

periodical

The newsletter for members of the BSP • 2021/22



**Perio for a
Better Life**



British Society of
Periodontology and
Implant Dentistry

Member Information
Education & Events
Life After Lockdown
Undergraduate Group Annual Review
Early Career Group News
BSP Patient Forum
S3 Treatment Guidelines - FAQs

Mission Control

No matter what your industry, your Mission Control is the nerve centre of the organisation. We are fortunate to have two excellent, multi-tasking controllers at the helm of BSP Headquarters, Paula Dunn and Tamsin Lawson. Together, they play a key role in the smooth running of all BSP operations, allowing important projects, initiatives and events to operate seamlessly. Their effective organisational skills enable BSP Council to focus on the clinical side of activities.



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British Society of Periodontology and Implant Dentistry
- 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...

As a charity, we rely heavily on funding from organisations to enable us to succeed in our aim to advance all aspects of periodontology and implant dentistry and promote the importance of gum health to dental and medical professionals, undergraduate students, patients and the public.

Without the support of our 2021 Partner Sponsors we would not have been able to fully support our members and the wider dental profession in the many successful initiatives we have undertaken this year.

The BSP is extremely grateful to our 2021 Partner Sponsors: Acteon, Dürr Dental, GSK, Johnson & Johnson and Oral-B. We have greatly valued your support this year and are incredibly proud of the things we have achieved by working together.



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Letter from the Editor Welcome to the 2021/22 Issue of the Periodical!



Hello and welcome to the new edition of the Periodical magazine, which is a summary and reflection on the activities and achievements of the BSP over the last twelve months.

The Society has achieved such an incredible amount in its quest to raise awareness of the importance of gum health to the public, patients, dental and medical professionals. We have therefore, yet again, needed to extend to a 24- page publication.

I hope that you enjoy reading the range of articles and news we have compiled this year. Before I highlight my "Editor's Picks", I wish to thank this year's Periodical contributors for the time they have spent writing such interesting articles. I also wish to express my utmost gratitude to Paula Dunn who has worked extremely hard to assist me with this publication.

You will recall that, last year, we focussed on the work of colleagues who had played a vital role helping ease the pressure on NHS staff during lockdown. The whole dental profession has continued to face challenges and I was keen to explore how Covid has changed the way we all operate. I would encourage you to read the articles on pages 16-21 which explain how different sections of the profession have adapted to the pandemic. What strikes me most throughout this series of articles is the hard work and dedication shown by the authors and their determination, in the face of adversity, to keep the care of their patients as their central focus.

I would also like to draw your attention to the work of the Patient Forum on Page 11. The Society is fortunate to have a dedicated and enthusiastic group of volunteers, willing to give up their time to help shape the future of gum health. You will read that they have some exciting plans in the pipeline and I am looking forward to working with them to produce a series of short patient information videos for the BSP website.

Lastly, I would urge you to read the article on pages 12 & 13 which answers several frequently asked questions about the S3 Treatment Guidelines. One of the most successful initiatives the BSP undertook during lockdown was the adoption of the S3 Treatment Guidelines and it is important that this is correctly implemented in practice.

There are several resources freely available on the BSP Website to support you with implementation.
www.bsperio.org.uk/S3-Guidelines

The BSP Editorial Team work incredibly hard to ensure that our members, the wider dental community, the public and patients are kept up-to-date with the latest news and developments. The growth in our membership and social media followers is testament to this.

Facebook – 15,920

Instagram – 3,549

Twitter – 2,173

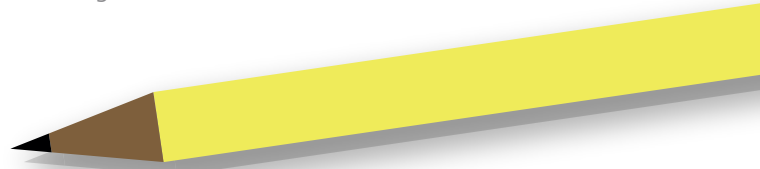
If you don't already follow BSP, I would encourage you to do so!

- @BSPerio
- British Society of Periodontology
- britishsocietyofperiodontology

I hope you enjoy reading the magazine - I would love to receive your feedback.

Best wishes from all the team at BSP!

Dr Alex Pollard
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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Review of the Year

by BSP Shadow President 2021, Professor Mark Ide



As you know I am acting this year as Shadow President, standing in for Dr Nik Pandya, our dear colleague who we tragically lost before he was able to commence his Presidential term.

We have kept his name on our Presidential Chain and Dr Rajan Nansi is working hard to plan next year's Conference in a way that will honour Nik's wishes – at his preferred venue with a programme focused on supporting the whole dental team.

This year the Society has been kindly supported by Acteon, Dürr Dental, GSK, Johnson & Johnson and Oral-B and I am pleased with how much we have achieved together, despite the continuing difficulties caused by Covid-19.

Publication of the BSP UK Practice Guidelines for Periodontitis was covered by excellent speakers in a series of webinars earlier this year, attracting over 8,500 dental professionals. The webinars supported our initiative in taking the evidence based EFP workshop-based guidelines and adopting them for UK practice. The stepwise care processes are fully explained in the webinars and can still be viewed on the website: www.bsperio.org.uk/S3-Guidelines

The major project leading to the S3 guideline production was completed, with support from GSK, by production of educational videos and flowchart resources to help practitioners implement the guidelines in clinical practice. These should now be widely distributed across the UK but please get in touch if this has not reached you yet. These are supplemented by short video clips to help to spread the message to the wider dental profession, patients and the public. A lay version of the guidelines and flowchart for the public and patients will follow soon, conveying the importance of gum health in a simplified, informative way.

Our webinars continue to be extremely popular, including our student-led series. We have also delivered a well-received session outlining career pathways and providing useful guidance for those considering developing their knowledge, skill set and practice in periodontics in the UK.

Gum Health Day, in May, was again restricted to an online event. Members of the ECG supplemented EFP resources by creating a series of short patient information videos, which members shared on their social media and practice televisions. In addition, members participated in our lockdown challenge, by creating an image or short video illustrating that **"Gum diseases are preventable"** and why it is important to **"visit your dental team."** Stories were posted on Instagram, and we received posters, images, artwork and videos to help promote this important initiative, including one from Brazil!

We have continued to liaise and engage with our Patient Forum, ensuring that we continue to deliver on our core aims and mission statement. We now have a BSP Patient Forum Representative on Council, Julian Ekiert. Even in this brief time, Julian has already made valuable contributions to our discussions. Patient representation is vitally important as all our clinical, educational and research activities are focused on the well-being of patients. We are looking forward to collaborating with the Patient Forum on their planned activities over the next twelve months. I am incredibly grateful to everyone who has been involved with this aspect of BSP activity.

I would like to extend my personal thanks to BSP Council, The Early Career Group Committee and our Undergraduate Representatives for working incredibly hard this year to achieve so many of our strategic aims, juggling several important initiatives to promote periodontology and the importance of gum health. The time that you freely dedicate to the Society is greatly appreciated.

Finally, all of this would be impossible without the administrative encouragement and organisational skills, together with the occasional bit of prodding from Paula and Tamsin. They make a fantastic team and are a major asset to the Society. BSP Council remains extremely grateful for all their hard work and patience.



Awards and Prizes

To reflect our commitment to progression and innovation, the BSP awards annual prizes for research into periodontology and implant dentistry both for undergraduate, postgraduate and qualified dentists, hygienists and therapists.

The BSP annual awards and prizes continue to be extremely popular. BSP Council wish to thank all of the 2021 Award applicants. Unfortunately, due to continuing COVID-19 restrictions, we have been unable to present any prizes face-to-face. However, we are delighted to announce the winners in the categories below.

Further prizes will be awarded at the 2021 Annual Conference and information about them will be added to the website: www.bsperio.org.uk/professionals/awards



Awarded annually to encourage researchers in the early stages of their career. The prize is a certificate and cash award of £1000



Awarded annually to encourage systematic reviews which have an application to periodontology and implant dentistry. The prize is a certificate & cash award of £1000



The BSP is committed to supporting audit proposals with funding of up to £500 per project, with clear educational benefit. 4 awards may be made annually



Two categories: Research and Clinical Case Report. The prizes each take the form of a cash award of £500 and certificate



Designed to support successful applicants to participate in or attend events that have a clear educational benefit



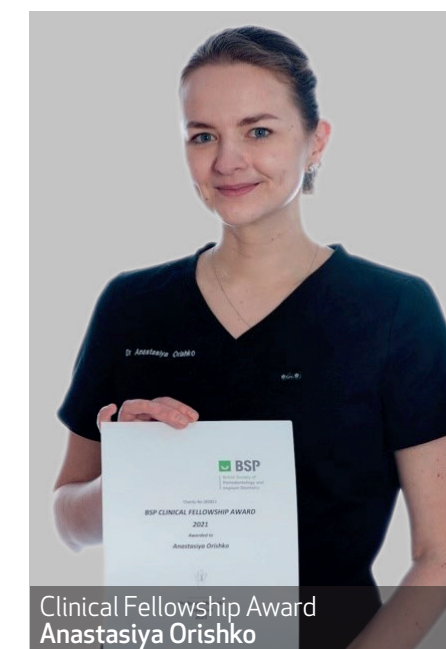
or postgraduate research, development and training up to £5000. For research projects with a clear application in periodontology



A discretionary prize awarded by the John Zamet Trust in recognition of periodontal progress in education or research



To encourage dental undergraduates at UK dental schools to undertake a project with a clear periodontal educational benefit. Two prizes of £500



Clinical Fellowship Award
Anastasiya Orishko



BSP Research Grant
Joanna Batt



Frank Ashley Undergraduate Prize
Jane Murray



Frank Ashley Undergraduate Prize
Oliver Ryder

Case Studies



BSP Honorary Editor, Dr Alex Pollard, invites members to submit case reports of relevance to periodontology and implant dentistry. This enables the Society to build up a “library” of different cases and provides invaluable educational material for our members.

Case reports prepared for M. Clin. Dent., M.Sc. or intercollegiate M.R.D. examinations may be particularly suitable if adapted to an appropriate file size.

An Honorarium of £100 is paid for each case study published.

Visit our website to find out the requirements for submitting a case report: www.bsperio.org.uk/members/case-studies

BSP Educational Webinar Programme

The Society continues to be extremely active in delivering education. Our newly formed Education Advisory Committee carefully plan the educational webinar programme to ensure it covers a range of topics which appeal to all categories of membership. Next year we are switching to the Zoom webinar platform as it offers the best video, audio, and screen-sharing experience for the listeners.

Members can view our webinars free of charge. However, it is essential that you register in advance via the Events page of the website: 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 offers improved member functionality. Once logged into the website, there are several helpful functions which can be accessed through your Membership Profile tab. Here are a few of the new features:

Bookings - You can now review any Event bookings you have made and print a summary 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.

Supporting our Membership

by Dr Ian Dunn, BSP Honorary Treasurer



As a charity, we greatly value the financial support we receive from our Partner Sponsors. We also recognise that without the financial support of our members, the Society would not be able to exist. Accordingly, we work extremely hard and keep the membership at the very heart of everything we do.

We are grateful to everyone for continuing to show faith in the Society by renewing your membership subscriptions

at the beginning of the year. We really do appreciate your support and strive to give you good value for money through the educational webinar programme, our communications, website and resource materials.

We recognise that the Covid pandemic continues to present a variety of challenges to our members. Therefore, BSP Council decided to keep membership subscriptions the same for the third year running.

We depend on the loyalty of our members to safeguard the future financial position of the Society. Enclosed with this magazine is your subscription renewal letter for January 2022 and we very much hope that you will continue to support us in our mission to achieve “Periodontal Health For a Better Life”.

Leading BSP towards a more Sustainable Future

by Professor Wendy Turner, BSP Honorary Secretary



It was an honour to take on the role of Honorary Secretary in January. I was mindful that I was taking over from Professor Nicola West, who had very successfully led the Society for 8 years, so I knew it was going to be a tough act to follow.

During her two terms of office, Nicola worked incredibly hard to ensure the Society continued to be in a strong position moving forwards in terms of structure and governance. Her hard work and enthusiasm have enabled the Society to be a forward-thinking and dynamic organisation, remaining at the forefront of all matters relevant to our strategic priorities.

In true “girl power” fashion, I worked alongside Nicola for a transition period, giving me time to grasp and manage the enormity of the role. I am now secure in my new role and am indebted to Nicola for her kindness, advice and support.

I have a clear vision of the future and recognise the importance of maintaining the momentum that has successfully carried the Society over the last 72 years. I am supported by a strong Council of passionate people, similarly, determined to succeed in the mission to meet the needs of our membership and to stay at the forefront of research and education in the area of periodontology and implant dentistry. In particular, it will be great to be meeting up again in person with Council in the coming months after the last 18 months of Zoom meetings.

Although we have a 5-year Strategic Plan in place, setting out our long-term goals, we regularly meet to reflect and evaluate our achievements and identify key objectives for the following 12 months. We are in a continuous cycle of development and growth, and I am excited to tackle the many challenges and opportunities that lie ahead.

More information about the BSP’s latest strategic plan can be found at: www.bsperio.org.uk/strategicplan





BSP

Undergraduate Group

by Brinder Shergill

2020-2021...there's so much to say about the pandemic but, as a community, how great was it to have us all come together? I'm sure in years to come we can tell our grandchildren 'Back in my day we had to wear masks and stay 2 metres apart!' I know I can't wait until I'm older to tell them why my day was better than theirs!

I wanted to share some lovely surprises I had during the last year. One of them made me feel like James Bond. (I'm ready to be auditioned if the directors are reading this.) I was contacted by "M" and offered a secret assignment to assist with the S3 Treatment Guidelines project. I drove in a normal car, as "Q" was busy, to a secret location *cough Birmingham Dental Hospital cough*. There, I met some amazing individuals that were key players in the BSP and dental field.

They asked me to participate in a video to explain the S3 Treatment Guidelines and their use/impact for dental students. It was a great experience and one that I would like to do more of. I was amazed at all the organisation, time and resources invested in this to make it as successful as possible for individuals, both patients and dental professionals. If that wasn't enough, the BSP also held a very successful 4-part webinar series explaining each stage of the S3 guidelines as well as producing information proformas for patients to take away. www.bsperio.org.uk/S3-Guidelines

During the pandemic, we were unable to meet each other, which was unfortunate but technology, like Zoom, helped us to stay engaged with one another. We discussed ideas for promoting Gum Health Day and had some fantastic public events planned, but due to the pandemic were unable to deliver them.

One thing that really stood out for me is the enthusiasm from all the student representatives. They did this by creating and presenting "By Students, For Students" webinars. This involves UK dental/hygiene therapy students interacting with each other to develop their understanding and knowledge of periodontology - a great revision tool, which also gets everyone involved.

The BSP normally host two "By Students, For Students" each year but organised 3 in 2020 to help students. This year, we

have been fortunate to be given free access to the following webinar, with a further webinar planned before December.

"The Two-Way Relationship between Periodontal Disease and Diabetes Mellitus - How do we Assess, Treat and Manage these patients?", presented by Raina Palit & Mowlai Uthayakumaran, Sheffield University.

As a group, we also work extremely hard to promote BSP membership in our dental and hygiene therapy schools. Paying only a one-off administration charge of £10, students are given free membership until the end of their undergraduate course. They also receive a welcome pack of resources, free access to webinars, monthly e-newsletters and an annual Periodical magazine. As a member, they also have the chance to apply for some of the BSP Awards & Prizes, which have cash prizes! www.bsperio.org.uk/professionals/awards

I recently attended the BDSA Conference in Manchester, with fellow BSP representative, George Chase. We had a lot of students asking questions and engaging with us and it was a great opportunity to promote the benefits of joining the BSP.

I am honoured to have such an enthused, energetic team of student representatives. I cannot thank them enough for all their hard work and for those that have graduated, I wish them all the best on their journey and cannot wait to see the impact they have on the Early Careers Group.

Now let's all agree to leave 2021 where it is and go into 2022 hopeful of making our ideas become a reality.

You may be wondering what 2022 has in store? Well, let me tell you! More "By Students, For Students" webinars, Conference going ahead and believe you me, you will not be disappointed with our plans for the next Gum Health Day - it will be all smiles.

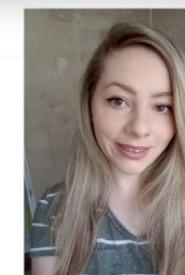
I can't wait for an action filled 2022.



Reasons to join BSP 2020

Abigail Eades

Undergraduate Representative
University of Portsmouth Dental
Academy



BSP
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Periodontology and
Implant Dentistry

BSP Undergraduate Representative from the University of Portsmouth Dental Academy, Abigail Eades, kindly created a short video for our website which explains some of the benefits to joining the Society and the simple online process:

www.bsperio.org.uk/early-career-group/bsp-undergraduate-group



The BSP Early Career Group

by Dr Mitul Shah

The Early Career Group (ECG) has been working hard behind the scenes with hopes to deliver much more for our members in the months to come, as we continue to emerge from and work within the parameters of the Covid-19 Pandemic.

It was agreed that considering the pandemic, the Committee positions will run until December 2022, allowing all members ample time to contribute to the Society. Devan Raindi (Secretary), Vipul Patel (Past Chair), Sinead Daly (Academic Representative), Hiraa Jamil (Social Media Officer), Maja Sabalic (Mono-speciality Representative), Ollie Jones (NHS Representative) and Anna Middleton (Hygiene/Therapy Representative) have settled into their roles, and it has been a pleasure to work alongside them.

In May 2021 the ECG delivered a webinar on 'Careers in Periodontology and Specialist Training'. The talk was topical, with the recent changes to the previous 'National Training Number' accreditation process and the growing advent of 'Tier 2' practitioner roles within NHS practice. I would like to remind all dentists who are seeking to be accredited as a Tier 2 practitioner or wishing to consider Specialty Training, to contact the ECG, as we are more than willing to assist you on your journey.

As part of this year's Gum Health Day campaign, some of the ECG Committee created a series of short information videos to help explain some of the signs and symptoms of

gum disease and encouraging people to visit their dentist, hygienist or therapist. The videos were a great success and received high viewing figures via the website and social media platforms. In addition, we made them downloadable and encouraged dental practices to share them in their waiting rooms and on their social media channels. The series of five videos can be viewed on the website:

www.bsperio.org.uk/patients/gum-health-day-2021

We hope to announce details of a hands-on Masterclass, as organised by Dr Vipul Patel, over the coming weeks. Our previous hands-on sessions have been fantastic and I have no doubts that this will be one to watch. Our Masterclass events are aimed at inspiring the younger generation of practitioners working within the field of periodontology and implant dentistry. More information about these courses, which are designed to help develop clinical and management skills, can be found on the ECG page of the website:

www.bsperio.org.uk/early-career-group/about-early-career-group

Looking beyond this, we are planning a Masterclass specifically for Dental Hygienists, which would be a first for the Early Career Group. We plan on tailoring the content to be relevant to hygienists of all skill levels. Topics will include diagnosis and treatment workflows, based on the 2017 Classification and S3 Treatment Guidelines, 'Minimally Invasive Non-Surgical Therapy', adjunctive therapies, patient communication and referral criteria. As always, our members will be the first to find out about upcoming events.



The signs and symptoms of gum disease by Dr Hiraa Jamil.



Outline of basic treatment for gum disease by Dr Devan Raindi.



BSP Patient Forum Giving a Voice to the Community

by Julian Ekiert (BSP Patient Forum Council Representative)

Like many other groups, the pandemic has meant that the Patient Forum has had to meet virtually. Three meetings have been held so far this year.

MARCH

In March, the Patient Forum heard from Jim Phillips, of the Centre for Empowering Patients and Communities (CEmPaC). Jim led an excellent session entitled "How do we support people to change health related behaviours". He explored the complex relationship between patient expectations and clinicians' behaviours and concepts now being used by the NHS to facilitate behaviour change. Jim focussed on ways to coach a mindset change in patients, moving from the view of the clinician as a "fixer" towards the position of the clinician as a "enabler".

This idea of coaching a patient to support self-management of their condition is what the BSP has sought to do by creating a lay paper and flowchart in relation to the S3 guidelines. The Patient Forum was delighted to contribute to this work.

SUMMER

During the Summer, six members of the Forum worked with NHS London on a pre-pilot study entitled, "Dental Care for people with Diabetes". The group met three times in May, June, and August, to help shape the structure and aims of the pilot, which included the development of clinical care pathways and networks and how best to integrate medical and dental worlds.

The pilot involves 30 Foundation dentists, 1 dental therapist and 2 community diabetes teams from Lambeth and Southwark. One hundred patients have been identified for the pilot and it is hoped to start the pilot in Autumn 2021.

The group offered advice on how best to learn about the link between gum disease and diabetes, given that material for the public is both difficult to access and tends to be too technical. Personal testimonials were identified as being a

very powerful medium for patients. If successful, the pilot will be rolled out across England.

MAY

At the May meeting of the Forum, the group's priorities were confirmed.

- Promoting good gum health and the prevention of gum disease
- Effects of gum health on general health and wellbeing
- Access to gum health care.

To further these priorities, it is hoped to continue the work started in Glasgow by Shauna Culshaw, by giving undergraduate students the opportunity to interview patients. If successful, this model could be considered by the BSP Education and Events Group for rollout to other centres in the UK offering pre and post graduate education. www.bsperio.org.uk/assets/downloads/BSP_Patient_Forum_Report_14.2.20_Glasgow_Perio_Symposium_2020.pdf

Additionally, work will be carried out during this semester to work up a full proposal to carry out "ask the expert" webinars. These webinars, based on a Danish example, involve a group of patients talking with dental experts on a Q&A basis. It is hoped that a pilot can be launched next year.

Work is also planned to develop a series of short videos, similar to the video, "The Sound of Periodontitis". The Forum has already identified several gum health topics which could be covered. The plan is to host the videos on the BSP website, thereby providing easily accessible information to patients and the public.

The need to raise public awareness of gum health issues remains the key focus of the BSP Patient Forum and we shall do all we can to promote this aim.

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

We are often asked similar questions via our website, during lectures and on social media. We have, therefore, collated the frequently asked questions with the BSP answers.

Q: What does S3 mean? I thought there were four main steps in the treatment guidance.

A: The new treatment guidance is based on a 'stepwise' approach to treatment. The guidance has been developed with the highest quality level for guidance development (S3 format) which considers both a systematic appraisal of the published evidence as well as clinical experience. S3 simply refers to the highest level of guideline production.

Q: Why did we need a new set of guidelines for the treatment of periodontitis?

A: Following the publication of the new classification, guidance was developed to support treatment of patients, to allow for an individualised treatment approach. The guidelines are there to support clinicians when treating periodontal disease, helping them make up to date evidence-based treatment decisions and focus on personalised patient education. This in turn should empower patients to take more responsibility for their health, ultimately improving outcomes.

Q: The guidelines published by the European Federation of Periodontology is different to the BSP version? Why are we using a different version to the European document?

A: Internationally produced guidelines are not always transferable to each country's working systems. After the guidance was published in May 2020, the BSP moved rapidly to take the European document and develop a British version of the guidelines, making sure they were suitable for our UK healthcare system. This was something that all EFP societies were encouraged to do and it was done using the 'grade adolopment' framework. For each of the individual recommendations, an adolopment process was carried out.

'Adolop' simply means that the guidelines are accepted unchanged, adopted, modified, or developed in line with the evidence, to ensure they were appropriate for dental professionals and patients in the UK healthcare system.

Q: What does PMPR mean and why have we got new terminology?

A: PMPR stands for 'Professional Mechanical Plaque Removal' and it can be supragingival or subgingival. We have all used different ways of describing what we have done in the past and it is important that we use universal professional language. It replaces ALL previous terminology. Subgingival PMPR is an umbrella term and replaces root surface debridement or root planing. It does not mean that what we did before was wrong or unreasonable and it does not change what we use practically. It does mean the death of the term 'scale and polish' which can be misleading to a patient with periodontitis. We are doing much more than just that!

Q: What is the difference between PMPR in step 1 and PMPR in step 2? In Step 1, it mentions Supra and Subgingival PMPR of the clinical crown. I thought we did not go subgingival in Step 1.

A: In Step 1, PMPR includes the removal of plaque and calculus supra and subgingivally. This acknowledges that at this step you are not attempting to do any root surface management but are looking to remove visible or detectable subgingival deposits located on the crown of the tooth, part of which may be subgingival either due to false pocketing or the disease being mild. Essentially you are creating an environment for the patient to clean better.

In Step 2, you are carrying out subgingival instrumentation (root surface debridement or PMPR) on the root surface. What you use (hand / powered or a combination) does not matter. It is important to consider patient needs, site level needs and preferences. The quality of the instrumentation is important.

Q: Do we have to write PMPR in our notes or can we still describe what we did i.e., subgingival debridement with hand instruments?

A: The BSP accepts that it will take time for new terminology and language to be adopted universally in the

UK but practitioners should make the effort to familiarise themselves with the new terminology. You can still describe and provide more detail on what has actually been carried out, for example subgingival instrumentation with ultrasonic and hand instruments.

Q: Engaged and Non-engaged patients - if a patient fails to hit the required scores to be classed as an engaged patient, can we withhold Step 2 forever? Is that medico-legally robust?

A: The idea is to take each step at a time, to give patients more responsibility. A non-engaging patient could be held at step 1 and not move to step 2 until they are demonstrating that they can improve their plaque control. Of course, this is only true if we have educated our patients on the importance of oral hygiene and demonstrated how to do it. This is medico-legally robust as long as we have followed the steps and are documenting the patient's oral hygiene routines, the treatment carried out and the reasons why they are not able to move to step 2. Having an objective way of measuring our patient's plaque control using a plaque score is a great way of demonstrating this.

Q: What happens if a patient declines treatment or is not-engaging at all?

A: These patients can be entered into 'palliative care' for their gum disease with step 1 repeated regularly. It is also important that we do not write patients off, you never know when a patient may change their behaviour and engage. Always consider whether we are engaging them enough? Do we need to change our approach or maybe they will engage more with another member of your dental team?

Q: Should subgingival PMPR in Step 2 be carried out using local anaesthesia?

A: There is no significant evidence base that addresses this question. Successful periodontal treatment relies on high quality non-surgical treatment and if you can achieve this without local anaesthetic then it is not required. If you cannot, then it is. This will vary from patient to patient and is something that should be discussed with the patient prior to treatment.

Q: At Step 3, the guidance talks about referring patients to a level 2 or 3 practitioner if required, for non-responding or residual deep sites. What happens if a referral is not possible?

A: There may be instances where a specialist or level 2 practitioner is not available in the area, or the patient cannot travel or cannot afford treatment. In these cases, the onus is on the practitioner or dental professionals within their team to continue with some form of therapy i.e., repeating subgingival PMPR or providing regular supportive periodontal care that includes subgingival PMPR. If a patient refuses or cannot access specialist of level 2 care they should be made aware of the consequences of their decisions i.e., that the disease may progress and teeth may be lost.

Q: Is it important that every patient has step 4 (supportive periodontal care)?

A: Supportive periodontal care (maintenance) should be encouraged strongly to all patients. Several long-term studies show that it is crucial to long term stability. It allows oral hygiene to be reviewed, reinforced, targeted and it allows monitoring of the disease situation together with PMPR. Oral hygiene is not a one-off event in Step 1, it needs to be practiced throughout all the steps.

Maintenance is a crucial part of periodontal therapy and it is the most cost-effective thing patients can do to keep their teeth!

Q: The guidance only talks about treating Stage 1-3 disease, what about Stage 4?

A: The current set of guidance reviewed Stages 1, 2 and 3 disease and guidance for Stage 4 is currently being evaluated and will be published separately.

You can read more about the BSP UK Clinical Practice Guidelines for the Treatment of Periodontitis and view other resources by visiting: www.bsperio.org.uk/S3-Guidelines

**Dr Viren Vithlani
& Dr Ian Dunn**



A Time to Look Forward

by Dr Rajan Nansi, BSP President Elect 2022

As I wrote this article, I found myself typing the words 'I am looking

forward to...' many times, which sets the scene perfectly! After a challenging period, we are all ready to see some positive changes in how we live and work, so looking forward seems appropriate.

I've always found the BSP to be a welcoming, friendly Society, offering a genuine support network. Its fantastic reputation is well-deserved. Giving back is important and this underpins my all-round approach to being President next year. This also leads me to my strong desire to continue the sterling work on projects already in motion and collaborating with the new Education Advisory Committee, ECG, UG and other Societies and Organisations. Bringing in new angles and fresh thinking will diversify our initiatives, especially educationally, for our members. We can learn so much from each other. Watch this space!

2022 promises many things – a burst of annual activity around Gum Health Awareness Day (May), the impressive international stage of EuroPerio10 in Copenhagen (June) and the excellent BSP Conference (October), to name just three. What these events have in common is the excitement of returning to face-to-face environments and the opportunity to bring the human touch to everything we do going forward.

For my Conference, I am working with the theme of 'New Horizons', where we'll refocus on basics done well, engaging the dental team, guidelines and disease management, embracing digital implant dentistry and the interdisciplinary interfaces we address daily in clinical practice. Again, this highlights the theme of working together and valuing the combined team contribution. There's no real substitute for making these essential connections. Zoom and Teams can only do so much!

The past three years have seen me investing a huge amount of time in setting up my specialist practice in the Midlands. During this time, I also suffered a physical setback, which led me to take a year out to recover from emergency hand surgery. They say what doesn't kill you makes you stronger and so I'm in a good position to understand some of the challenges we all face – long hours, juggling family commitments, continuing to invest in our education, furthering careers and developing businesses alongside providing the best patient care we can. It's hard, of course, but rewarding.



Outside of work, I am a family man through and through. My wife, Sharon, and I have two beautiful girls, Eva, who is 6, and Ella, 3. Ella has just joined Eva at school, which is a parenting milestone, adding much excitement and joy to the recent start of term! They are both mad about arts and crafts, which means we tidy as they create! They are both also learning to play the piano and tennis (not at the same time). We spend a lot of time outdoors, walking, going on bike rides and visiting our favourite places. Every year we go to Spain to relax, detox and enjoy our time together. We are really looking forward to getting back out there in 2022, spending quality time with friends and family. In the UK, we love the Cotswolds, particularly its countryside, farms and parks. We like to make the most of the weekends together. Eating out is big for us and Italian food always wins out because that is our daughters' favourite.

Looking forward, I am feeling optimistic about reconnecting properly and seeing you all at the forthcoming BSP meetings and other dentistry events.

BSP CONFERENCE 2022

NEW HORIZONS

Essentials of Clinical Science and Practical Concepts for the Practice Team



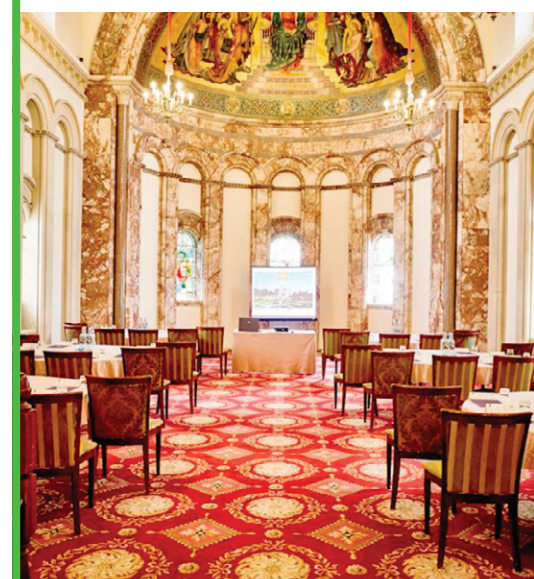
THURSDAY 13 - SATURDAY 15 OCTOBER 2022
LUTON HOO HOTEL GOLF & SPA, BEDFORDSHIRE

BSP CONFERENCE 2022

PRESIDENT'S INTRODUCTION

In the spirit of reconnecting, my Conference focuses on the whole dental team and the power and value of working together. We will address: doing the basics to gold standard; engaging the entire team; focussing on guidelines and disease management – with patient care and the best outcomes being key. I am keen to highlight digital implant dentistry and the interdisciplinary interfaces we address daily in clinical practice. The Conference promises an exciting mix of presentations, workshops, networking and socialising (don't forget the party!) as well as providing the perfect occasion to join with friends and colleagues in a most splendid venue.

Dr Rajan Nansi, BSP President Elect 2022



MAIN CONFERENCE PROGRAMME

Professor Luigi Nibali –

Optimising outcomes with non-surgical treatment

Dr Andrew Dawood –

Implant Surgery: Planning, workflow, and imaging

Dr Jimmy Makdissi –

Optimising use of CBCT in periodontal and implant practice

Professor Luigi Nibali –

Maintaining peri-implant health and managing complications

Mr Kushal Gadhia –

Restorative workflow in implant dentistry

Dr Sanjeev Bhandari –

Perio-Endo: Dilemmas, new concepts and technologies

Further speakers to be confirmed

Other presentations will include:

Prognostication: Daily dilemmas

Clinical decision making in periodontal surgery and techniques to optimise success

Periodontal regenerative surgery for intrabony defects

Strategies to manage furcation-involved teeth

What are the long-term outcomes of periodontal regeneration?

Management of severely periodontally compromised teeth in restorative dental practice

Perio-Ortho: Challenges and solutions in treating the periodontal patient – the ortho perspective

Perio-Ortho: Soft tissue augmentation in orthodontic patients – the perio perspective

The Conference dinner will be held in the Romanov Suite at the Luton Hoo. There will be a drinks reception followed by dinner and dancing until midnight.

For full information: www.bsperio.org.uk



**British Society of
Periodontology and
Implant Dentistry**

Life After Lockdown

Last year we featured a series of articles on dental professionals who were redeployed to ease the pressure on the NHS staff during the pandemic crisis. This year we have explored how people adapted after dental practices and dental hospitals were granted permission to re-open and how they coped with life after the lockdown period was over.

We are extremely grateful to Jamie Daly, Dr Jumoke Adeyemi, Kathryn Mayo, Dr Shazad Saleem and Dr Paul Baker for sharing with us an honest account of their personal journeys after lockdown. We are sure that many of you will relate to their stories.



Jamie Daly



Dr Jumoke Adeyemi



Kathryn Mayo



Dr Shazad Saleem



Dr Paul Baker

Graduation in the time of COVID: My Experience Studying and Graduating During a Global Pandemic

by Dr Jamie Daly

In March 2020, the UK entered its first ever national lockdown as I was enjoying the penultimate year of my BDS degree at the University of Bristol. The lockdown brought about an abrupt end to clinical activity and face-to-face teaching. Amongst my peers there was excitement at the prospect of teaching being suspended. A feeling of panic quickly ensued with the need to complete as many clinical activities as possible, followed by the rush to return home before travel was prohibited. I left my student accommodation not knowing when I would return.

As the subsequent extended summer drew to a close, we received a 'welcome back' video message from the urgent dental care (UDC) team at Bristol. It struck me how much we had missed out on at the Dental Hospital. There was the evolution of PPE, ever-changing standard operating procedures (SOPs) but, more importantly, we had missed out on the camaraderie and teamwork in the face of adversity. Many changes had occurred in the dental school and it was a challenge to tie all the information together. I had entered a world of new three-letter acronyms - AGP, FFP3, SOPs.

On returning to Bristol our timetable changed because of social distancing requirements. Year group face to face teaching had been replaced with small group teaching, online tutorials and pre-recorded lectures. Clinical activities were

rotated over eight different subgroups. With all live activity initially being non-AGP, I did wonder how I was going to achieve my final year clinical requirements. Consequently, the University introduced a new 'undergraduate portfolio' with the aim of maximising the 'quality of learning' from key clinical exposures through detailed reflection.

It wasn't long before we needed to start revising for the situational judgement tests (SJT), a requirement for dental foundation training (DFT). The interview process was cancelled and ranking was based entirely on the SJT. This afforded me more time to revise for finals. However, the SJT did not come without its challenges. The margins for success and failure were slim. It felt like peoples' futures were dependent on a limited number of questions about

'rude receptionists' or 'drunk dentists.' Furthermore, the options provided to these scenarios were often similar with only subtle differences in their appropriateness. Despite this, revising for the SJT was an informative process. It got me thinking about how to manage difficult situations and acquainted me with various guidelines and policy documents that are of value in dental practice.

Our attention quickly turned to revising for finals. There was a wealth of resources available including lectures, tutorials, papers and advice from supervisors. It was overwhelming looking back at the content covered over the five years. Living on my own with outside mixing of 'bubbles' restricted meant there wasn't much to do apart from revision- yet I still found it difficult.

The finals process felt unrelenting, the whole endeavour lasted from January to May. Although there were weeks between each of the three component exams (knowledge-based assessment, 'unseen' and 'seen' case-based discussions), it felt like we were constantly revising. As time went on, libraries began to reopen, creating a welcomed distance between revision and homelife. Furthermore, my clinical group peers took turns to host Microsoft Teams meetings where we practised presenting and discussing cases together. I found it so helpful to share ideas and it was a great way to support each other mentally through the tough process of finals.

In March, after part one of my finals, the 'academic DFT' posts were advertised on Oriel (the national recruitment portal). I have always wanted to embark on a career in academic dentistry and this was a chance to gain some experience. The post entailed one day of protected research time a week, with an official support network that connected you to different research groups. I had to complete an application form on Oriel, answering questions about my previous research experience and why I wanted to apply for the role. Thankfully, I was invited to an interview in April via Microsoft Teams. There was a panel of five people, including one member of the public. The selection process was independent of the SJT score and applicants were ranked based on their interview score alone. I was delighted to be offered a place to study on the London academic scheme, with my practice located in Wembley. Two of my fellow Bristol peers were also successful in gaining academic posts on the same programme in London.

It was a huge relief to eventually finish finals in May but the relief was short-lived. I still had endodontic, prosthetic, and indirect restoration 'totals' (a quota for different clinical procedures) to complete before being able to graduate. I remember explaining to my supervisor what I had left to complete and they suggested that I should start to accept that staying behind another year wasn't the worst thing in

the world. This period felt even more pressurised than finals. There was the constant fear of patients not attending and, even when patients did come, it wasn't easy. I remember the anxious feeling of performing procedures with little prior experience and the added pressure of having to optimise the use of each AGP session. Alongside this, laboratory turn-around times slowed as demand increased before the term ended. This made it even harder to fit all the necessary appointments into your schedule.

Despite all the challenges, there were so many great things about this period. In a similar way to the UDC team, the adversity had brought me so much closer to my peers and the wider dental team. There was a real sense of camaraderie amongst my clinical group. We would try and share spare cases with each other and we were constantly checking the mood of everyone in the group. I remember some of us going into the prosthetics labs to help each other make things like special trays, in an attempt to overcome the extended lab turn-around times and see patients sooner. With the need to perform AGPs in closed surgeries, we were afforded the luxury of one-to-one attention with a supervisor for each AGP session. Here, my clinical skills grew almost exponentially. I developed excellent relationships with my supervisors who were so patient and kind. Their tailored advice was invaluable.

Due to COVID-19 our graduation ceremony has been delayed until Spring 2022 and it's likely that a lot of international students will not attend. However, there was one special evening where we had a 'final year dinner' aboard the SS Great Britain. This was a great chance to celebrate our achievements and say those emotional goodbyes to friends and colleagues. Things have been just as busy since I've returned home, balancing a summer job and practice administration for DFT. My family are very proud of my achievements, despite the stress I've caused them along the way!

Looking ahead, I am apprehensive about adapting to the 'big smoke', commuting, and starting DFT in a busy practice. Despite these worries, I feel more excitement than fear. I feel that I have worked very hard for this moment and it is an honour to be starting my career. I am excited to focus on clinical work and spend time putting theory into practice. Despite my limited experience, I feel that I have good foundations of knowledge and enough tips and tricks up my sleeves from my supervisors to get me going. I am delighted to have the opportunity to conduct primary research during DFT. I realise that it is important to fully understand the role of an academic before committing to the entire pathway. I am excited to see what the future holds and am forever grateful to the people who have shaped my experience and perspective along the way. It may have been a challenging year but it has taught me a lot- not just about dentistry, but about myself and other people.

Undergraduate Dental Education Provision During the Pandemic - The Liverpool Experience

by Dr Jumoke Adeyemi

(Senior Clinical Lecturer, Specialist and Teaching Lead in Periodontology, School of Dentistry University of Liverpool)

March 2020 started great. Of course, there was the worry of this new virus that was spreading rapidly. I was hopeful that the spread would be curtailed by summer. I recall expressing this in a chat on clinic with one of our graduating students. Needless to say, I was wrong. A week later our University Senior Leadership Team decided to ask students to go home. Within 72-hours all our students were gone from the Dental Hospital and the campus had become a ghost town!

What followed was a week of clinical academic tutors going through over 3,000 patient records from our undergraduate clinics to identify patients requiring urgent care or follow-up during the pandemic. The national lock down was announced on the 23rd of March and the reality that this was a pandemic dawned on me. I was worried for my colleagues, friends and family.

Very quickly the school responded to this change by developing an online community on Microsoft TEAMS. We all had to quickly adapt to the world of recording and editing lectures and captions. Zoom - what was that? I had no clue! Well, it was exciting to finally see some colleagues in a departmental meeting after days of being holed up in the house with my three-year-old and my other half. These meetings and daily exercises were helpful for my mental wellbeing! We had many concerns as 5th year BDS students were six weeks away from finals. How were we going to help them continue to gain experience with clinics closed? How do we undertake assessments? There were also first to fourth year students to think about during a time of uncertainty and ever-changing dynamics.

As a school, we were keen to keep things going and make up for lost clinical experience. So, we got ingenious and developed materials for our online asynchronous learning environment for the summer term. These ranged from case-based discussions, quizzes, seminars and podcasts to Microsoft Sway presentations and lectures. Patient scenarios for treatment planning sessions were also developed. Padlet was used to host a 'Perio question wall' and was answered daily. Our Technology Enhanced Learning team, my colleagues and I worked very long hours to ensure these resources were created for our students to access every week at their own convenience, considering their different personal and family dynamics. We also supported and engaged with students via online 'Academic Advising' meetings. We developed assessments and for the first time used 'open book' examinations. We marked these online via a secure platform. I remember days of working for about

14 hours forgetting to have lunch and hubby bringing me dinner in the study. We successfully graduated all our final year students, which made it all worth it, albeit with personal development plans for their DF trainers, highlighting areas where they had less experience than we would have liked.

Fast forward to September 2020 and our students were allowed to return. Although there was some anxiety for everyone, the joy was palpable as we aimed to get back to normal as quickly as possible with a hybrid teaching model. We started off with all students undergoing reskilling sessions in 'bubbles' within our simulation skills suites. This was challenging as social distancing rules had to be adhered to with one-way traffic in the building and staggered entry/exit times for about 400 students. From a perio point of view, as ultrasonic instrumentation could not be used on our open clinics, AGP surgeries had to be created. Our students had to get very proficient with their hand instrumentation techniques; to aid this we created 3D printed enlarged models of teeth, scalers and curettes to demonstrate working ends, adaptation, angulation and stroke activation. More mannikins were purchased for deliberate practise on our clinics.

We designed perio cases that students had to work through from history taking to diagnosis and developing a care plan which they then executed aspects of on the learning platform 'pebble pad' and on the clinic by undertaking supra and subgingival PMPR on models within a phantom head. This helped them put things in perspective and not just focus on the mechanics of instrumentation. This was well received by our students. We had to focus on final year students again, which have left younger students disadvantaged in gaining clinical experience, so now additional staff have been recruited and extra clinical sessions arranged to address this deficit.

It has been a roller-coaster ride over the past 18 months, graduating two cohorts of students however, we have come out stronger, resilient and united with a focus on providing the best support and dental education for our students.

Kathryn Mayo

My return to work after lockdown came fairly quickly after the government allowed general dental surgeries to reopen. I work as a hygienist in private practices in the North West of England. Before lockdown, work was pretty hectic. I have a teaching role along with treating patients privately across two practices.

I was quite apprehensive about resuming work, both in the sense of how the working environment would be affected by the new standard operating procedures (SOP's) related to COVID19 and also the bigger picture. Was my work going to contribute to increased infection rates? Should we be encouraging patients to leave their homes in lockdown to attend appointments? Those questions are something no one really had the answers to but in the back of my mind I felt a social responsibility not to be 'part of the problem'. On the flip side there were many patients I had left mid- treatment or those who are enrolled in supportive care programmes who I knew would need my support.

I attended meetings prior to my resumption of work at both practices to run through SOP's. The first few weeks were solely devoted to accommodating emergency patients. During this process, I liaised with my colleagues to create a list of priority periodontal patients.

Whilst I was fit tested for FFP3 masks at both practices, I was happy with the decision to resume hygiene appointments hand scaling only. On my first morning back, I watched the staff go through the triage stage, guiding patients into the practice at their appointment time, all SOP's being followed. It was a world away from six months earlier, before COVID or BC as one of my colleagues named it!

Commencing the morning session, I felt I needed to verbally reiterate the COVID 19 questionnaire already signed by the patient. The whole process of adding new dimensions to my appointments seemed to interrupt my 'flow'; I struggled to find a consistency to my appointments and invariably started to run late. Cleaning down became an extended process in which myself and my nurse worked in a 'tag team' style manner in an effort to keep on time, mindful of patients waiting outside of the practice or in their car. Thankfully the weather was glorious.

It took me a few weeks to get back into my stride and get used to the "new normal". I am lucky to work with a nurse and there was no question of that support being taken away because I was only 'hand scaling'. At both practices, demand increased hugely and, incidentally, we started seeing patients who had not seen a dentist for years, possibly desperate for a day out or to break the monotony of lockdown. I found treating these patients a challenge, not having the full arsenal of instruments to choose from. I have always been a great advocate of Oral-B test drive but this really came into its own on these appointments, with oral hygiene instruction doubling as biofilm disruption. We also began to see lots of new NHS patients as their practices remained closed.

As lockdown restrictions eased slightly in August 2020, more of my regular (maintained) periodontal patients who had been in self-isolation started to attend. Sadly, myself and my nurse were quite often the only people they had seen, in person for months, we felt a real responsibility to give them our time.

After a few months I introduced aerosol generated procedures (AGP's). I was able to triage the patients first and those I felt would benefit were scheduled at the end of a morning or afternoon session, effectively carrying two AGP's a day. It was definitely good to get back to having all modes of biofilm disruption/debridement at my disposal. My AGP appointment sequence was unchanged until I started doing back-to-back AGP's earlier this year. At one practice we have seven surgeries, so I just move to another surgery whilst the other is following. The other practice, in contrast, has fewer surgeries and space is limited therefore my AGP appointments have to change to allow for the ten-minute fallow. This means performing the AGP within the first twenty minutes of the thirty-minute appointment. It does sometimes make things fairly stressful as I am in a high need area with lots of new periodontal patients.

One practice has had such an increase in demand the principal decided to add an extra surgery. They also employed a dedicated Decontamination Nurse which has greatly reduced the pressure on the rest of the staff. I have taken on the extra responsibility of ordering stock to further alleviate the pressure. I sympathise with my nursing/reception colleagues; their working environment has become much more stressful and workload seems to have increased exponentially. The reception staff are rushed off their feet, patients seem to be less tolerant and more demanding. Dental nurses are wearing FFP3 masks all session, dehydrated, with sore faces, all whilst wearing enhanced PPE.

I am extremely lucky to work in supportive practices where I feel valued. I was able to return on my terms, prioritising patients and having the support of a nurse at all times. Being allowed to set my pace and return to AGP's slowly when I felt comfortable and for that I am grateful. Whilst not having a free appointment slot until December is stressful, I suppose there are worse problems to have.

Who knows what the future holds, especially as we approach the autumn/winter cold and flu season? Maybe this is the new normal and we will be following and wearing enhanced PPE for a long time to come. I for one am hardly able to remember what it was like before!

Dr Shazad Saleem

The past eighteen months have been a rollercoaster of a ride with more lows than highs, encountering numerous challenges whilst navigating our four dental practices through the Covid-19 pandemic.

I remember vividly the worries and concerns starting to grow amongst the team in early February 2020, hearing about the increasing number of cases and spread of Covid-19, especially being in a profession where we work so close to the routes of transmission. We anxiously waited for any news until the announcement eventually came for the first lockdown at the end of March 2020. Subsequently, we had to shut the doors to our practices, as well as halting all construction work on a new practice building, scheduled to open in June 2020, in preparation for a new Foundation Dentist starting in September.

Just as we sadly had to close our doors, the immediate call went out for Urgent Dental Centres (UDCs), and with a close working relationship with our Local Area Team, we were obliged to respond. All of our staff were great and responded to the call and set about deep cleaning and reorganising the practice in preparation to open as an UDC.

Within a matter of days, we were one of the first practices in the Northwest to start operating as a UDC seeing emergency patients from all over Greater Manchester. This was one of the most challenging periods, as there was very little official guidance released for dental practices and we had to set about writing our Standard Operating Procedure (SOP) independently. In dentistry, we already have very high standards of infection control but the unknowns about Covid-19 and the information emerging about how long it was able to survive on various surfaces was disconcerting. We diligently wrote our first SOP over a few days working day and night to risk assess every aspect of the patient journey through the practice to mitigate all unnecessary contact and ensure safety for both patients and staff, at a time when we knew little about the virus. Having written and rigorously tested our SOP, trying to account for all the scenarios we might face, we set about training all of our staff whilst also sharing this with other Greater Manchester UDCs and making a short YouTube video.

Reflecting back on this period, it was one of the more testing times with the burden of responsibility on our shoulders for developing an SOP, whilst official guidance was yet to be released. In addition, many of us with vulnerable members in our households made the decision to keep as much isolation from the rest of our families as possible. We redeployed our staff from the other three sites to work in the UDC, rotating in teams to ensure continuity of service in case any positive cases arose, as we were only a handful of practices at that time covering the Greater Manchester area.

As official guidance and SOPs started to be released, it was reassuring to see that we had covered most aspects within

our own SOP. We set about ensuring staff not on rotation at the other three sites were busy with deep cleaning each site, in preparation to start transitioning back to seeing patients. Whilst they had more spare time during the day, we structured a CPD programme via one of the online learning platforms and reviewed personal development plans, practice policies and audits to ensure time was utilised efficiently.

Sourcing of personal protective equipment was another challenge we faced early on, especially powered air-purifying respirators (PAPRs). I remember spending hours researching PAPR's, as having a beard for over 20 years, I could not imagine life without it. We managed to secure some scarcely available Dräger and JSP PAPRs at the time, having to ship some of them in from France. As soon as they arrived and staff were fit tested for FFP3 masks, we were able to start delivering Aerosol Generating Procedures (AGPs), one of many new ways of working we have become so familiar with.

As we started to reopen the other practices for emergency care initially, then transitioning back to routine care, the backlog of unfinished treatments and treated emergencies were the priority. There were still challenges we faced, such as waiting for centralised HEPA filtration to be installed before being able to start AGP's as well as genuine anxiety and concerns of some of the other services in one of the health centres we work out of.

Whilst we were managing the backlog, we took the opportunity to ensure our regular patients, in particular our perio patients were contacted by phone for an oral health consultation to reinforce some key oral health messages and really to let patients know we were still here and were working to get back to routine care as soon as possible and that we were happy to see them if they were having any problems. Patients were grateful for the contact and it provided some reassurance for them.

We were eventually able to complete building work and relocate to our new practice in September 2020 just in time for the new Foundation Dentist, managing to jump over all the hurdles using the new world of online meetings to fulfil CQC requirements and approval. It was not the opening we envisaged, but a relief to eventually finish and open.

Fast forward to this year and getting back to the new 'normal' routine, we still face challenges around AGPs, fallow times, staff morale, Covid related cancellations and staffing to name a few. We have managed to catch up with the backlog but are still faced with the challenges of diaries being booked for weeks in advance due to the extra time needed for treatment involving AGPs. We are working continually to try and plan treatments in more efficient ways to minimise the impact of

fallow times by aiming to complete AGPs at the beginning of appointments. One of the few benefits is then being able to utilise some of the fallow time to spend with patients on oral health education, behaviour change, supervised brushing and interdental cleaning, something that has always been challenging in busy NHS practices. I am a strong believer in trying to make the best out of any situation and to seek out

Dr Paul Baker

Firstly, I do genuinely appreciate how lucky I have been through this pandemic. Until now, Covid itself had not really entered my inner circle. Now I have a double jabbed wife with mild symptoms and a bored 15-year-old self-isolating in his room. None of us have been badly affected and none of my close friends or family have affected more than transiently. I no longer run a business, so I have not had the stress of trying to stay financially afloat, dealing with forced closures and increasing overheads. I was not redeployed to work in stressful situations out of my comfort zone. The first lockdown was three months spent at home in the country with my family. That aspect, I will look back at with fondness.

When we first came back, we were only running one surgery. There were no hygienists working and the three periodontists divided the week up and worked long days to compensate. Patients had to call to be let in, like some elicit speakeasy and then only allowed to cross the threshold if they could answer the set questions correctly. At that stage we were still unsure how to treat people and what treatment was appropriate. Was the active management of periodontal disease justified against the unknown risk of spreading Covid? Could periodontal maintenance be scheduled or were all our long term SPT patients going to be falling apart and shedding teeth?

Over the last 18 months, we have gradually opened, one step at a time. The single plastic chair in the middle of the waiting room, back to the old seating plan, but with signs denoting spaces to be kept vacant to maintain social distancing. Our patient loo is back in action (too much detail?) but patients are asked not to clean their teeth before an appointment. Why? I am not sure I could give you an evidence-based answer. I am back to performing all my clinical tasks but that leads me to my one very large gripe.

I am struggling with our new PPE. Again, I am aware that I have it a lot less severe than many of my colleagues and those in the front line of Covid are in a different league. I am struggling, nonetheless. Part of it just comes down to the discomfort. Wearing a layer of plastic during the summer leaves my scrubs wet with sweat. Then, of course, working in the winter with the window wide open has the opposite effect. My FFP3 mask leaves me feeling slightly hypoxic after 45 minutes of use, in a way that a day of wearing the usual surgical masks never has done. It's not just that, I genuinely think it is having a detrimental effect on patient care.

On the long AGP procedures, where both my nurse and I are wearing FFP3 masks, our ability to work together as a team

the potential opportunities during times of adversity. Covid still poses many challenges and whilst staff morale is still being tested, they continue to show their resilience. What has been gratifying to witness is the joy and gratitude of our patients returning for their appointments, something I underestimated. As the saying goes 'absence makes the heart grow fonder' and makes you appreciate the things you have.

is hampered. For the last 18 months, I have been working with Kenny from Southpark, unable to decipher the muffled grunts coming from behind the mask. The addition of the air purifier on full blast in the corner adds to our inability to communicate.

When I first came back, my loupes would not fit over my FFP3 mask, and everything was slightly out of kilter. They do now but at the expense of the nose piece. I hate the visor. I have had to get quite a large visor to accommodate my loupes and light. This leaves me walking around the surgery like my dog when the vet has prescribed the cone of shame. But I am aware of a drop in visual acuity when I put it on. The extra layer of plastic in front of the loupes does have a detrimental effect and the curvature can catch the light at awkward times. My biggest issue is the condensation. As a full-time glasses wearer, this is a problem I overcame 30 years ago, even before I used loupes. It hasn't been an issue for many years but it is now. The combination of my FFP 3 mask and visor has created a new problem that I have been unable to remedy. More than just condensation, by the end of a 60/90-minute procedure, I am suffering full precipitation. Usually in my left lens, losing me my depth perception. Of course, in an AGP, I am unable to simply step aside and resolve the problem. Right now, there are things that I am avoiding doing. Much of our routine treatment, I might be able to do with one eye closed. However, more delicate procedures are challenging at the best of times.

My biggest worry at this time is that some of this will get written into clinical practice. For every plastic bag that I am not using at the supermarket, I am now wearing 10 plastic aprons at work. There is no cost for the 'powers that be' in keeping this in place in general practice. There is a cost, however, economically, as the cost of disposables increases, environmentally and potentially in the quality of some of the care that is provided.



An interview with ... Dr. Viren Vithlani

BDS (Birm) MFDS RCS (Ed) MCLinDent Periodontology (Hons) MPerio RCS (Ed)

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

I'm honoured to have been elected to Council, earlier this year, as the Commercial Liaison Officer. The role involves engaging with Partner Sponsors, building relationships and helping at BSP Conferences and events. I've also been fortunate to support the ECG in educational events and work with the Council in developing and implementing the BSP's sustainability ideas.

2 Where are you based during your working week?

I'm based predominantly in Warwickshire where I grew up and most of my week is spent at my practice in Leamington Spa. I also provide periodontal services for practices in Northampton and Leicester.

3 Which aspect of your job do you most enjoy?

I think any periodontist would be telling fibs if they said they didn't enjoy periodontal surgery, its intricacy, detail, and respect for soft tissue! For me, the greatest thing about being a periodontist is seeing a patient's health, confidence and quality of life improve on their journey. I love educating patients and helping them understand their disease to ultimately take control of their own health. We are lucky to be able to build strong relationships with our patients and see positive changes in their lives.

4 What's the career highlight you are most proud of?

My road to specialism has been a bit longer as I took some time to work in research at Birmingham Dental Hospital and spent time in general practice before specialising at Guy's Hospital, London. I felt an enormous sense of pride receiving a distinction in my specialty training and felt the years of studying, commuting and financial commitment was worth it!

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

If I chose another job, I would be an Astronaut! From a young age, I've always wanted to go into space and never get sick of watching space documentaries and the Apollo films! I also enjoy drawing and almost became an architect!

6 How do you spend your leisure time?

The most important thing to me is family and football! I think I am the true definition of "FOMO" and if I am not with my wife, family and friends doing something, it's not been a good week! I am a passionate Leicester City supporter and will travel far and wide to see the Foxes play! Once I've built the confidence to get over my current injury, I will no doubt be playing football again 3-4 times a week!

7 Do you have any pets?

I've only ever had a pet spider (odd I know, although not my choice!). I would love to have a Golden Retriever though!

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

I read "Ikigai, the Japanese secret to a long and happy life". It's a great book that talks about findings from research into populations that live to over 100 years old! It's an eye opener on the importance of healthy eating, lifestyle, community, and friendship! I've also read some scientific literature of course and recently have been reading a lot about the new S3 treatment guidelines!

9 What is your favourite type of music?

Probably the toughest question so far! Music is such a big part of our lives and brings so much joy to the home. If I am not singing in the kitchen, car or shower I am trying to find the next concert or musical to see! I love all kinds of music from Motown, Soul & RnB all the way to Bollywood music! If I had to choose, Bollywood and 90s music would be my favourites!

10 What has been your most memorable vacation and why?

In 2019, my wife and I travelled South America and if you haven't been yet, you must go! Whilst we did pack a lot in to a short space of time, the destinations, food, and people were so amazing. It really was a trip of a lifetime. From trekking in Peru to Machu Picchu, dancing in the rain in the Amazon rainforest, star gazing in Chile to exploring white sand beaches in Brazil! We even watched a football match!

Educational Dates and Events

The British Dental Conference & Dentistry Show

13-14 May 2022

NEC Birmingham



EuroPerio10

15-18 June 2022

Bella Center,
Copenhagen



BSP 2022 Annual Conference

13-15 October 2022

Luton Hoo Hotel,
Bedfordshire



EuroPerio10

As a member of the BSP you are invited to attend EuroPerio10 at a reduced rate. In addition, the EFP are offering an early bird booking offer until 2nd March 2022.

The EuroPerio Congress has established itself as the world's leading congress in periodontology and implant dentistry and there are many reasons to attend:

- » The congress features a rich and varied scientific programme, featuring interactive sessions, live surgeries and much more
- » The programme includes more than 120 top speakers from all over the world who are masters in the field of Periodontology and Implant Dentistry
- » The industrial exhibition features the latest products and technologies in the industry
- » The poster exhibition presents more than a 1.000 new publications in the field
- » It's the ideal place to meet your friends and colleagues and exchange the latest information
- » To sum up, it's the place to be!

Become a BSP Member!

Membership of the BSP has a huge number of benefits – join the Society online today!

If you are not already a member, why not consider joining the 1700+ members who are passionate about perio and implant dentistry?

Membership benefits include:

- **Monthly e-newsletter**
- **Free access to our Educational Webinar Programme**
- **Downloadable CPD certificates**
- **Reduced delegate rate for BSP Annual Conference**
- **Reduced delegate rate for EuroPerio10 Conference**
- **Online access to the Journal of Clinical Periodontology**
- **Eligibility for Awards and Prizes**
- **Dedicated Early Careers Group and Undergraduate 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:

www.bsperio.org.uk/professionals/join-the-bsp

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

