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 convener 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 Cholainn 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 we were introduced to three other colleagues, Dr Ewan MacKessack-Leitch, Dr Stephanie Sammut and Prof. Victor Lopes, and from there the idea began to grow. We all could see 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 lunchtimers, evenings and weekends to design leaflets, paint backdrops and persuade 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 to help promote early detection.

Today, Let’s Talk About Mouth Cancer is a multi-award-winning charity still driven by the same five volunteers, who are now close friends. We are still true to our humble beginnings, have kept our running costs low and continue to be extremely grateful to patients, colleagues, relatives, students and everyone who has donated or raised funds in any way to help us continue with our work.

What is Let’s Talk About Mouth Cancer’s mission? How do you hope to achieve this?

Our mission is to improve the prognosis of patients with oral cancer through early detection and diagnosis. We are trying 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 to identify this disease themselves and present early. We also counselled 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 of 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. Progress 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 disturbing, with the vast majority of people developing oral cancer come from 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 it up 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 heavily, do so in moderation; do not use chewable tobacco products; and areca nut. It goes without saying that leading a healthy lifestyle and having a balanced diet will do wonders for your general health, but it will also reduce the risk of developing oral cancer.

At the health professional level, we need to be up to date, vigilant and competent in dealing with suspicious lesions. Being familiar with signs and symptoms of oral cancer is important; as is listening to the patient’s concerns and taking him or her seriously, understanding the urgency and prioritising the referral pathway in the area in which we work and being competent in referring appropriately. Health-care professionals also have a role in educating patients about reducing risk and teaching them how to carry out oral self-examinations.

Let’s Talk About Mouth Cancer will be hosting the Global Oral Cancer Forum 2020 (GOCF’20) in Edinburgh in March next year. What can dentists and other health professionals look forward to at this event?

GOCF’20 takes place over two days—6 and 7 March 2020—and the theme is “Reducing risk, prevention, early diagnosis and innovative treatments.” We have lined up a selection of high-calibre international speakers and expert panellists to inform the conversation with attendees from around the world. Our aim is to develop actionable outputs in the global battle against oral cancer.

Unlike other international events, GOCF’20 invites attendees from all backgrounds: dentists, doctors, surgeons, public health practitioners, NGOs, charities, data scientists, survivors and patients to join the conversations and establish new thinking in the challenge oral cancer poses globally. Registrations for the conference will go live soon and all the info is available on the event’s website. We want as wide and varied an audience as possible to join the conversations as we develop these ideas. Come along and be part of the action! ■

Interview:
“Mouth cancer is a growing problem”
THE EVOLUTION OF PROPHYLAXIS

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Biological Dentistry

By Dr. Carla Schweer, France

Biological dentistry is a more bio-compatible approach to oral health and offers alternative treatment 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. Conversely, a systemic condition can affect oral health. Teeth are often seen as a mirror of a general state of health. It involves a more organic approach to care, with less-invasive protocols and materials. Biological dentists also 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 500–1,000 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 100,000 bacteria living on each tooth surface, while less clean mouths can have between 500 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 part of biological dentistry to prevent diseases such as diabetes, cardiovascular disease, rheumatoid arthritis, osteoporosis, endometriosis 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. Biological dentists believe that placing metal and other foreign materials in the teeth and gingiva may have unintended consequences. That is why biological dentists only offer metal-free alternatives such as ceramics or composites. Composites are also chosen with care, as they should be mercury-free and non-allergenic. Consequently, they are free of HEMA, bis-GMA and TEGDMA.

A bridge framework and titanium implants are replaced by a zirconia framework, which has established beyond any doubt the biological and great osseointegration and osseotomy. These implants consist of zirconia, a biocompatible ceramic material free of metal. This type of implant promotes complete assimilation into the jawbone and the surrounding gingiva.

Aside from their ability to provoke immune reactivity, metals are electrochemically active. Oral galvanism has been discussed for well over 100 years, but dentists have tended to ignore it and treat the symptoms of the condition. Biologic macromolecules can influence the rate of corrosion by interfering in different ways with anodic or cathodic reactions. When combined with mechanisms (such as static loading, dynamic loading or wear) and inflammation, corrosion is intensified. The corrosion behaviour of a metal in non physiological in vitro studies versus physiological in vitro studies and versus in vivo studies may vary dramatically. The corrosion control in vivo is currently limited to care design, proper material selection and surface modification. The effectiveness of coatings may be limited in vivo due to wear.

Endodontic treatment

Endodontically treated teeth are dead tissue left in the body. This type of procedure has not been found in any other medical discipline. Infarctis is common in the root apex, as it is almost impossible to clean thoroughly in this area. Even the best endodontic specialist cannot achieve a complete cleaning of the bacteria. Accessory lateral channels and the endodontic-periconical connection via the dentinal tubules remain unsealed. Thus, bacterial harboured in root canals as well as extraneous, dentinal tubules and ramifications may evade disinfection. These pathogens can produce toxic and potentially carcinogenic hydrogen sulphide compounds (glutathione and mercaptans) 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. Enterococcus faecalis and yeast, mainly Candida albicans, are very resistant and have been repeatedly identified as species most commonly recovered from root canals undergoing retreatment, in cases of failed endodontic therapy and with persistent infections. The predominance of Gram-negative anaerobes associated with endodontic infections and evidence of cytolytic 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 are a frequent site of ischaemia and osteonecrosis. This can be called aseptic necrosis or ischaemic necrosis of the jaw. As a result, many extraction sites that appear to have healed actually have not healed completely. It may trigger pain in other parts of the face and head, and in distant parts of the body. Even though most of these sites present with no symptoms at all, pathological examination reveals a combination of dead bone and slowly growing anaerobic pathogens in a mixture of highly toxic waste products where there otherwise appears to be proper healing.

Blame for these infections has been placed on the periodontal ligament left behind after extraction. However, it is most likely that cavitation occurs as a result of a combination of initiating events, predisposing risk factors and environmental factors. Notably, if patients have infections after their extractions or their exposure to traumatic events such as dry sockets, there is a higher likelihood of cavitation development. Usually in these cases, the wound has not been thoroughly cleaned and sterilised. An effective way to sterilise the extraction site is by using laser and ozone.

Biological dentistry today

Dentistry is a rapidly evolving field. Especially, biological dentistry is always seeking the latest research for a better and safer approach. In the past, it was revolutionary to be able to restore a tooth instead of just pullling it out; amalgam, gold and denture teeth were, at the time, innovative materials and a better option than extraction. But today, we can do better dentistry in a less toxic, more individualised, more integrated and more environmentally friendly way than ever. Biological dentistry is a mandate more than a specialty: it could also be called advisory dentistry or common sense dentistry. When dentists choose to put biocompatibilily first, they can look forward to practising effective dentistry while knowing that patients are provided with the safest experience for their overall health.

References

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 (denttrade.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.

The semi-adjustable articulator and the Interocclusal Record with the AFR MiniReg offers:

1. Consistent data results for the complete use of the semi-adjustable articulator.
2. Safety for the Dentist and the Dental Technician when carrying out the planning of each particular case.
3. The patient treated in this way will benefit with well-being and comfort.
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 recognised 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 clue 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 signalling 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 earlier 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.

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Oral Health Foundation launches new guidelines for denture adhesives

By DTI

RUGBY, UK/VANCOUVER, Canada: The Oral Health Foundation (OHF) 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 Cartner, 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 2018. Together, they form a comprehensive resource on complete dentures for dental professionals, carers and denture wearers.

The guidelines were announced at the 2019 International Association for Dental Research General Session and Exhibition in Vancouver in Canada.
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- Dr. Munir Silwadi, UAE
  Specialist Prosthodontist and Implantologist

Certificate  |  3 Modules  |  12 Days
Module 1  |  27 February – 01 March 2020 (4 days)  |  Basics of Implantology
Programme outline: implant market, osseointegration, treatment alternatives, treatment planning and patient selection, basic surgical techniques and protocols. Hands-on training: surgical techniques and medico-legal aspects to implant dentistry.

Module 2  |  April 2020 (4 days)  |  Treatment Planning and Surgical Treatment
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.

Diploma  |  3 Modules  |  12 Days
Module 4  |  October 2020 (4 days)  |  Immediate and Early Loading Concepts and Treatment of the Resorbed Jaw
Programme outline: tooth now concept, immediate and early loading concepts from single tooth to fully edentulous patients, severely resorbed jaws, sinus lift and ridge splitting techniques, hands-on training and live patient surgical treatment.

Module 5  |  January 2021 (4 days)  |  Medical Compromised Patient and Soft and Hard Tissue Management | Aesthetic and Restorative Challenging Patient
Programme outline: medications related osteonecrosis, GBR techniques, soft tissue management, implant aesthetics, ceramics and implants.

Module 6  |  April 2021 (4 days)  |  Rare Complications and Techniques
Programme outline: rare complications, combination implants and teeth, live patient treatment, written and oral examination and case presentations.

DUBAI 2020-2021

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ANN ARBOR, U.S.: Management of a patient’s pain during even the simplest of procedures can be difficult. In a development that may one day simplify the task, a team of scientists from the University of Michigan (UM) have created a technology to help clinicians “see” and map patient pain in real time, through special augmented reality glasses. Although it is still some years away from being integrated into dental offices, the researchers believe the technology is a good first step in the advancement of pain management technology.

“It is very hard for us to measure and express our pain, including its expectation and associated anxiety,” said Dr. Alex DaSilva, associate professor at the UM School of Dentistry and Director of the Headache and Orofacial Pain Effort Laboratory. A portable clinical augmented reality glasses (CLARAi) platform combines visualization with brain data using neuroimaging to navigate through a patient’s brain while in the chair. The technology was tested on 21 volunteer dental patients, and the researchers hope to include other types of pain and different conditions in the future.

Patients were caps fitted with sensors to detect changes to blood flow and oxygenation. Their reaction to cold when applied to their teeth was then measured. While seated in the dental chair, patients were augmented reality glasses that allowed the researchers to view the subject’s brain activity in real time on a reconstructed brain template. According to the researchers, they used brain pain data to develop algorithms that, when coupled with new software and neuroimaging hardware, predicted pain or the absence of it about 70% of the time.

With CLARAi, practitioners could begin to understand a patient’s pain better while still remaining focused on the procedure at hand. “Right now, we have a one to ten rating system, but that’s far from a reliable and objective pain measurement,” noted DaSilva.

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

Children with autism often overlooked for dental care

Children with autism often overlooked for dental care

ADV

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AD

CHARLESTON, S.C., U.S.: Autism affects a child’s social skills. Even simple tasks, such as scheduling an appointment at a dentist’s office, may often be a challenge for children with autism spectrum disorder and their parents. As a result, by delaying or missing early dental appointments, children with ASD develop an increased risk of dental caries and oral infections that could impact their entire body. They also miss out on the opportunity to develop a comfortable routine with a dentist.

Dentally magazine recently ranked South Carolina as one of the top states where children with ASD have a high risk of oral health problems. The ranking was based on data obtained from the National Survey of Children’s Health. The survey reported that more than 90 percent of children in South Carolina with behavior and developmental disorders are not receiving services like behavioral, occupational and speech therapy. Autism Speaks, an advocacy organisation, lists behavior as one of the most crucial things parents of children with autism consider when thinking about receiving dental care.

"Everybody deserves a dental home," said Dr. Cynthia L. Hipp, associate professor at the Medical University of South Carolina (MUSC). Hipp also works in MUSC’s Pamela Kaminzky Clinic for Adolescents and Adults with Special Health Care Needs and recalls going to great lengths to help parents make their children feel comfortable. It may also help to familiarize children about receiving services like behavioral, occupational and speech therapy. Autism Speaks, an advocacy organisation, lists behavior as one of the most crucial things parents of children with autism consider when thinking about receiving dental care.

"Everybody deserves a dental home," said Dr. Cynthia L. Hipp, associate professor at the Medical University of South Carolina (MUSC). Hipp also works in MUSC’s Pamela Kaminzky Clinic for Adolescents and Adults with Special Health Care Needs and recalls going to great lengths to help patients feel more comfortable during their visit, even doing dental examinations on the floor or in cars. "You have to think outside of the box," she said, while noting that it may often require great patience to ease a child’s fear of the dentist.

To facilitate the process, Hipp advises parents to contact a dentist before scheduling an appointment and to communicate what makes their children feel comfortable. It may also help to familiarize children about receiving services like behavioral, occupational and speech therapy. Autism Speaks, an advocacy organisation, lists behavior as one of the most crucial things parents of children with autism consider when thinking about receiving 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)

**AACHEN, GERMANY**
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.
Tipton Training awarded Royal College of Surgeons of England accreditation

By Tipton Training

The Royal College of Surgeons of England has awarded Centre Accreditation to Tipton Training for its Courses in the UK and Ireland. With this Tipton Training becomes the first private postgraduate dental education provider in UK to have an RCS England accredited centre. 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 whole Level 7 course portfolio successfully meets the criteria and standards for accreditation.

To achieve accredited status, Tipton Training underwent a comprehen-

sive review from RCS senior figures, including Professor Michael Es-

cudier (Dean of the Faculty of Dental Surgery), Varasta Brooks (Board Member), Dr Selina Master (Board Member), along with Salim 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 Pringle (Head of Education) - were accredited, new course and delivery decision-making processes and general management.

As a result of this accreditation, in the future, the Enhanced CPD hours delivered by Tipton Training will be RCS England Accredited 2 Course completion certificates and Enhanced CPD certificates will carry the RCS England logo.

“With this RCS accreditation, our del-

egates can rest assured that Tipton Training courses are of the very high-

est standards. Becoming the first RCS England accredited private dental education centre 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 treatment options for their practice patients.”