Interview: “Mouth cancer is a growing problem”

By Brendan Day, DTI

With oral cancer rates continuing to increase worldwide, it has become clear that more needs to be done to raise awareness and combat this issue. Dental Tribune International spoke with Dr Niall McGoldrick, Specialty Registrar in Dental Public Health with NHS Fife and the convenor of the charity Let’s Talk About Mouth Cancer, about the charity’s origins, its mission and much more.

Dr McGoldrick, how did Let’s Talk About Mouth Cancer get started, and was there anything in particular that led to its creation?

It all started in 2013, soon after my colleague Dr Orna Ni Choileain and I graduated from dental school. We were both working as dental foundation trainees at the Edinburgh Dental Institute and had a shared drive to raise awareness of oral cancer among the public. We had an initial idea and were introduced to three other colleagues, Dr Ewan MacKessack-Loth, Dr Stephanie Sammut and Prof. Victor Lopes, and from there the idea began to grow. We all could first hand the impact the disease had on people’s lives and on the people around them and wanted to do something active, different and visible to bring change at all levels.

In the early days, we thrived on putting together public campaigns with few resources and little funding. We had to think outside the box and be thrifty to get our campaigns off the ground. We used lunchtime, evenings and weekends to design leaflets, paint backdrops and peruse items in charity shops to find the things we needed. It was really fun, and we quickly began to get support from other dentists and dental care professionals as word spread about our work. All five of us went forward to found the charity in 2014 and we have grown year-on-year. We now provide training for undergraduates and continuing professional development for postgraduates, and run regular public campaigns throughout Scotland. We have partnered with national and territorial health boards across Scotland to spread our message about oral self-examination and to help promote early detection.

Today, Let’s Talk About Mouth Cancer is a multi-award-winning charity. Its mission is to improve the prognosis of patients with oral cancer through early detection and diagnosis. We are working to tackle this in a number of ways. Our public campaign is focused on empowering people with the skills and knowledge needed to carry out oral self-examination. Our work is focused on helping the public identify the disease in its early stages. In addition, we counsel the public on reducing risk from well-known risk factors such as tobacco and alcohol. Secondly, we provide training for healthcare professionals at undergraduate and postgraduate level. This work is focused on improving the confidence of healthcare professionals when dealing with a suspicious lesion in primary care and ensuring they are up to date with signs, symptoms and urgent referral pathways.

Our third approach is through advocacy. We have lobbied the Scottish Parliament on issues related to human papillomavirus gender-neutral vaccination and our general work has been supported by a Scottish parliamentary motion.

How big is a problem is oral cancer in the UK and, more specifically, in Scotland?

Oral cancer is a growing problem in the UK, but especially in Scotland. Scotland has more cases of this disease per head of population than any of the other UK nations. Prognosis for patients remains poor, with 50 per cent of those diagnosed losing their lives within five years. Further to this, the inequalities that exist among those who develop the disease and those who do not are stark. In Scotland, the vast majority of people developing oral cancer come from our more deprived communities.

There are issues of social justice that need to be addressed. Improving the environment that people live in, making access to services simpler, making the healthy choice the easy choice and empowering people to care for themselves are just some of the areas that need to be addressed in order to prevent a further rise in the cases of oral cancer. Society’s current approach of mitigating the circumstances when it is too late will not solve the wider issues.

What steps can individuals take to combat oral cancer?

On an individual personal level, we should all be aware of what is going on in our mouths. Being familiar with what is normal in your own mouth is important, so that if there is a change you can pick up on it early. We want everyone to be carrying out oral self-examination to help identify what could be the early signs and symptoms of oral cancer. Our website has details on how to carry out a simple five-point check in less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute. In terms of reducing risk in the first instance: if you smoke, quit; if you drink alcohol, do so in moderation; do not use chew; eat less than a minute.
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Biological Dentistry

By Dr. Carla Schween, France

Biological dentistry is a more bio-compatible approach to oral health and offers alternative therapy to the conventional dental treatment. It regards the patient as a whole and does not treat the mouth in isolation. What happens to the teeth and gingiva has an impact on the rest of the body, and conversely, a systemic condition can affect oral health. Teeth are often regarded as a general state of health. It involves a more organic approach to care, with less invasive protocols and materials. Biological dentists always seek the safest, least toxic way to accomplish the mission of therapy and all the goals of modern dentistry. Biological dentistry describes a philosophy that can apply to all facets of dental practice and healthcare in general.

Oral ecology

The human mouth contains around 100-1,000 different types of bacteria with various functions as part of the human flora and oral microbiology. Individuals who practise oral hygiene have 1,000 to 10,000 bacteria living on each tooth surface, while less clean mouths can have between 100 million and one billion bacteria on each tooth. Some of the bacteria in our mouths are harmful and can cause serious illness, while others are beneficial and prevent disease. Periodontal treatment is an essential component of biological dentistry to prevent diseases such as diabetes, cardiovascular disease, rheumatoid arthritis, and certain forms of endocrine and Alzheimer’s disease.

Immune system

The biological dentist will give the patient nutritional advice and prescribe vitamins and food supplements to enhance the immune system for a better outcome of therapy. For example, in biological dentistry, it is commonly known that a high vitamin D level and low LDL cholesterol are key factors for a better outcome for bone surgery and implant osseointegration.

Dental mercury

An amalgam restoration is of great concern. In biological dentistry, it is because 50% of it consists of mercury—a non-radioactive element on the periodic table. There is mercury exposure during amalgam fillings. Exp Mol Pathol. 1990 Jul;40(1):110–4.

Endodontic treatment

Endodontically treated teeth are dead tissue left in the body. This type of treatment is found in any other medical discipline. Infrahumanism is common at the root apex, as it is almost impossible to clean thoroughly in this area. Even the best endodontic specialist cannot achieve complete cleaning due to bacteria. Accessory lateral channels and the endodontic-periendodontic connection via the dentinal tubules remain unsealed. Thus, bacteria harboured in root canal areas such as intraradicular, dentinal tubules and ramifications may evade disinfection. These pathogenic bacteria produce toxic and potentially carcinogenic hydrogen sulfoxide compounds (thiobutyltrithiothiophosphate) from the amino acids cysteine and methionine as by-products of anaerobic metabolism. Studies have reported several different strains of bacteria found in endodontically treated teeth with periapical periodontitis. Enterococci faecalis and yeast, mainly Candida albinus, are very resistant and have been repeatedly identified as the species most commonly recovered from root canal undergoing retreatment, in cases of failed endodontic therapy and with persistent infections. The predominance of Gram-negative bacteria associated with endodontic infections and evidence of cytokine production in inflamed pulp and periapical granulomatous tissue has shown an elevation of systemic levels of inflammatory mediators in endodontic patients which could have an impact on distant organs.

Recent work in the field of facial pain syndromes and NICO has led to the realisation that the jawbone is a frequent site of ischaemic osteonecrosis. This can be called aseptic necrosis. Since the human body and its robust immune system can combat ischaemic tissue relatively well, and conventional medicine does not consider the body to be an integrative system, and focuses much more on its parts, the link between the oral cavity and symptoms elsewhere in the body has not been well established. The biological dentist takes this relation very seriously and watches endodontically teeth closely. The best way to diagnose inflammation of the root apex is to rely on a 2D radiographic imaging (CBCT) which has been shown in many cases it can detect periapical peridontitides where a 2D radiograph shows a sound picture (Fig. 6). Caviton or jawbone osteonecrosis.

Biological dentistry today

Dentistry is a rapidly evolving field. Biologically, the teeth would not be made of metal and other foreign materials in cases of failed endodontic therapy. But today, we can do better dentistry in a less toxic, more individualised, more integrated and better dentistry in a less toxic, more medically friendly way than ever. Biological dentistry is a mindset more than a specialty. It could also be called advisory dentistry or common sense dentistry. When dentists choose to put biocompatibility first, they can look forward to practising effective dentistry while knowing that patients are provided with the safest experience for their health.

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HOW TO LOCATE, REGISTER, AND TRANSFER TO THE ARTICULATOR.

Stable temporomandibular joint (TMJ) allows stable occlusion. Thus, after the (TMJ) examination, the static and dynamic occlusion should be transferred and analyzed with cast models in the semi-adjustable articulator.

Occlusal adjustment by addition, decrease, orthodontic treatment and/or orthognathic surgery should be based, such as cast models fixed in the semi-adjustable articulator in the Centric Relation position. The use of the anterior deprogrammer device, AFR-MiniReg (dentrade.com), relined with Polyvinyl siloxane - PVS or stick compound is efficient and reproducible for this purpose.

The AFR - MiniReg technique, combines the deprogrammer device with the Gothic Arch. The lines inscribed in the graph represent the mandibular movements in the horizontal plane and the vertex represents the mandible centered in relation to the maxilla. Thus, the position of the Centric Relation is located.

This graphic recorded with the AFR - MiniReg allows the dentist to capture the mandibular position of centric and eccentric.

The wax of quality, shape and thickness can be used with the MiniReg.

This is the Interocclusal record to fix the lower cast model in the Centric Relation position.

The AFR - MiniReg is not transferred to the cast models.

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FEFU scientists may have found way to grow new teeth for patients

By DTI

VLADIVOSTOK, Russia: A group of histologists and dentists from the Far Eastern Federal University (FEFU) have collaborated with Russian and Japanese colleagues and discovered cells that may be responsible for the formation of human dental tissue. The findings could provide a basis for the development of bioengineering techniques in dentistry aimed at growing new dental tissue.

The scientists used human prenatal tissue to study the early stage of development of the embryonic oral cavity during the fifth and the sixth week of tooth formation. They recognized several types of cells that are involved in the formation of one of the tooth rudiments, namely the enamel organ. Additionally, they identified the chromophobe cells responsible for the development of human teeth in the first weeks of embryo growth.

Numerous attempts to grow teeth from only the stem cells involved in the development of enamel, dentin and pulp, i.e. ameloblasts and odontoblasts, were not successful: there was no enamel on the samples, teeth were covered only by defective dentin. The absence of an easily accessible source of cells for growing dental tissue seriously restricts the development of a bioengineering approach to dental treatment. To develop technologies of tissue engineering and regenerative medicine, promising methods of treatment in dentistry, the cells identified by us may become the key to the new level of quality dental treatment,” said Dr Ivan Reva, senior researcher in the Laboratory for Cell and Molecular Neurobiology at the FEFU’s School of Biomedicine.

“Natural implants that are completely identical to human teeth will no doubt be better than titanium ones, and their lifespan can be longer than that of artificial ones, which are guaranteed for 10–15 years. Although for a successful experiment, we still have a lack of knowledge about intercellular signaling interactions during the teeth development,” he added.

The scientist noted that large chromophobe cells do not reside only where the teeth of the embryo form. They also exist at the border where the multilayered squamous epithelium of the oral cavity passes into the cylindrical epithelium of the developing digestive tube. This means that the new bioengineering approach is relevant not only for growing new dental tissue but also for growing organs for subsequent transplantation and will probably be applied in gastroenterology.

The scientists have yet to understand how, in the earliest stages of human embryo development, different types and forms of teeth develop from the seemingly homogeneous and multilayered ectoderm which is located in the forming oral cavity. However, it is already clear that more kinds of cells are engaged in the earliest stages of human tooth formation than were previously supposed.

The study, titled “Embryonic development of human teeth,” was published in the March 2019 issue of the International Journal of Applied and Fundamental Research and is only available in Russian.

The Oral Health Foundation has recently published a new set of global science-based guidelines for denture adhesives. The new recommendations will combat the current limited recommendations and guidance available.

“The current lack of guidance on the use of denture adhesives may mean that denture wearers are left confused,” said Dr Nigel Carter, OBE, Chief Executive of the OHF. “The evidence is clear; using an adhesive can provide benefits for patients with best-fitting dentures both in terms of function, confidence and comfort. These new guidelines will give dental professionals the confidence to know how and when to recommend denture adhesives for maximum patient benefit,” he continued.

The new denture adhesive guidelines follow on from previous advice on how to clean dentures published by the OHF in August 2010. Together, they form a comprehensive resource on complete dentures for dental professionals, carers and denture wearers.

The guidelines were announced at the 2017 Revision of the World Population Prospects. The 2017 Revision, there are expected to be 1.1 billion people aged 60 years or older in the world by 2050. This number represents 16% of the expected population and is triple the figure for this age group in 1950. Consequently, there will be a growing need for denture adhesives, as older adults are more likely to experience tooth loss. Denture adhesives or fixatives offer better retention and stability of dentures, improved confidence and comfort, and reduction or elimination of food debris beneath dentures.

A task force, which included experts from the OHF, King’s College London and representatives from the US, Greece, Japan and Switzerland, undertook a comprehensive review of existing guidance for the best use of denture adhesives. The panel found only limited recommendations and guidance available.

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The guidelines were announced at the 2019 International Association for Dental Research General Session and Exhibition in Vancouver in Canada.
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Programme outline: implant design, radiographic techniques, implant surgery, implant specific treatment planning. Basic practice management.

Module 3    |   July 2020 (4 days)   |   Restorative Aspects of Implantology
Programme outline: restorative techniques, prosthetic hands-on training, patient treatment, follow-up and oral hygiene, complications to avoid and treat. In depth practice management.

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Technology may help clinicians “see” a patient’s real-time pain

Children with autism often overlooked for dental care
One-year clinical specialisation course for selected wavelengths

**DUBAI, UAE**
Module 1 | 23-26 October 2019 (4 days) | Laser Safety, Laser Devices and Diode Lasers
Laser Safety Officer course | e-learning | Laser technique (Diode lasers) | High power Diode lasers (clinics) | Scientific background and clinical indications | Skill training every day of every clinical indication | Patient treatments (demonstrations)
**Hands on:** Pigmentation on soft tissue, gingivectomy and gingivoplasty, frenectomy, fibroma removal, crown lengthening, depigmentation, endodontic procedure - canal irradiation performed on sheep heads | Patient treatments (demonstrations)

Module 2 | 11-14 March 2020 (4 days) | Module Erbium Lasers
Laser Safety Officer course | e-learning | Laser technique (Diode lasers) | High power Diode lasers (clinics) | Erbium Lasers (clinics) | Laser technique (Erbium lasers) | Er:YAG and Er,Cr:YSGG | Scientific background and clinical indications | Skill training every day of every clinical indication | Patient treatments (demonstrations)
**Hands on:** Preparation in enamel and dentine, generation of a retentive surface, canal decontamination, apicectomy, soft-tissue cut with short pulses, soft-tissue cut with long pulses, open curettage, crown lengthening and bone preparation performed on sheep heads | Patient treatments (demonstrations)

**DUBAI, UAE**
Module 3 | 13-16 December 2020 (4 days) | Combined Wavelengths Therapy Concepts & Mastership Exams
Laser therapy concepts with the use of 2 different wavelengths | Written multiple-choice exam | Oral Exam (presentation of 5 patient treatments cases with diode or Erbium lasers) | Graduation Ceremony, after successful completion of an examination at RWTH Aachen University | 600 hours total workload | Over the complete course duration: case documentation & discussions

The programme targets dentists who would like to specialise in certain wavelengths. Over the course of one year, participants are taught fundamental physical and technical knowledge, and how to recognise primary, secondary, and tertiary indications on 12 attendance days split into 3 modules held over 3 educational blocks. This programme concludes with an official certificate of RWTH Aachen University, and is offered in collaboration with the RWTH Aachen International Academy, the post graduate education wing of the University.
Otago University opts for Dentsply Sirona

Over 210 Sinus treatment centers are ready for training

By Dentsply Sirona

Building up a dental training facility from the scratch – this ambitious project is nearing completion at Otago University’s Faculty of Dentistry in New Zealand. Mid-March 2019, so-called super-users have started their training with the over 210 Sinus treatment centers that Dentsply Sirona installed on the University’s Dunedin campus by the end of 2018. Dentsply Sirona accompanied through the final steps by providing high-quality trainers from Germany and Australia.

New Zealand’s dental students and patients are about to benefit from an entirely new-built dental teaching facility at Otago University’s Dunedin campus. As one of the last steps of this demanding construction project, Dentsply Sirona provided experienced trainers from Germany and Australia to teach the so-called super-users how to work with the new Sinus treatment centers. Mid-March 2019, they learned to use the full capability of the state-of-art treatment centers and their associated equipment. Henceforth, the qualified super-users will run on-going training sessions with small groups of the dental faculty’s staff and students to prepare them for putting the building into full operation in April/May 2019. The completion of the new training facility is the first part of a two-phase building project with a total volume of 130 million New Zealand dollars.

Supporting workflow-oriented dental training

Professor Alison Rich, Dean of the Faculty of Dentistry at Otago University, adds: “The fact that the Sinus treatment centers are installed and operational is an exciting milestone because it demonstrates clearly that we will be in our new facility soon. We designed the clinic with a dedicated focus on people – patients, students and staff – and thus chose Dentsply Sirona’s Sinus treatment centers.” The new building’s design is tailored to modern dental processes and workflows. Each bay offers adequate space for students, supervi- sors and patients. Every treatment revolves around a host of services – including power, data, water, drainage, compressed air, dental suction and a central dosing system that cleans internal pipework.

Over 210 Sinus treatment centers – completely digitised

Otago University opted for Dentsply Sirona’s Sinus treatment centers and additional equipment in the context of an international call for tenders in 2018. “Our offer met the Faculty of Dentistry’s needs and enabled all the services to be connected to New Zealand standards” explains Peter Beasing, Director Sales International Special Clinic Solutions at Dentsply Sirona.

Each of the 211 Sinus treatment centers integrates various functions, for example:

• The patient’s records as well as digital x-rays and scans is displayed chair-side at a screen.
• Digital impression systems – Dentsply Sirona’s CEREC Omnicam – take dental images that are also accessible via the chair-side screen.
• A digital self-cleaning system ensures hygienic treatment standards.
• Dentsply Sirona’s VIONEX software solution connects all Sinus treat- ment centers so, their functioning can be monitored centrally via the Internet to immediately identify and address maintenance needs.

“The Sinus treatment centers are designed specifically for the Otago University’s requirements to fit perfectly to several areas of applications – for example in terms of general dental care as well as orthodontics, special care and pediatrics”. summarises Jörg Vogel, Vice President Sales International Special Clinic Solutions at Dentsply Sirona. Prior to the installation of all Sinus treatment centers, the Faculty of Dentistry performed rigorous tests with a sample unit in the mock-up of a typical clinic treatment bay to ensure that the mock-up set-up would work for staff and students.

Successful conclusion of an ambitious installation project by the end of 2018, Dentsply Sirona installed the Sinus treatment centers in eight different configurations.

• 211 intra oral imaging systems (Heliodent Plus) as well as Orthophos 2D and 3D extra oral imaging systems and
• 2,000 instruments.

Besides the specialty and teaching clinics, the new building will house the Otago University’s Primary Care Unit, radiography and surgical suites. It belongs to a two-part building complex that includes the Walsh Building, which has been used hitherto for the new training facility’s purposes. Following its refurbishment, the Walsh Building will serve for research laboratories, academic offices, student support, and teaching laboratories.

Tipton Training awarded Royal College of Surgeons of England accreditation

By Tipton Training

The Royal College of Surgeons of England have awarded Centre Accreditation to Tipton Training for its Courses in UK and Ireland. With this Tipton Training becomes the first private post graduate dental education provider in UK to have an RCS England accredited center. The pro- visional accreditation conferred on Tipton Training in December 2018 and was ratified by the RCS Council on the 15th of June 2019.

This means that, in addition to the valuable skills a Tipton Training course delivers, delegates can be rest assured of the quality of education and methods of training has been reviewed by the best in the industry. The entire Level 7 Course portfolio successfully meets the criteria and standards for accreditation.

To achieve accredited status, Tipton Training underwent a comprehensive review from RCS senior figures, including Professor Michael Es- cudier (Dean of the Faculty of Den- tal Surgery), Varasta Brooks (Board Member), Dr Selina Master (Board Member), along with Salm Nazir (Head of Quality Assurance and Ac- creditation). Specifically, areas such as Facilities, Resources and faculty, Education portfolio and infrastructure and quality management processes were assessed.

Senior management from Tipton Training – including Professor Paul Tipton (Clinical Director), Vivek Gupta (CEO and Les Fringle (Head of Course Operations) – also discussed course development and delivery, decision-making processes and gen- eral management.

As a result of this accreditation, Tipton Training have been awarded Centre Accreditation for its Postgraduate Courses of the very highest standards.

"With this RCS accreditation, our dele- gates can rest assured that Tipton Training courses are of the very high- est standards. Becoming the first RCS England accredited private dental education center in UK, is exciting but also reinforces our commitment to quality dental education that adds real clinical skills," explains Vivek Gupta, CEO of Tipton Training.

Our Postgraduate Certificate and Diploma courses also have Level 7 (Masters Level) status. This means that Tipton Training alumni possess a real advantage when applying for competitive positions, or when looking to expand the range of their treatment options for their practice patients."