WOHP and the BSDHT announce winners of the inaugural Oral Hygiene By Design Award during BDIA.

From left to right: Matthew Kent (WOHP Senior Global Manager), Michelle Coles (Gold Award winner), Jack Waddington (Silver Award winner), Jennifer Huntley (Bronze Award winner) and Michaela ONeill (BSDHT President).

Michelle’s winning entry, “Hooked on Oral Hygiene” helps patients ‘hang-on’ to their oral hygiene advice even after they leave the clinic. This winning idea will be launched to clinics nationwide in 2016. Michelle also receives a grant of £750 towards her Continuing Professional Development (CPD) and a year’s supply of Wrigley’s Extra sugarfree gum for her clinic.

The Oral Hygiene By Design Award invited BSDHT members to unleash their creative talents and submit designs for the ‘ideal’ oral hygiene instruction tool. A wide range of innovative designs were reviewed by an esteemed panel of judges and Miss Coles’ design was felt to be a simple yet powerful tool that enables the full spectrum of oral hygiene advice to be captured in one easy-to-use resource, but that can also be personalised for individual patients’ needs.

Our congratulations also goes to the Jack Waddington as the Silver Award winner for the “MouthHouse” app, and Bronze Award winner, Jennifer Huntley for the “Diet for Dental Health” app. Jack Waddington and Jennifer Huntley will receive £500 and £250 financial grants towards their CPD respectively, as well as a one year’s supply of Wrigley’s Extra sugarfree gum for their clinics.

We would like to thank everyone who entered the competition, we were delighted with the response received. There were lots of innovative and creative ideas submitted, from videos and competitions to models and leaflets – it was truly a testament to the great work that you do on a daily basis to support your patients with improving their oral health.

And don’t worry – we are always on the lookout for innovation and inspiration, so watch this space for another chance in the future to enter your creative, educational ideas and win fantastic prizes!

Please email WOHP@wrigley.com or visit www.wrigleyoralhealthcare.co.uk if you have any queries, or for more information on the competition or winning award.
FROM THE EFP

Podcast of Prevention Workshop webinar is now available for viewing

The podcast recording of the November 9 Prevention Workshop webinar – in which the four co-chairmen explained guidelines to prevent periodontal disease and peri-implantitis – is now available for viewing.

The online seminar, which was watched live by 420 viewers in 28 countries, was streamed live from a Madrid TV studio. It featured both informative videos and discussions between Mariano Sanz, Maurizio Tonetti, Iain Chapple, and Søren Jepsen about the conclusions and guidelines of the XI European Workshop in Periodontology, the Prevention Workshop.

Of note is the Workshop’s finding on flossing, which highlighted the fact that there is currently insufficient evidence to demonstrate that the use of dental floss offered any significant benefit for patients with gingivitis or periodontitis.

The proceedings and conclusions of the XI European Workshop in Periodontology, which was supported by educational grants from Procter & Gamble and Johnson & Johnson, are available online in a free, open-access supplement of the April 2015 issue of the Journal of Clinical Periodontology.
IGNORING PUBLIC HEALTH ENGLAND REPORT ON SUGAR REDUCTION WOULD BE RECKLESS

The British Society of Dental Hygiene and Therapy (BSDHT) fully support the new recommendations on sugar published by Public Health England (PHE) and believe ignoring them will lead to thousands more children needlessly suffering from poor oral health.

The eagerly anticipated, evidence based, report from PHE¹, recognised the need for high level intervention on sugar and identified a number of key areas for action, including: banning price promotions and the introduction of a 10-20% tax on sugary soft drinks.

Michaela ONeill, President of the BSDHT, responded to the report: “This report confirms what we have known for a long time; we need to act now on our nation’s addiction to sugar and stop children suffering from potentially painful and distressing oral health problems.

“Shockingly, a recent study found half of eight year olds have visible signs of decay on their teeth and a third of children are starting school with visible signs of tooth decay.

“Children’s tooth extractions cost the NHS around £30 million per year with the key cause being tooth decay.

“The BSDHT and our members have long campaigned for action on sugar and these recommendations need seriously to be reviewed and acted upon; the evidence is all there and ignoring it would simply be reckless.

“The BSDHT continue to strive to improve children’s oral health through education within dental practices and schools with our First Smiles initiative. But the government needs to act on this report and support the dental industry if we are to really help future generations of children benefit from healthier diets and also allow parents to understand how destructive too much sugar can be to their oral health.”

New research has identified preventative treatments offered by dental hygienists and those dually qualified in dental hygiene and therapy (DHTs) are the key to halting peri-implantitis.

The findings, published in the Journal of Clinical Periodontology and supported by the European Federation of Periodontology (EFP), illustrated an alarming increase in the cases of peri-implant diseases and highlighted the vital role primary oral healthcare plays in preventing them.

The report also recognised the difficulties which dentists are facing in finding workable solutions for treating peri-implantitis once it has taken hold. This further emphasises the need for accurate early identification and management of any signs of inflammation by wider dental professionals.

Michaela ONeill, President of the British Society of Dental Hygiene and Therapy (BSDHT), spoke about the role dental hygienists and DHTs can play in helping to prevent peri-implant diseases.

Ms ONeill said: “Within the last couple of decades dental implants have become established as a routine and safe procedure which offers patients a more aesthetically pleasing and manageable alternative to crowns and bridges. But we have recently seen a worrying increase in the number of patients who suffer from peri-implant diseases due to poor supportive therapy, something which dental hygienists and DHTs have the ability and knowledge to prevent.

“In their research the EFP identified that after five years only one in five (18 per cent) of patients who complied with supportive therapy presented with peri-implant diseases, while the proportion of patients who did not adhere to correct supportive therapy with problems was more than doubled (43.9 per cent). What is easily evident is that with correct supportive therapy offered by dental hygienists and therapists the majority of these cases can be prevented.

“Dental hygienists and those dually qualified are specially trained to provide expert preventative support after treatments such as dental implants, which can dramatically reduce any potential problems. The BSDHT believe implants must be treated in the same way as natural teeth in order for them to last as long as possible.

“We fully support the EFP report where it recommends that dental professionals make it clear to patients who have been provided with an implant that they must continue to visit a dental professional for clinical examination and evaluation on a regular basis,” added Ms ONeill.

“Significantly, there is no established way to treat peri-implantitis, making it vitally important that we ensure those patients who have had implants are receiving the correct after care. This should include regular visits to their dental hygienist or DHT in order to avoid any potential problems the patient might have in the future.

“How well a patient looks after their implant, and whether they go for regular maintenance appointments, has the biggest impact on how long they will last.”

Reference
MOUTH CANCER RECOGNITION TOOL KIT

Mouth cancer is now the tenth most common cancer in men according to new figures released by Cancer Research UK.¹

This latest data shows around 7,300 people were diagnosed with mouth cancer in the UK in 2012 and twice as many men than women diagnosed with the disease – around 4,900 males and 2,400 females.²

It is the fifteenth most common cancer in women.

Over the last decade, cases of mouth cancer have risen from around 4,500 back in 2002. The incidence rate of the disease has increased by a third over ten years, rising from 9 per 100,000 people in 2002 to 12 per 100,000 in 2012.

Because of this sharp rise in mouth cancer cases, Cancer Research UK has launched a new mouth cancer toolkit for dental professionals and GPs to help try and spot the disease earlier.³

The free toolkit for health professional features images of signs and symptoms and outlines how GPs and dentists should refer patients for further tests. Health professionals also accrue credit for their continued professional development by completing the toolkit.

Access the dental professionals toolkit here.

References

Annual average age-standardised incidence rate for mouth cancers (ICD10 C00-C06, C09-C10, C12-C14) in the UK between 2000-2002 and 2010-2012 (9 and 12 per 100,000 people respectively.)
Please note that the cases from 2002 and 2012 are based on single year incidences, whereas the incidence rates are based on three-year rolling data (2000-2002 and 2010-2012).

2. The latest UK wide incidence data for mouth cancer is from 2012. The process of registering a cancer is complex and there are a number of processes in place to ensure the data is of a high-quality.
Cancer Research UK compiles UK wide incidence data produced by the regional cancer registries in England, and the three national registries in Wales, Scotland and Northern Ireland for our UK statistics but it means we have to wait until all of the data has been published by each country before we can compile and publish it.
The process to compile and analyse the data means there is usually a delay of around 18 months before the data is complete.

3. Oral Cancer Toolkit
This online toolkit aims to increase dental professionals’ and GPs’ knowledge around detection of oral cancer and covers the signs to look out for, how to respond, as well as possible risk factors for mouth cancer. The toolkit features a detailed image library, a referral guide, case studies, examination videos and a CPD quiz.
The toolkit has been produced with funding from the Department of Health, in response to research indicating that there was a need for a mouth cancer educational resource to improve the knowledge gaps among GPs and dental healthcare professionals. This educational toolkit will aim to boost the knowledge and confidence among dental health professionals and GPs in helping to identify suspicious oral lesions and accurately refer them to secondary care.
This resource is freely accessible to all GPs and dental health professionals.
For more information about mouth cancer visit http://www.cancerresearchuk.org/about-cancer/type/mouth-cancer/
For further information about Cancer Research UK’s work or to find out how to support the charity, please call 0300 123 1022 or visit www.cancerresearchuk.org. Follow them on Twitter and Facebook.
Sensodyne and Discovery Network Collaborate to Explore the World of Science in Oral Health

A unique digital content partnership is set to raise awareness of the role of science in oral care and how technology can promise a bright future for patients.

Sensodyne, manufactured by GSK Consumer Healthcare, has announced a partnership with Discovery Network to develop a global digital content series. Future Now is a four-part series of short documentaries exploring how technology and science are impacting on healthcare, particularly oral health. The thought provoking content is available to view now at http://www.discoveryuk.com/future-now.

Topics in the series include repairing the human body and the role of Bioglass technologies, how the technology developed for space exploration is giving insight into the oral environment and how modern lifestyles are impacting on our bodies. The series takes us back in time, considers current challenges and looks at how technology could help offer patients a brighter future.

“Sensodyne has been dedicated to helping people care for their sensitive teeth for over 50 years with its range of science based products”, says Dr Teresa Layer, VP Oral Health Research & Development GSK.

Videos will be available online for patients and professionals to view until December 2015.
Abstract

Management of gagging in dental patients

Gag reflex is an involuntary defence mechanism to protect the pharynx and throat from foreign objects. Gagging is a common problem encountered during dental treatment, which makes therapeutic procedures distressing and often difficult or even impossible to perform. Various interventions can be used to control the gag reflex; for example, anti-nausea medicines, sedatives, local and general anaesthetics, herbal remedies, behavioural therapies, acupressure, acupuncture, and prosthetic devices.

Objectives:
To assess the effects of pharmacological and non-pharmacological interventions for the management of gagging in people undergoing dental treatment.

Key results:
The results did not show a difference between acupuncture at P6 (Pericardium 6 - situated on the front surface of wrist) and sham acupuncture in reducing gagging or allowing successful completion of dental procedure. No noteworthy adverse events were reported.

Quality of evidence:
The quality of the evidence for successful completion of dental treatment and reduction in gagging was very low, due to unclear risk of bias and the small number of people studied in the single included trial. Therefore, we cannot rely on the results of this included trial.

Conclusion:
The evidence currently available is insufficient to draw reliable conclusions regarding the effects of interventions used to manage gagging in people undergoing dental treatment. Better designed and well-reported trials evaluating different interventions are needed to provide evidence to inform clinical decisions.

Read the full review here:

DID YOU KNOW
You can now follow the BSDHT on Facebook and Twitter?
The British Dental Health Foundation has put together 21 facts you really need to know about mouth cancer.

1 - In the UK, one person is told they have mouth cancer every 77 minutes.

2 - This is almost 7 thousand people every year.

3 - Mouth cancer claims more lives than testicular and cervical cancer combined.

4 - Mouth cancer takes more lives every year than road traffic accidents on Britain’s roads.

5 - Mouth cancer is diagnosed in more than twice as many men than women but there are more cases in women than ever before.

6 - Shockingly, one in ten have never heard of mouth cancer.

7 - Cases of mouth cancer have increased by a third in the last decade alone.

8 - Survival rates based on a late diagnosis are as little as 50% but chances of survival drastically increase with an early diagnosis to 90%.

9 - Scotland has more cases per capita than in England, Northern Ireland or Wales.

10 - Mouth cancer is one of very few cancers of which incidences are actually predicted to increase in the future.

11 - Smoking is the leading cause of mouth cancer.

12 - But HPV is predicted to overtake it as the leading cause of mouth cancer in the next decade.

13 - HPV is predominantly transmitted through oral sex.

14 - Extending the HPV vaccine to include boys of a school age could save thousands of lives.

15 - Excessive use of alcohol is linked to more than a third of mouth cancer cases in men and a fifth in women.

16 - Heavy drinkers and smokers are up to 35 times more at risk.

17 - Mouth cancer can often be spotted in its early stages during a thorough mouth examination.

18 - You are required to carry out a visual examination to look for the early signs of mouth cancer at every visit.

19 - Mouth cancer can affect anyone.

20 - Signs and symptoms of mouth cancer include: ulcers which do not heal within three weeks, red or white patches and any unusual lumps or swellings.

21 - If in doubt refer onwards.

Encourage your patients to be Mouthaware and be on the lookout for the signs and symptoms of mouth cancer.
International dentistry charity Dentaid has teamed up with The Real Junk Food Project Dewsbury to launch a new scheme that will help vulnerable people who find it difficult to access NHS dentistry.

The Real Junk Tooth Project will provide emergency, pain relieving dentistry. A pilot project is being launched in Dewsbury on Thursday, December 3 and, if it is successful, could be introduced in other towns and cities in 2016.

Dentists and support staff are volunteering their time to provide emergency treatment on a ‘pay what you can’ basis. Between 6pm and 8pm people suffering dental pain can turn up and wait to be seen at Dewsbury Dental Centre on Halifax Road in the West Yorkshire town. They will only pay what they can afford.

The idea came about after The Real Junk Food Project Dewsbury realised that many of the homeless people, low wage and migrant workers, and vulnerable people it was feeding at its cafes and drop-in sessions couldn’t enjoy their meals of donated food because they were suffering from toothache. Many had been living in pain for several months.

Dentaid is committed to eradicating dental pain around the world whatever people's circumstances might be. They are working with The Real Junk Food Project Dewsbury to launch the project which is their first in the UK. Dentaid is also looking for other dentists who would be interested in volunteering their time for future Real Junk Tooth Projects and would love to hear from anyone who would be willing to donate consumables. Please email info@dentaid.org or call 01794 324249.

TO DONATE TO THE REAL JUNK TOOTH PROJECT PLEASE VISIT https://mydonate.bt.com/events/dentiadewsbury/256492

To find out more about The Real Junk Tooth Project visit http://therealjunktoothproject.org/

For more information about Dentaid visit www.dentaid.org.
SUGAR TAX REPORT
PUTS REAL PRESSURE ON MINISTERS FOR DECISIVE ACTION

The British Dental Health Foundation welcomes news that MPs have backed a tax on sugary drinks in England and calls for the government to take note.

The Commons’ Health Select Committee has today [30th November 2015] called for an introduction of a sugar tax as part of what they describe as a ‘bold and urgent’ set of measures to tackle child health issues.

The committee said there was “compelling evidence” the tax would reduce the consumption of sugary drinks and help to protect generations of children from health problems such as tooth decay and obesity.

Dr Nigel Carter OBE, Chief Executive of the British Dental Health Foundation, responded to the report: “What we are seeing is a paradigm shift, with this report real pressure will be put on ministers who have so far resisted a tax, they cannot now ignore the fact that it will have a real and hugely positive effect on the nation’s health.

“We reiterate our long held stance that the introduction of the tax is a necessity, currently child tooth extractions due to sugar related tooth decay are the single biggest reason for children being admitted to hospital for general anaesthetics. This cannot continue. There is a definite need for quick and decisive action and ministers have to pay attention.

“The additional proposal to crackdown on the marketing and advertising of sugary drinks is also great news.”

The Commons’ Health Select Committee chair Dr Sarah Wollaston said: “We believe that if the government fails to act, the problem will become far worse.

“A full package of measures is required and should be implemented as soon as possible."

The report reinforces a review by Public Health England a few weeks ago which also recommended similar measures.

Recommendations from the PHE report include a reduction on price promotions in stores, sugar reduction in everyday food and drink and an introduction of a 10-20% tax on sugary soft drinks.

REGULATION OF INDEPENDENT CLINICS

In April 2016, Healthcare Improvement Scotland will start regulating independent clinics in Scotland. This will affect some dental care professionals.

You can find out more, here.

NEW CPD RULES FROM 2017

In 2017, the GDC is planning to transition to new Continuing Professional Development (CPD) rules.

This will change the CPD requirements for ALL registrants.

Before that happens, you have the opportunity to experience and feedback on the IT systems, guidance and processes that the regulator plan to introduce to underpin it in the form of a pilot scheme.

If you’d like to find out more, or take part in the pilot please visit the GDC website.

BSDHT APP NOW AVAILABLE ON ANROID TOO!

The BSDHT app is now available to download free from i-tunes. Visit the app store and click on ‘BSDHT’ to download the app.

There are currently 8 modules available: News; About BSDHT; My CPD; My PDP; Facebook; Twitter; BSDHT Website; Contact us.

Your Society is one step ahead of the rest!
The Faculty of General Dental Practice UK (FGDP(UK)) has welcomed recent research into the effect of restorations on the development of decay in adjacent teeth. The study by the Nordic Institute of Dental Materials, published in the Journal of Dentistry1 underlines the importance of dentists and patients working together to maintain good oral hygiene, says FGDP(UK) Dean, Mick Horton:

“Dental procedures, like many types of health treatments, can carry risks of side-effects, and we welcome research into this area.

“The findings of the Nordic Institute suggest that there are a number of factors which may influence the risk of developing or worsening decay in teeth adjacent to a restoration, one of which may be a result of operator intervention. There is also strong evidence that poor dietary control and oral hygiene have an influence on whether these areas develop decay. It is important that risk factors are identified and mitigated where possible, and it would be appropriate in light of the findings to consider further research to better understand the causative agents.

“Restorations are not without shortcomings, however in many cases they remain the best available treatment for tooth decay, and I would urge patients not to avoid necessary dental treatment. There is no ideal substitute for an unrestored intact dentition, so by promoting good oral hygiene, maintaining a healthy diet and ensuring the appropriate use of preventative measures, dentists and patients can together help maintain a healthy smile.”

1. A summary of the Nordic Institute’s research, and a link to the article in the Journal of Dentistry, are available at http://www.niom.no/content/caries-risk-reduced-placing-restoration.

Verifiable CPD

Remember! You still have until the 31st December to gain 3.5 hours of verifiable CPD from The Annual Clinical Journal 2015. Log on to the website and take yours today!
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Bristol. Horfield Dental Care. Part time Hygienist required ASAP. Wednesdays and Thursdays from 9am-6pm. Young friendly team. Please email: philip wl chan@gmail.com

BUCKINGHAMSHIRE

Chalfont St Peter. Hygienist required for mostly private family practice. 2–3 days a week (flexible). Very friendly atmosphere. For further information telephone 01753 888000 or email: r.mackay9@gmail.com

DORSET

Bere Regis. Private practice in Bere-Regis, Dorset, 1 day every 2 weeks that might be extended. Fee per hour – self-employed. Contact Barbara at 01929 471023

EAST SUSSEX

Lewes. Dental practice in East Sussex requires Hygienist to work Wednesdays. Established list. Please email CV to ringmerdental99@gmail.com or telephone the Practice Manager on 01273 813898.

Hailsham: Excellent opportunity for a Dental Hygienist required to work 1 day per week at busy mixed practice. Email CV to: northstreetdentalcare@gmail.com or call 07899956413

ESSEX

Harlow. Beautiful private practice in Essex require a fully qualified and experienced Dental Hygienist for one day per week. Please email CV to: info@mulberrydentalclinic.co.uk

KENT

Marden. HYGIENIST/THERAPIST WANTED to join a busy, modern family practice, 1 or 2 days a week in the heart of the Weald of Kent (MARDEN). Good remuneration. IMMEDIATE START. Newly qualified welcome. Please call Jane on 01622 832212 / 07860 560051 or email info@ mardenaldental surgery.com

Bromley. We are a fully private, hygiene centred practice where hygiene and dental co-examinations are the norm. The practice, in Bromley Kent, is built on its reputation for seriously good dentistry coupled with genuine friendliness. Our ideal candidate is experienced, gentle, a team player, with great people skills. 3-4 days per week and growing. Please email CV to: info@bromleydentalpractice.co.uk

LONDON

London W2. Experienced Hygienist/Therapist for Mondays and/or Saturdays for well-established modern group practice. Knowledge of Exact Software and Zoom Whitening preferred. Please send CV to: pziderman@aol.com

London W2. Hygienist required for maternity cover 01/03/16 to 01/09/16 Mondays & Fridays with view to 1-2 days/week including Saturdays thereafter. Please email CV to amer@gardensquaredental.co.uk.

NORFOLK

Wynmondham. Experienced registered hygienist required for Saturdays with a view to alternate Thursdays in the future. Please contact Julie at Peppermint Dental Centre, Tel: 01933 603360 / Email: julie@peppermintdental.co.uk

OXFORDSHIRE

Kidlington. Hygienist for either or both Mondays and Thursdays. Own sunny surgery. Friendly private practice. Newly qualified welcome. www.smilewithus.co.uk. Email CV to: swudc1@gmail.com

WEST MIDLANDS

Birmingham. Hygienist/Therapist required for immediate start Tuesdays and Thursdays. Excellent rates of pay depending upon experience. Friendly family run business in Water Orton. Please contact 0121 747 2071

WEST SUSSEX

Crawley. Hygienist required for mainly private, family practice in Crawley, West Sussex working every Friday to replace retired colleague. Hours: 08:30-17:00. Lunch 13:00-14:00. Our hygienist works without dental assistance but we have a dedicated, qualified nurse providing decontamination in central unit. The practice is computerised (Software of Excellence) with digital radiography and air conditioned surgeries. There is on site parking and we are a 5 minute walk from the train station. For application please email your CV to: recep@milldentalcentre.co.uk or call 01293-513876.