselves up in our technological comfort blanket, realising that this was the key thing sustaining us, keeping us connected and providing us all with a virtual lifeline. Connectivity, entertainment, remote working and access to the latest Covid information, became essential parts of our lives. WhatsApp, Netflix, Facebook, Instagram, Zoom and Microsoft Teams becoming vital services we could not live without, almost level pegging with water and electricity.

The Boris 'go to work, don't go to work' memes and videos clogged our inboxes. We scrolled through our 'phone notifications forwarding the funny memes and deleting the ones we had already received a hundred times or more.

We cheered relentlessly for our NHS heroes, scrambled for an Ocado delivery slot, waited on deliveries adorned with the



Amazon smile and watched in awe as Captain Tom continued plodding away in military fashion. As we melted into our sofas, glass of wine in hand, ready to waste away a few more lockdown hours, binge watching 'Tiger King'.....

The sadness of losing loved ones touched many of us. One Wednesday afternoon during lockdown, I received a 'phone call from a relative, my Aunt had sadly died. There were no final goodbyes and a restricted list of attendees at the funeral meant we watched online due to the strict Covid protocols. Like a fly on the wall, I watched ten masked members of my family socially distance in sombre silence, paying their last respects. My eulogy, read out by my sister, was my final tribute to her.

Watching the funeral online had to be done simultaneously with my daily home-schooling routine. My five-year-old daughter dressed in her school uniform every morning, attempting to navigate her way through Microsoft Team lessons every day. Like many parents across the country, my patience was tested, as I found myself juggling more than ever before, often still in my pyjamas!

Teachers joined our NHS keyworkers as heroes too, working relentlessly. Teaching with enthusiasm and trying hard to keep our children's education moving forward during a period when everything else was undoubtedly in a stagnant eerie state of limbo.

Days turned into weeks and weeks turned into months. My final year as a speciality trainee in Periodontics was hurtling past at super speed. As clinic closures occurred overnight in early March, we were lost....my clinical training halted abruptly. Rapidly, the natural flow of our daily routines, our structured clinical patterns ceased, and the rhythmic rat race we all followed relentlessly quickly faded. The pause button had been pressed and life had rebooted, transforming into a new normal.

The virus was faceless but steadily wreaking havoc with our once habitual lives.

As trainees we panicked and worried about clinical cases, patients and how or if we would ever pick up where we left off. Our consultants and supervisors were inundated with emails and messages from their trainee 'flock'.

We leapt on the webinar bandwagon, harnessing technology's positive power to enhance our knowledge. Zoom and Teams

were our online gateways, connecting us to our virtual clinical world. We connected, lounging in our slouchy clothes, keeping our cameras off not wanting to reveal yet another lockdown bad hair day!

What had we become ‘sans’ the safety net of our daily routines? We enjoyed the family walk like never before and we never missed the opportunity to enjoy our restricted freedom, making sure we always popped out for our daily stretch. For parents, the 9am Joe Wicks PE session became an integral part of the home school routine, a welcome morning break before the challenge of supervising yet another online school day. I, like other postgraduate parents, simultaneously logged on to daily teaching sessions, delivering presentations to my peers and engaging in group case discussions, while trying to avoid the inevitable ‘Mummy what do I need to do next?’ interruptions.

Financial pressures emerged as clinicians were no longer able to work and many of us supported partners as they worked from home, cared for elderly relatives and continued to home-school our children. Some of us were alone, away from our friends and family, no longer able to meet up for a much-needed drink or coffee.....cabin fever was setting in and the light at the end of the tunnel was faint. Our emotional lives were challenged like never before and we were being pulled in so many different directions.

Despite the constant juggling, indulging in quality family time, ‘on tap’ was amazing. The simple days filled with family walks in the woods and playing ball on the common were the best days. My daughter quickly became adept in her new online world, chatting online to her school friends and attending zoom birthday parties.....a 2020 thing! I too found a new balance. I discovered a new way of working and sharing my time with my colleagues, friends, and family. Together we could achieve so much. We all attempted to plug our daily routines with new activities. We shared our stories and experiences of various pastimes such as baking, DIY projects, gardening, or finally trying to master a new language or skill.

What did we miss when the trappings of modern life were stripped back? Was it the takeaway double shot cappuccino with almond milk, impulse buys on the way home from work or bumping into an old friend?

We were learning to live differently and participate within a global community, taking interest in how others spent their time. Our elderly and vulnerable neighbours mattered and altruistic acts flooded our news feeds.

Faced with the task of supporting us remotely in our speciality training, our clinical teachers undertook the project of developing something new and interesting at short notice. Successfully, they delivered a high-quality period of interactive learning, ensuring every one of us was well prepared for exams and able to continue and complete our training as planned. They kept us in the loop and more importantly they cared.....

As I emerge from my postgraduate cocoon, ready to take on professional life as a Specialist Periodontist in the ever changing Covid era. I recognise that this metamorphosis and unique life experience is one of many that may lie ahead in my life. What have I learned? The individuals that thrive and evolve are the ones that embrace change and are ready for the challenge. Resilience is something we can nurture and it takes time.

So, was there a Covid-19 silver lining? Yes, because every one of us reflected during this period. We were all forced to step off the treadmill for a long moment, to take stock of what really matters and recalculate if we are heading in the right direction, albeit professionally or personally. We survived an enforced opportunity to shed the erroneous clutter clogging up our daily routines and attempted to finally ‘Marie Kondo’ our lives. We now pursue a brighter, more meaningful and productive future - one with purpose and built on shared values.



Reflections on Covid-19

by Dr Mark Ide, Professor Luigi Nibali, Dr Koula Asimakopoulou



During lockdown, many of our members kindly participated in a research project, carried out by a team of behavioural scientists and periodontists at King's College London (KCL) and completed a short survey.

The project aim was to investigate the impact of the Covid-19 pandemic on periodontal practice in the UK and help establish the best support strategies for BSP members and the profession, as well as delivering optimal care for patients.

The findings were published in the Journal of Dentistry and are available to view online: <https://www.sciencedirect.com/science/article/pii/S0300571220302281>

Of course, the paper is not the whole story, as we had a plethora of responses in the free text sections of the questionnaire, which ranged from the uplifting to those which saddened us.

We separately spoke to some specialist trainees at KCL, many of whom are part-time and also working in practice. We were able to add this to reflections from various practitioners, as well as the impressions seen on social media.

In the early stages, practitioners were caught between relief at no longer being potentially exposed to what was portrayed as a deadly disease in the face of little initial knowledge, counterbalanced against the sudden unexpected and complete cessation of income for many, for an indeterminate period of time. Our trainees were, likewise, very concerned about what would happen to their programmes. In time this gave way to something approaching an acceptance and a desire to make the best of the situation, both personally in terms of work-life balance, dealing with domestic tasks and professionally in terms of CPD.

The survey was closed just as practice activity was resuming, accompanied by anxieties around personal, practice, and clinical aspects of return. There were uncertainties around guidelines, operating procedures, practice organisation and funding challenges. The feeling of lack of support from profession leaders and the support offered by bodies such as BSP was reflected in some of the comments seen in free text replies.

On social media, opinions and attitudes were largely split into three groups. Some clinicians expressed concern about their safety or job security on return, were reappraising their

current posts/ roles and considering not returning either completely or in a reduced role. They felt that this period had made them see that they could do better elsewhere or in a different scenario. There was some friction between different groups. There was the creation of active groups or other cohorts who were either trying to influence or anticipate future policy directions. Finally, it was clear that there were also many practitioners with a pragmatic and proactive approach: studying and appraising guidelines, developing their operating procedures, sourcing equipment and PPE and preparing for a return to activity. These patterns can also be reflected in the analysis of results from the Capability Opportunity Motivation-Behaviour (COM-B) assessment in the research paper.

Our trainees and their teachers also had to make massive changes. Some were involved in triaging at Urgent care centres or trying to support practice patients on the telephone. Trainees at other London centres were reassigned supporting medical colleagues. There were issues with trainees having to advise patients to seek care which they felt was suboptimal. At the same time clinical academics when not working in emergency clinics were developing and delivering case presentations, journals meetings, problem solving sessions and working with other units globally using the now-ubiquitous Teams (with the odd Zoom session thrown in). We even managed to work out how to successfully deliver our examinations online and worked together more as a mutually supportive unit. Strong bonds were now stronger. Things had profoundly changed and what was a slow steady development had suddenly been accelerated. As activity returned, those of us in both practice and hospital settings had to, and continue to, cope with a large backlog of emergencies, rescheduling appointments to new timescales, not relying on ultrasonics quite as much and doing our best impressions of Darth Vader when an AGP is pending. On the upside, we have had the joy of returning to doing what we love, accompanied by (in most cases) the gratitude and understanding of our patients. Several have proved to me what can be achieved just by OHI (delivered via the internet)!

We are all working together to continue to deliver the best training and clinical care that we can. Despite the challenges we face from several directions, we have as a profession been able to use our inherent knowledge, abilities and attitudes to make the best of the situation, to develop ourselves and our practice, and to have a better self-knowledge and appreciation of all that matters in our worlds.

(Thanks to Ian Dunn for his input to this article.)

BSP Adolopment of the EFP's Treatment of Stages 1-3 Periodontitis S3 Level Guidelines for the UK

The new classification scheme has been specifically designed to allow for an individualised treatment approach, taking into account the specifics of every case, including severity, extent, progression rates and local and systemic complicating factors. Therefore, the logical next step was to develop clinical guidelines based on the classification. The European Federation of Periodontology (EFP) has spearheaded this development, choosing the highest quality level for guideline development, the S3 format that takes into account both a systematic appraisal of the published evidence as well as the clinical experience of a large group of stakeholders.

The development of the guidelines was finalised in a workshop in November 2019. Many of us in the BSP were involved in the systematic reviews and participated as chairs or working group members.

The guidelines were finally published in May 2020 and the BSP moved rapidly to take the European document and develop a British version the guidelines, making sure they were suitable for our UK healthcare system. This was done using the GRADE ADOLOPMENT framework.

“Adolop” simply means that we discussed the guidelines and adopted, modified or developed them as we saw fit, to ensure they were appropriate for us to share with UK dental professionals (dentists, hygienists, therapists), patients and the public.



Led by Prof. Nicola West and Prof. Moritz Kebschull, the BSP held working group meetings during lockdown and worked incredibly hard to review the EFP's Evidenced-based Treatment Guidelines.

We were delighted to engage the services of Professor Ina Kopp, who kindly agreed to moderate the whole of this process for the BSP. Ina has extensive experience in leading, strengthening and supporting international collaborations in guideline development. Her excellent moderation skills and lovely manner ensured that the discussions at every meeting were relevant and useful. The BSP is extremely grateful for her contributions to the discussions, which made our collaboration with dental professionals, medical experts, stakeholders and BSP Patient Forum members run smoothly.

The meetings were held online during June and July and Professor West remarked on the speed and success of the project,

“We were keen to involve several stakeholders in this project, from a variety of organisations, to gain a broader insight and include different perspectives when reviewing the clinical recommendations. I was delighted to have such fantastic working groups comprised of dental professionals, medical experts, stakeholders and BSP Patient Forum who were all committed to rapidly review the European guidelines.

Together, we achieved an enormous task in a very short time, and I am extremely proud to have led this initiative with Moritz. I greatly appreciate the tremendous support of all participants and would like to thank them for their time, dedication and valuable contributions which helped make this project a huge success.”

Professor Kebschull echoed the sentiments of Professor West and added,

“It was a pleasure to work with the BSP on this important project. The BSP UK version of the guidelines will be an important document, as the recommendations provide evidenced-

based support for specialists, dentists, dental hygienists and dental therapists. I very much look forward to working with the Society and workshop participants again, next year, when the S-4 Treatment Guidelines are published.”

The BSP now plan to publish this paper and create a lay version of the guidelines for the public and patients. It was extremely important to the BSP to involve patients, who could present their important viewpoints in the workshops and we intend to involve the Patient Forum members in the process of creating a lay version of the guidelines.

The Society is also in the process of planning a series of educational webinars to assist members and the wider dental community in interpreting the guidelines.



Dr Nik Pandya

It is with great sadness that we reported at the end of last year on the sad passing of Dr Nik Pandya, a much loved and highly valued and respected member, not only of our specialty but within the whole of UK dentistry.

Nik was passionate about clinical periodontology. He was in great demand on postgraduate courses to GDPs and made important contributions to the work of FGDP (UK). His teaching was always clear, brilliantly thought out and laced with practicality for his audience. He was a great disseminator of BSP educational material whenever the opportunities arose. He contributed enormously to the BSP as a Regional Representative and as Chairman of the Practitioners' Section.

Sadly, Nik will not now get the chance to be President in 2021, an honour that he was particularly thrilled to accept. However, BSP Council has made the decision that it will still be Nik's Presidential year and we have his engraved gold bar ready to be added to the Presidential chain at the end of

this year. Dr Mark Ide has kindly agreed to stand as Shadow President in 2021.

We will honour our dear friend next year and plan the Annual Conference, which will now be in 2022, the way he would have planned it – with a focus on supporting people in practice. Nik had chosen his Conference venue, having visited Luton Hoo Hotel, Bedfordshire with our Education & Events Manager, Tamsin Lawson. He was delighted by the picturesque setting and superb conference facilities. The BSP Conference is planned for 13 - 15 October 2022. <https://www.lutonhoo.co.uk/>



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- Dedicated Early Careers Group

Our members are a rich mix of perio specialists and trainees, GDPs, dental hygienists, dental therapists, postgraduates and undergraduates.

The membership year runs from January to December but you can join at any time. Membership rates are on our website and reduce as the year progresses, to reflect the shorter length of time remaining:

<https://www.bsperio.org.uk/professionals/join-the-bsp>

Contact Paula Dunn, Executive General Manager, for more information: admin@bsperio.org.uk.

