

THE MAGAZINE OF THE AUSTRALIAN DENTAL ASSOCIATION NSW BRANCH



# NSW Dentist

ISSUE

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2025

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## UNIVERSITY UPDATES

Hear the latest from  
USYD and CSU

## ADVISORY SERVICES FEATURE

Can I trust you?

## CLINICAL KNOWLEDGE REFRESHER BY DR MEREDITH OWEN

Cemental Tears:  
A Diagnostic Dilemma

## ADA NSW DIGITAL TRAINING CENTRE LAUNCH

Photo gallery



# PFA Emerging Lecturer Competition

Recent graduate Dr Sarah Amr  
represents NSW



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# What's inside

ADA NSW acknowledges the Traditional Custodians of the land on which we live and work and pay respects to Elders past, present and emerging.

## IT'S TIME TO RENEW YOUR MEMBERSHIP

See pages 20-21 for your membership benefits and how to renew.



### FEATURES

# 08

**University updates**  
Hear the latest from USYD and CSU

# 10

**PFA Emerging Lecturer Competition**  
Dr Sarah Amr represents NSW

# 12

**Advisory Services feature** Can I trust you?

# 16

**Clinical knowledge refresher by Dr Meredith Owen**  
Cemental Tears: A Diagnostic Dilemma

# 22

**Advocacy**  
Election wrap up

### PRESIDENT & CEO

# 04

The shared pursuit of learning

# 05

Your professional advantage

### VOLUNTEERING

# 14

Meet the Dentist:  
From first-time patient to dental educator

### EDUCATION

# 18

Photo gallery: ADA NSW Digital Training Centre Launch

### ADA NSW COMMITTEES

# 25

The Education Committee: At the forefront of education

### CLINICAL TIPS & EXTRACTS

# 26

Diagnosing and managing supernumerary teeth in general practice

# 27

Restoration of primary molar teeth with interproximal caries

### HUMAN RESOURCES

# 29

Employment records

### OBITUARY

# 31

Vale Dr Bettine Constance Webb

### PROFESSIONAL DEVELOPMENT

# 34

A step into the future:  
The inspiring world of digital dentistry

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Dr Dominic Aouad - President  
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Dr Sophie Halpin - Board Member  
Dr Haydyn Bathurst  
Jae Redden - Chief Executive Officer  
Dr Bill O'Reilly AM - Chief Operating Officer

#### EDITORIAL AND DESIGN

Tim Escott  
Editor  
Deidre Holland  
Design

#### AUSTRALIAN DENTAL ASSOCIATION (NSW BRANCH) LTD

L1, 1 Atchison Street St Leonards NSW 2065  
Phone: (02) 8436 9900

**Advertising:** communications@adansw.com.au

**Feedback:** communications@adansw.com.au

**Website:** www.adansw.com.au

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Investing in education is a key pillar of our association and is integral in building professionalism, outlines ADA NSW President **Dr Dominic Aouad**.

# The shared pursuit of learning

There is something special about a graduation ceremony. They mark not just a milestone, but a transformation. As a young adult, graduation is the peak: caps flying, certificates awarded, dreams ignited.

But as the years pass, especially as a parent or mentor, you start to see the bigger picture.

You stop looking only at the graduates and begin to take in the entire room: proud families, tireless academic staff, and you realise education is a collective achievement.

This issue of *NSW Dentist* celebrates education not just as a stage of learning, but as a lifelong commitment, a shared pursuit, and a vital pillar of our profession.

As I stood recently at The University of Sydney's graduation ceremony, I reflected on how far we've come, and how much further we need to go. Our knowledge base has expanded. Some of our technology is barely recognisable from a decade ago. Yet, something quietly nags at me: are we keeping pace with the deeper responsibility that comes with being a professional?

## The quiet retreat of professionalism

A few weeks ago, I was asked to speak at a regulatory forum on 'what keeps me up at night.' Anyone with three kids under eight, including a toddler with a leaf blower, knows the literal answer. But beyond that, my genuine worry is this: I believe we are witnessing a slow erosion of professionalism in dentistry.

This is not a scolding, it's a call to arms. I've observed, and perhaps you have too, a subtle shift: more entitlement, less humility; more focus on metrics, less on meaning. Professionalism is not just polished shoes and punctuality. It's about

service, integrity, and stewardship. It's the invisible thread that binds our clinical excellence to community trust.

Education is our best weapon to reverse that tide, not just technical training, but education that builds character, resilience, and purpose. And that's what we, at ADA NSW, are investing in.

## A new era of learning: The ADA NSW Digital Training Centre

I'm thrilled to announce the opening of our ADA NSW Digital Training Centre, a project brought to life in partnership with Henry Schein. This isn't just another CPD venue, it's a leap forward in how we engage with learning. Designed for real world relevance, it brings digital dentistry to life. Members can scan, print, mill, and master the workflows that are reshaping our field.

What sets this centre apart is not just the equipment, but the intent. It's a space to collaborate, experiment, and evolve. A place where practitioners at all stages can grow technically while deepening their values in ethical, patient-centred care.

## Learning on your time: On-demand CPD via our new LMS

Not everyone can get to St Leonards. That's why I'm equally proud of our new Learning Management System (LMS), a game changer for on-demand education. We're building a library of bite-sized, high-quality courses accessible when, where, and how it suits you.

Whether it's brushing up on infection control after bedtime or revisiting patient consent while someone's running late, this platform fits real life. Best of all, it's built by dentists, for dentists.

The LMS also lets us scale, reaching rural members, upskilling new grads, supporting those returning from leave, and embedding a culture of lifelong learning.

## The role of ADA NSW: More than a membership

This year, we've spent time explaining what ADA NSW does. As we've updated our admin arrangements with the Federal ADA, some members have asked: "What do I get for my membership?"

Here's your answer: you get an association that reinvests in you. In your growth, your reputation, your success, and your profession.

You get programs like Kickstart for students, mentoring for early career support, expert medico-legal guidance, and world-class facilities and flexible learning to future-proof your skills.

But more than anything, you get an organisation that believes in standards. That believes in you, not just as a clinician, but as a professional. Log in to our website. You'll find your professional home.

## Looking ahead with optimism

I believe in the next generation of dentists. I see them at graduations, bright-eyed and ready. I see them at our events, eager to learn. And I see them in clinics, working hard.

But they also need examples. They need to see that education doesn't end when the degree is framed. That being a professional isn't a title, it's a daily choice. Let's rise to that challenge together.

As you flip through this education-themed edition, I hope you're reminded of why you chose this path. And I hope something reignites your curiosity.

Here's to learning. To leading. And to lifting each other up, always.



There are a range of new ADA NSW member benefits to help you in your career journey, including an exclusive partnership with the Dental Advice Network, writes ADA NSW CEO **Jae Redden**.



# Your professional advantage

We are excited to introduce new benefits that elevate your ADA NSW membership experience.

We launched our new Digital Training Centre (DTC) in May and are offering courses from July, encompassing courses in AI and 3D printing, featuring cutting-edge technology from Asiga and 3Shape.

Your learning experience is enhanced by the new members-only My CPD Hub as well as by the new Learning Management System (LMS). To experience your new LMS, explore the Practitioner Essentials series. These are free, on-demand courses offering 6 CPD hours for members.

We are also proud to announce our partnership with the Dental Advice Network (DAN). DAN offers expert clinical guidance across restorative dentistry, dental materials, endodontics, therapeutics, pharmacy, medicine, pain and anxiety control, and oral medicine. With a team of experienced professionals, DAN helps you navigate complex cases, make informed decisions, and minimise risk. All ADA NSW members receive a 25% saving on the DAN subscription.

Your ADA NSW membership continues to offer unmatched value with exclusive discounts and essential services that more than pay for themselves while delivering the support, education, and protection that are fundamental to your professional success.

## Renew your 2025-26 membership now

Renew your ADA NSW membership today and enjoy the full suite of member benefits.

Choose annual payment for simplicity and savings, and with the opt-in auto-renewal option, you will receive a further 5% discount on future renewals.

If you have already selected automatic annual renewal, no action is needed. Your membership fee will be automatically charged to your nominated credit card on 10 June.

Check out your ADA NSW member benefits, and if you have any questions, our membership team can discuss any part of your membership by calling 02 8436 9905 or emailing [membership@adansw.com.au](mailto:membership@adansw.com.au).

## Interactive member update webinar

Following the success of last year's event, your interactive member webinar returns on Thursday, 12 June at 7pm.

Join me and ADA NSW President Dr Dominic Aouad for the latest updates on membership, advocacy, new learning spaces, courses, and our evolving online professional home. We will also discuss the indemnity insurance review and host a live Q&A session where questions will be answered, and stay informed.

Do not miss this opportunity to engage directly with your professional association. Register to activate your invitation.

## New Graduate Directory

Are you looking to hire or be hired? The New Graduate Directory connects ADA NSW members with final-year students from Charles Sturt University and The University of Sydney.

This online directory helps you put faces to names and opens doors for direct contact with job-ready graduates. It is a great way to start the conversation and support the next generation.

## ADA NSW events

Meeting members face-to-face remains a cornerstone of ADA NSW activities. I have recently had the pleasure of attending the Australian Dental Congress in Perth and a few events across NSW and the ACT.

A highlight was the ADA NSW Digital Training Centre launch, which brought key stakeholders together in celebration. See the photo gallery on page 18 for highlights.

We also hosted a member cocktail event in Canberra for ACT members on 24 May, where President Dr Dominic Aouad shared key highlights from ADA NSW.

Keep an eye on our communications for more opportunities to connect. I look forward to seeing you soon.

## Apply now for 2025 ICD Young Dentists Volunteer Grant

Applications are now open for the next Section VIII ICD Young Dentists Volunteer Grant which will be awarded in September this year.

The grant is fully funded by the International College of Dentists (ICD).

It is awarded annually to a dentist in the Australia, New Zealand and South Pacific regions with less than 10 years' experience in clinical practice since graduation from dental school.

The value of the grant is up to \$3,500 AUD to cover airfares, accommodation and other expenses directly related to a one or two week volunteer experience as approved by the ICD Board.

Volunteer experiences are arranged with leaders of volunteer programs supported by Section VIII of ICD.

The successful applicant will need to coordinate their attendance at the project leader's guidance and arrange for suitable time off work. For the 2025 YDV grant, opportunities exist with programs in Cambodia, Nepal, New Zealand, Pacific Islands, Papua New Guinea and Tonga.

Those interested should read the Overview of Programs for information on volunteer opportunities before submitting their application. To apply for the 2025 ICD Young Dentists Volunteer Grant, visit [bit.ly/3HiSuOW](http://bit.ly/3HiSuOW).

Applications close on 31 July and will be considered by the ICD Board at its annual meeting in September. Enquiries can be directed to the ICD Administrative Officer, Dr Kavita Lobo, at [admin@icdsectionviii.org](mailto:admin@icdsectionviii.org)

## Strong media coverage of the new ADA NSW LMS

The Australian Dental Association NSW selected Brightspace, D2L's learning management platform, to enhance its member education and engagement.

This strategic move aims to provide ADA NSW members with a modern, flexible, and personalised learning experience, supporting their professional development and growth.

The announcement has received considerable media coverage, including in *Tech Business News*, *iTWire*, *PRWire*, *eCommerceNews Australia*, *Scoop Education*, *CFOtech Australia* and *IT Brief Australia*.

Brightspace's robust features will enable ADA NSW to deliver high-quality, accessible educational content, fostering a more connected and informed dental community.

This partnership underscores ADA NSW's commitment to leveraging innovative



technology to meet the evolving needs of its members.

"We have invested in D2L Brightspace to personalise the learning journey to provide exceptional value to our members at every career stage," ADA NSW CEO Jae Redden said.

To read media coverage of the announcement in *Tech Business News*, visit [bit.ly/3EVbt1q](http://bit.ly/3EVbt1q)

## Privacy manual for health information

Dental practices sometimes require information about privacy issues arising in their broader interactions with other agencies, specific projects or other matters.

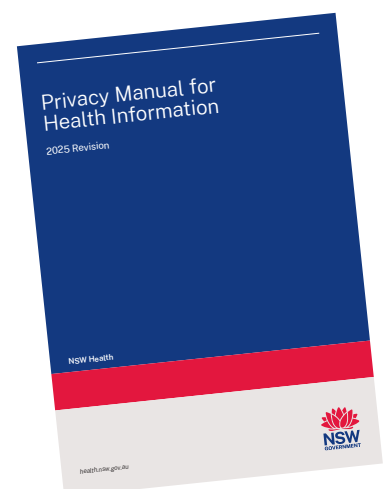
The fourth edition of the NSW Health Privacy Manual for Health Information provides operational guidance for complying with the Health Records and Information Privacy Act 2002 (NSW), outlining procedures for managing personal health information across NSW Health activities.

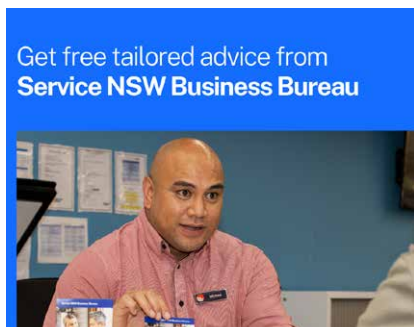
The fourth edition incorporates changes in the handling of personal and health information, most notably from the following legislation:

- National Disability Insurance Scheme Act 2013 (Cth)
- Crimes (Domestic and Personal Violence) Act 2007 (NSW)
- Crimes (Administration of Sentences) Regulation 2014 (NSW)
- Crimes Act 1900 (NSW)
- My Health Records Act 2012 (Cth)
- State Emergency and Rescue Management Act 1989 (NSW)
- Privacy and Personal Information Protection Act 1998 (NSW).

It also addresses emerging privacy challenges related to digital health technologies, such as artificial intelligence, virtual care and telehealth and access to My Health Record data.

For further information and to download the manual, visit [bit.ly/3RVEHjz](http://bit.ly/3RVEHjz)





### Service NSW Business Bureau help is available

Running a dental practice comes with its own challenges. The Service NSW Business Bureau provides ongoing support and can help dental practices access government services, information and advice.

Whether looking to expand, understand your obligations or streamline operations, the Service NSW Business Bureau may be useful.

It provides ongoing and personalised support and can help businesses access government services, information and advice to support you to grow.

You can contact them over the phone, in person or online. Alternatively, download the free Service NSW Business Bureau app to access support.

Contact 13 77 88 or visit the website at [bit.ly/458yp7Q](http://bit.ly/458yp7Q)



### New Graduate Directory connects employers with graduates

Are you considering the addition of new graduates to your dental team?

The Employers' New Graduate Directory showcases students from Charles Sturt University and The University of Sydney. The directory is available to final year students and sits on the ADA NSW website.

You can access the ADA NSW Employers' New Graduate Directory by visiting the Directory page. Submissions are now open, so get your profile photo ready and start writing your bio of 150 words or less.

New graduates can lodge their pic and profile at [bit.ly/454BE04](http://bit.ly/454BE04)

To view the directory online, please visit [bit.ly/4m6op55](http://bit.ly/4m6op55)



### ADA NSW Awards: Nominate now

Do you know someone who has gone above and beyond in their dedication to dentistry and oral health? Now is the time to recognise their achievements.

The 2025 ADA NSW Awards recognise excellence and celebrate individuals who have made outstanding contributions to the dental profession, oral health, and the community.

They also honour non-dentists who have significantly contributed to the Branch and advancement of the profession.

Nominations are open for these award categories: Honorary Life Membership, Honorary Membership, Award of Merit, Branch Service Medallion, Recent Graduate Award and the Kendal Binns' Memorial Prize.

To see all the award categories and to apply, visit [www.adansw.com.au/about/honours-awards](http://www.adansw.com.au/about/honours-awards).

Nominations will close on Friday 27 June.

### Research project on CPD programs

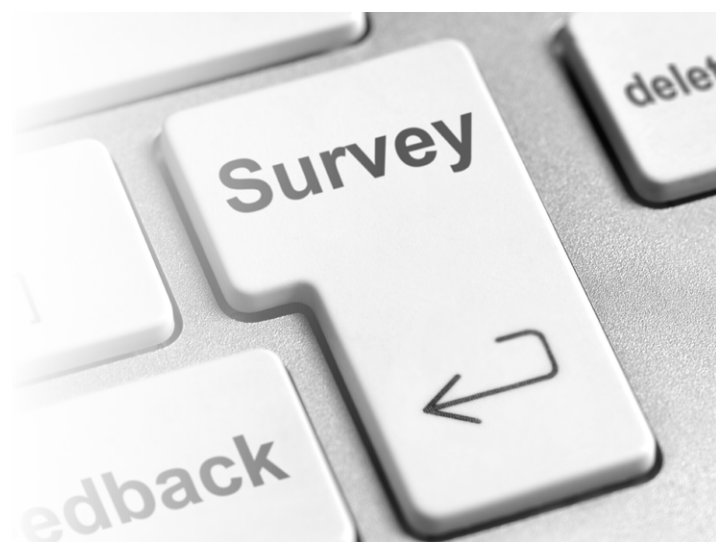
Researchers at The University of Newcastle are conducting a questionnaire-based research project titled Perceptions of dental and oral health professionals on Continuing Professional Development courses.

The purpose of the research is to evaluate the attitudes, barriers and preferences relating to continuing professional development courses (CPD). This study is approved by Human Research Ethics Committee, University of Newcastle (H-2024-0309) and has received funding from the Dental Council of NSW.

Participants must be:

- Currently registered with the Dental Board of Australia as a dentist (general and specialist) or dental/oral health practitioner (oral health therapist, dental hygienist, dental therapist or prosthetist); and
- Have a principal place of dental practice (university/public/private) in Australia.

The survey takes approximately 10 to 12 minutes to complete. To complete the survey, visit [bit.ly/3GHTalt](http://bit.ly/3GHTalt)







**Professor Heiko Spallek**, Head of School and Dean, The University of Sydney School of Dentistry, Faculty of Medicine and Health

# The University of Sydney

As we approach the middle of 2025, we've already achieved so much this year at The University of Sydney's School of Dentistry, and it's my pleasure to share an update with you.

## Celebrating new colleagues

In May 2025 we welcomed more than 200 new colleagues to the profession – 165 walked across the stage of The University of Sydney's Great Hall while their families cheered them on. Alongside, the school prize-giving ceremony in the Holme Building recognised outstanding student achievements and honoured staff who have gone 'above and beyond' in teaching and support roles. The day's highlight was a spirited valedictory address by the outgoing Sydney University Dental Association (SUDA) President Dr Jack Awad, who blended personal anecdotes with reflections on the cohort's collective journey. Hearing where our graduates are already practising – and the early successes they report – reminds us that every clinic session, tutorial and simulation exercise ultimately culminates in capable clinicians serving community oral health needs.

## Curriculum in motion

Our new Doctor of Dental Medicine (DMD) curriculum, launched in 2023, now spans three year groups. Deputy Head of School Associate Professor Delyse Leadbeatter explains: "A guiding principle is to give students authentic opportunities to demonstrate competence in public." One such opportunity is the student-led research conference where Year 3 DMD students

plan the entire event, from abstract review to catering, under the steady mentorship of Dr Shanika Nanayakkara. The event featured four oral presentation streams and two poster sessions and was generously supported by industry partners, including Colgate-Palmolive. This event stands as a testament to the hard work, dedication, and teamwork of our DMD3 students, who showcased exceptional initiative, professionalism, and enthusiasm in organising such a significant academic occasion.

## Learning from the world's best

The Noel Martin Visiting Chair program continues to enrich our educational culture. In March 2025 we hosted Professor Qingsong (Adam) Ye, Chair of Orthodontics and Deputy Head of Dentistry at Wuhan University, whose seminars on regenerative orthodontics attracted much attention. In August we look forward to welcoming Professor Habib Benzian (NYU), a global leader in oral health policy, who will challenge students to think beyond the operator and engage with population-level prevention. These visits model international collaboration and expose our learners to cutting-edge ideas without leaving The University of Sydney.

## Research informing education

In October 2024 Associate Professor Ankur Singh joined us as Chair of Lifespan Oral Health, an appointment made possible by a generous gift from Dr Alex Abrahams through the Rosebrook Foundation. Associate Professor Singh, a

clinically trained researcher turned social epidemiologist, focuses on eliminating preventable oral diseases linked to social disadvantage. His work is already shaping population health teaching and providing fertile ground for student projects on equity in care, which underscores our school's commitment to evidence-based education that has real world impact.

## Broadening clinical experience

Practice-ready graduates need diverse chairside experience. Building on last year's pilot, we have expanded the professional practitioner employment category. Registered dentists now join us as clinical educators in metropolitan, regional and outreach settings. Their presence increases student supervision hours and gives the practising profession a direct voice in curriculum delivery. Early feedback from both students and practitioners points to richer learning and tighter links with private practice.

## Looking ahead

Our vision remains clear: educators who inspire, research that matters and graduates who make a difference. As we refine the curriculum, extend partnerships and invest in staff development, we invite our alumni and the wider dental community to stay engaged – whether by mentoring students, hosting placements or returning as affiliate academics. Together we will continue to raise the bar for dental education and improve oral health outcomes for all Australians.



**Professor Andrew Flatau**, Dean of Dentistry and Oral Health, Centre for Rural Dentistry and Oral Health, Charles Sturt University

## Charles Sturt University

At the Centre for Rural Dentistry and Oral Health (CRDOH) we are midway through yet another busy year, with continuing strong enrolments in the Bachelor of Dental Science and Bachelor of Oral Health (Therapy/Hygiene) programs.

Staff and students alike are enjoying the autumnal colours while preparing for the mid-year assessments, not to mention the all-important event of the year, namely the Roland Bryant Cup. Dentistry students from both the Sydney Dental School and Charles Sturt come together for a highly spirited and enjoyable contest and jointly honour Professor Roland Bryant, who has contributed so much to the training of generations of dentists in NSW.

Although dental education is intense and rigorous, one of the great advantages of a program set in a thriving, rural environment, such as we have in Orange, is that it supports a sense of community and the building of a positive, reflective and resilient approach to practice.

We remain focused however on our *raison d'être*, namely the preparation of dentists and oral health therapists for practice throughout urban, rural and regional Australia, and thereby contribute to the improvement of oral health outcomes in all our diverse communities. We are proud of the continuing very high employability of our graduates and how they are making a difference, as evidenced in the stories of CSU graduates serving their communities in regional and rural NSW, which were presented in the *NSW Dentist* (Issue 01, 2025).

Our final year dentistry students complete their clinical training in diverse clinical settings, with placements available in Charles Sturt Dental and Oral Health Clinics in Dubbo, Bathurst, Albury and Wagga Wagga, the CSU student-led community dental placement in Brewarrina, and a range of NSW Health LHD clinics.

While ADA NSW and Charles Sturt have jointly run a Graduate Diploma in Dental Implantology (GDDI) course for many years, the month of February saw the start of the second offering of Charles Sturt's updated GDDI course, which is coordinated by Associate Professor Tony Dawson and presented in conjunction with the ADA NSW Centre for Professional Development.

Adjunct Associate Professor Luke Villata leads the teaching in this program, supported by other adjunct staff members and continuing academic staff from the CRDOH. All the enrolled students in this new cohort have successfully completed the first of three subjects, and feedback from students and staff all point to widespread acceptance of the updated program.

Our program continues to be well supported by local practitioners, who assist with our clinical teaching, and a dedicated band of adjunct specialist academic staff who provide necessary specialist knowledge and skills and give generously of their time and expertise. In particular, we acknowledge the contribution of Adjunct Professor Jim Ironside, who continues to be heavily involved in the face to face teaching

of fixed prosthodontics, both in the simulation clinic and the lecture theatre.

Indebted as we are to the generous support of our professional colleagues, like all dental schools and indeed the tertiary education sector, we continue to face challenges in the recruitment and retention of continuing academic staff as well as impacts from increasing budgetary constraints. Another challenge we face of course is to assure the quality and contemporaneity of our programs in a rapidly evolving world, where there is a need to evaluate and incorporate digital technologies and AI, where appropriate.

On balance though, 2025 is proving to be a good year. Both our undergraduate programs have been fully accredited without conditions following the conclusion of the recent accreditation cycle. We continue to build a strong team of teachers and researchers to support our programs, and we are looking forward to the future with renewed confidence.



Final year dentistry students on clinical placement at the Charles Sturt Dental and Oral Health Clinic in Albury.



Recent graduate Dr Sarah Amr has experienced working in private and public dentistry including at Nepean hospital where she is already making a difference, writes ADA NSW Editor **Tim Escott**.



## Dr Sarah Amr represents NSW in the PFA Emerging Lecturer Competition

ADA NSW recent graduate Dr Sarah Amr has impressed a judging panel with her lecture topic whilst participating in the Pierre Fauchard Academy (PFA) Emerging Lecturer Competition.

Her topic for the competition was *Assessing the risk of noise-induced hearing loss amongst dental clinicians* delivered to the judging panel as a 15-minute presentation at the ADA NSW offices in St Leonards.

Dr Amr's lecture explored the types of hearing loss that can occur within the environment that dental practitioners routinely work in, and assessed if there are any potential risks of noise levels during dental practise. She received a \$1,000 grant as State Branch winner (NSW) which was awarded by ADA NSW.

The competition was open to young ADA NSW member dentists within 10 years of graduation, or under the age of

35. Each candidate who nominates to participate must prepare a presentation (with subsequent Q & A) on a clinical topic of their choice before their peers and a panel of judges.

The PFA state recipients presented in front of a national audience at the Australian Dental Congress 2025 event in Perth recently against other State Branches across Australia.

"It was exciting to hear I would go to Congress. I was not expecting it, to be honest," she said. "It was quite a fun experience, and I was curious to see what the other presenters' topics were."

"It came at a great time in my research, as it can feel quite slow in some aspects of it. It was nice to see an interest in a topic I am passionate about and great discussions came out of the experience. It resonated with people."

Dr Saloni Singh from South Australia was the PFA national winner receiving a \$5,000 cash prize awarded by the Pierre Fauchard Academy. Whilst, Dr Helen Fisher from Queensland received the encouragement award.

Dr Amr completed her dentistry degree in the class of 2022 at Charles Sturt University. She is currently Deputy Chair of the ADA NSW Recent Graduate Committee.

Her first year as a graduate dentist at the Nepean Centre for Oral Health as part of the New Graduate program was in 2023. She described the experience as "incredibly supportive, educational and rewarding."

The role covered all aspects of dentistry, involved general check-ups, cleans, restorative work, crowns (lab and CEREC), simple root canal treatment, oral surgery as well as dentures.



However, the first year out was also a very steep learning curve as would be expected for any recent graduate, but particularly as a dental graduate reeling from the effects of the COVID-19 lockdowns.

"This significantly altered what would be a standard university experience and all the associated integral experiences that come with that, leaving graduates feeling particularly uncertain about stepping into the workforce," she said of the time.

"Nonetheless, if dental school equips you with anything, it's the ability to be resilient, to persevere and take a moment to reflect at each stage of the process. It was also this challenging experience that motivated me to join the recent graduate committee."

Dr Amr has made the transition to part-time work at Nepean hospital and part-time at a specialist private practice.

"At Nepean hospital, the community we serve spans several surrounding suburbs and the demographic is quite varied," she said.

"Working at Nepean hospital has afforded me the opportunity to serve individuals who may not be able to afford general dental care, are medically unwell, have had a history of domestic violence, or who have severe dental anxiety and phobia amongst other scenarios.

"This has been incredibly rewarding in being able to help some of our most disadvantaged members of the community who may not be able to afford dental treatment privately.

"The contrast between working in private and public has been incredibly eye opening and has greatly increased my desire to continue to help and serve communities that are disadvantaged, being able to see how sound oral health can have such a positive impact on quality of life. Everyone deserves the right to quality oral healthcare."

Nowadays, she splits her time working in both public and private practice in Sydney. Dr Amr is also currently undertaking a Masters in Research degree at Charles Sturt University on a part-time basis.

She describes working full-time and completing the degree as "a juggling act" but nonetheless quite rewarding. "It really comes down to managing your time well and making sure to maintain the social balance as well," Dr Amr said.



As her career journey progresses, she hopes to one day branch out into a specialty field further down the track. These include endodontics, orthodontics and oral surgery, with a particular interest in implants. "I am trying to get experience in all aspects of dentistry," she said.

"I'm also incredibly passionate about conducting research to solve present day dental challenges in the hopes of contributing to the existing body of knowledge to forge advances in dentistry.

"I embarked on a research project while maintaining clinical work, all with the intention of hoping to contribute to research that still remains relevant to clinical settings as the two should remain interconnected."

In five years' time, she hopes to have increased proficiency, volunteer more as a dentist, and continue to contribute to research, hopefully with some publications.

"I'm also passionate about education and hope to teach or tutor dental students, drawing on my own university experiences in the hopes of making the process easier and more enjoyable for dental students," Dr Amr said.

Congratulations to all participants who took part in the State Final of the PFA Emerging Lecturer Competition.

Thank you also to the judging panel for the NSW competition held at ADA NSW including ADA NSW President Dr Dominic Aouad, ADA NSW Councillor Dr Rouel Vergara and ADA NSW CPD Program Manager Claire Schifter.



### 2025 PFA recipients

- **Winner**  
**Dr Saloni Singh**  
South Australia  
*A rising tide lifts all boats – Embracing neurodiversity in dentistry.*
- **Encouragement Award**  
**Dr Helen Fisher**  
Queensland  
*Not just sedation: Managing nervous adult dental patients.*
- **Dr Sarah Amr**  
New South Wales  
*Assessing the risk of noise induced hearing loss amongst dental clinicians.*
- **Dr Adrienne Tracy**  
Victoria  
*Revolutionising dental education with authentic teaching and assessment.*
- **Dr Cheryl Fu**  
Western Australia  
*Improving dental adhesion: mechanical conditioning of the dentin smear layer with focused ultrasound.*



**Dr Roger Dennett**  
ADA NSW Peer Advisor



# Can I trust you?

As registered dentists we are highly trained and skilled individuals who place great emphasis on formalised education programs, and justly so.

Our privileged position as healthcare practitioners also provides us with many opportunities to learn from our patients. Let me introduce you to one such patient, who I will call Trudy. Trudy was a middle aged lady with big baby blue eyes.

Trudy was brought into the practice by her friend, a regular attendee to the practice. At the very first appointment, Trudy was sobbing, and did not want to even come in the front door of the practice. We encouraged her in with the promise that we would simply have a meet and greet, a little talk; nothing more. Her medical history was unremarkable, except for the fact that she had extreme dental anxiety/phobia which had plagued her for many years.

In our initial discussions, I asked her why she felt as she did, and she revealed a somewhat dramatic history of traumatic dental experiences when she was young – a familiar story to many of us. I thought about referring her for GA or IV sedation to someone who could help her. However, in remote areas in those days such services were not readily available.

I decided that I would take her on in the hope that I could assist her to move forward with her demons. I was not prepared to give up!

We then spent three consultations simply exploring her dental history and letting her talk about her experiences. We spent another three visits introducing her to nitrous oxide sedation and trialling her on it, without providing (or even mentioning) dental treatment. This was all without any obligation on her part.

Under nitrous oxide sedation, she allowed us to examine her, take X-rays and images as required, and perform some simple diagnostic tests. Over time, I was able to move forward, albeit gradually, with some simple treatment under nitrous oxide which she was able to tolerate. We were able to complete phase one treatment for her, including basic periodontal treatment, two simple extractions and some caries control, all without incident.

Subsequently, Trudy continued coming in to the practice and over time she allowed me to provide a medley of root canal treatments, simple and fixed restorations, along with further periodontal treatment.

Fast forward a couple of years... Trudy presents for recall. That day she said that she had something she wanted to tell me. She stated that she didn't feel that she needed nitrous oxide anymore! I was truly gobsmacked at this about-turn and asked if she was sure, for I had never had a more nervous patient than Trudy. When I asked her as to why this monumental change, she looked at me with her big baby blue eyes and said "Roger, it's because I trust you".

“

**Without trust being established, the patient may feel adrift in a sea of uncertainty...”**

## **How can we build trust in our patients, especially the nervous ones?**

Trudy taught me that by encouraging patients to talk to you, you can build trust and rapport and reduce patient anxiety. Effective and open communication is the first key in building trust and rapport.



Diagnosing the physical condition is but a part of the whole process. A person who attends a dentist for the very first time as an emergency patient is often in pain and demanding immediate treatment. There is little if any time to establish a solid rapport and trust. Without trust being established, the patient may feel adrift in a sea of uncertainty, and as a result, problems can sometimes arise. Statistics demonstrate a higher incidence of complaints and claims from such visits.

### **How can we discover the patient's true concerns, values and fears?**

One study demonstrated that patients commonly accept a dentist's recommendation for care not because they understand the treatment, but because they felt understood by the dentist! Does this surprise you?

Your patient may be trying to decide if they can trust you. Or, if they are safe in your treatment room. By encouraging your patients to talk to you, you can build trust and rapport and reduce patient anxiety.

Only when you understand the patient's perspective can you build a positive relationship. Only

when you understand the patient's needs can you recommend appropriate treatment. And only when you know the patient's desires for care can you succeed in case acceptance.

### **An interview**

Consider setting up an interview with new patients so they can talk. They need to feel that they are listened to and understood. At these interviews, I encourage the patient to talk while I try to practice effective listening.

The benefit for me is that I can discover their true dental needs and preferences, and this time allows me to clarify their understanding of dental problems, their dental literacy, and build trust in the dentist-patient relationship.

I set some guidelines at the interview which I find reduces patient anxiety and minimises the number of missed appointments going forward.

A young dentist recently asked me how I managed to listen effectively to my patient's concerns.

My answer? Well, it definitely helps to stop talking! Of course, it is far more complex than that and there are certain techniques you can learn to build trust and maximise your outcomes.

For instance, you could ask the patient a number of questions about their past dental experiences. It helps to prompt them for more information "so that you can understand."

Maintain eye contact while the patient is speaking. An occasional word of acknowledgement indicates to the patient that you are engaged in understanding them as the unique individual they are. Allow the patient to talk about their dental issues and feelings about past treatment. Do not allow any interruptions during this informal chat. Instead, focus on what the patient is telling you. They will feel your concern. Many patients have not had a dentist take such an interest in them before!

### **Contact the ADA NSW Advisory Services team**

As always, if you wish to discuss this or any other topic with an experienced colleague, please pick up the phone and call the Advisory Services on (02) 8436 9944, or drop us an email.

We welcome all enquiries and are here to help you!





## MEET THE DENTIST

By contributing writer, Caitlin Wright

# From first-time patient to dental educator



Dr Nidhi Medara

When Dr Nidhi Medara chose to study dentistry at 18, she had very little knowledge of the field. In fact, she'd never actually visited a dentist before.

"I grew up for the first 13 years in India, and dentistry in India is still accessed on an as-needs basis, rather than something you go see often as part of just your general healthcare," she said.

After moving to New Zealand, her family didn't realise that free access to dental care was available to all children until the age of 18. However, when it came to choosing a health major, conversations with her parents and university educators helped her realise her path.

"I thought about where I'd come from, where my family had come from, and their familiarity and lack of access to dental care. And that helped me in making a decision," she said.

### A researcher at heart

While she first began in a clinical role after university, Dr Medara soon realised that her genuine passion lay in research.

"During my undergrad, we had to do a research project. I really enjoyed that

process, and so that was sort of the impetus for starting the PhD," she said.

She was accepted into a PhD program at The University of Melbourne, where she researched periodontal immunology. "I looked at gum disease and the way these immune cells, called T cells, change as people are having treatment.

"It was a longitudinal study that looks at what people's baseline state is with regards to T cells, but also other immune cells. Then followed up with them a month, three months and a year later from treatment to see what the changes were in their blood," she continued.

### Educating the next generation of dentists

Alongside her PhD, she began working as a clinical educator. It's a role she's continued in her current clinical Senior Lecturer, DMD clinic coordinator position at The University of Sydney. It allows her to follow her passion for research while still educating the next generation of dentists.

Teaching, she says, helps her to be a better researcher and clinician.

"It's never static. You're always forced to think about the newest evidence.



Above: Sydney Dental School Prize Giving in 2024 when Dr Medara was acting Program Director of the Doctor of Dental Medicine program.

You're always forced to think about why you're doing something. You have to think about how to do the procedure, but also articulate to someone else how to do it, and so things solidify in your brain a little bit more about why you're doing things the way you're doing," she said.

Students' questions also challenge her own way of thinking.

"Your learning is peer reviewed, which is good because someone can give you feedback, and you know what is working and what's not working," she continued.

She also leads the faculty's evidence-based practice team, helping students navigate what is reliable and valid evidence.

For example, "when someone says, 'this is the newest thing on the market', how do you decide if it's for you?" she explained.

### Her pathway into Filling the Gap

As part of her University of Sydney (USYD) role, an opportunity came up to coordinate student placements for the Filling the Gap (FTG) dental aid program.

"That was set up by Professor Alex Holden when he was working with The

University of Sydney. He was part of the ADA NSW board and he saw this natural pathway where there was a lack of services for vulnerable people. As an education provider, we could do something to help," she said.

As the clinic coordinator, Dr Medara organised the project from an operational point of view including working out how many chairs could be provided, how many students they could send in and coordinating how the students would work together.

She continues to manage operations, and has also been involved as a clinical educator at the clinics. This year FTG and USYD are partnering with Pacific Smiles in Parramatta to provide dental aid to vulnerable people in need.

"The day usually starts with orientation, setting up the students, figuring out what part of the treatment plan they're up to, which patients are attending, where the lab work is," she explained.

Fourth year students attend the FTG clinic as part of their clinical placement, so they're at the stage in their degree where they can be fairly autonomous and take things on for themselves.

"I step in to check every so often and we chat about what is feasible in these clinics and what isn't," she said.

She admits that not everything is possible in these clinics.

"What we can do is stabilise patients. We can teach patients about how to prevent future disease from happening. We can restore their function a little bit. And I think those are good things to do for any population groups," she said.

### Why altruism matters in dentistry

Beyond the clinical experience, Dr Medara believes programs like Filling the Gap are vital in teaching students about the importance of altruism. One of the core competencies set out by the Australian Dental Council is social responsibility.

"This document is very clear in what a dentist should have, and it doesn't necessarily place clinical skills at the forefront of it. It says things like communication, professionalism, providing evidence-based care, having social responsibility" Dr Medara said.

She believes these competencies have been foundational in the direction setting from accrediting bodies and what they want dentals schools to teach students.

"That's been a key focus in the new curriculum the school has been rolling out as well. To think about those social issues really early on in the DMD program," she said.

It has influenced other areas of the DMD program as well. In the first year, they had someone from *The Big Issue* come in and talk about their journey in life. In the second year of the program, students start seeing patients in a public setting.

It gives students a chance to see actual patients, and be exposed to the level of disease in some communities.

"That's a great learning curve to be exposed to early on, to see what you're working towards," she said.

Dr Medara won't be running the FTG student clinic for the next little while as she'll be focusing on her next exciting adventure – her first child who is due in July.

However, she looks forward to returning to her students after maternity leave finishes. After five years of coordinating the FTG student clinic, she hopes the partnership between students and the charity continues to grow.

"I genuinely see it as a good thing to do."





**Dr Meredith Owen**, Specialist Periodontist

Dr Meredith Owen is a periodontist and implant surgeon offering a range of treatments from her Newcastle practice. She obtained an Honours Degree in Biomedical Science from The University of Guelph in Canada before studying dentistry at The University of Sydney. Dr Owen graduated with a Doctor of Clinical Dentistry in Periodontics from The University of Sydney and was awarded membership into the Royal Australasian College of Dental Surgeons. She has a special interest in education and has held teaching and mentoring roles at The University of Sydney and The University of Newcastle. At university, Dr Owen co-founded the Australian Dental Students' Association which is the national body representing dental and oral health students around Australia.

# Cemental Tears

## A Diagnostic Dilemma

Cemental tears are a special form of root fracture, either within the cementum layer or between the cementum and the dentine. They can often go unnoticed in the early stages, leading to rapid localised periodontal attachment loss and periapical breakdown.

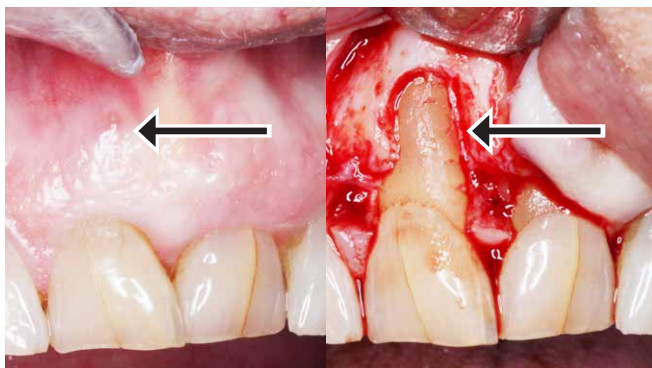
Due to their varied presentation, cemental tears can mimic other periodontal and endodontic diseases, particularly vertical root fractures (VRFs). Proper identification of predisposing factors and clinical features is crucial to avoid misdiagnosis and unnecessary treatment such as root canal therapy and tooth extraction.

### Predisposing factors:

- **Age:** Primarily affects patients over 60-years-old
- **Gender:** Higher prevalence in males
- **Tooth Position:** More common in single-rooted teeth.

### Possible aetiology

- **Parafunctional Habits:** Bruxism and occlusal trauma
- **Inherent Weakness in Cementum:** Aging-related fragility
- **History of Trauma:** Previous injury contributing to structural weakness.



Cemental tear on tooth 11. Note the signs of occlusal trauma.

### Clinical presentations

- Localised abscess and swelling
- Deep isolated periodontal pocket - narrow or wide
- Vital tooth (though can occur in root canal-treated teeth with persistent endodontic/periodontal lesions).

### Radiographic characteristics:

- Defect most frequently found in the middle or apical third of the root
- Radiopaque mass adjacent to the affected root surface
  - Flake-like appearance
  - Calculus-like spicule
  - Chip-like particle
- Radiolucent osseous lesion associated with or surrounding the radiopaque mass
- Cone beam computed tomography can assist in assessing buccal/palatal surfaces.

### Differentiation from vertical root fractures

Cemental tears can closely resemble VRFs but key distinctions exist.

- VRFs extend through the entire root structure
- VRFs often present with a "J-shaped" or "halo" radiolucency, particularly at the apex
- VRFs often lead to deep, narrow periodontal defects along the root
- VRFs are more commonly associated with non-vital or previously root canal-treated teeth.



### Management and treatment considerations

Aside from being aware that they exist, managing cemental tears begins with addressing predisposing factors such as parafunctional habits. Patients may require occlusal adjustments and splinting to reduce excessive forces. Open flap debridement is considered the most predictable treatment approach, allowing for complete removal of the torn cemental fragment. If suitable, guided tissue regeneration (GTR) can be performed to support periodontal healing. In cases where the tooth has a non-vital pulp or a history of root canal treatment, endodontic therapy is required before periodontal intervention.

### Prognosis and importance of early detection

In general, teeth with cemental tears, when diagnosed and treated appropriately, have been shown to remain in function. When misdiagnosed or left untreated, they usually lead to rapid periodontal and periapical bone loss and tooth loss. Early detection of cemental tears, which are often asymptomatic, is yet another reason why routine periodontal screening is a crucial part of patient care.



Above: Cemental tear tooth 23.  
Note the lack of posterior support.



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# ADA NSW Digital Training Centre Launch

A ribbon cutting ceremony signalled the opening of the ADA NSW Digital Training Centre (DTC) at a special launch event at ADA NSW offices, marking a new era in digital dentistry education.

ADA NSW President Dr Dominic Aouad, alongside Henry Schein General Manager Commercial Dental Australia, Michael Fahey, officially unveiled this state-of-the-art facility.

The event brought together industry leaders, educators and members to celebrate this milestone in professional development.

The DTC is part of ADA NSW's commitment to providing world-class education, featuring the latest in digital scanning, CAD/CAM workflows, AI integration tools and 3D printing. The DTC will equip members with the skills needed to stay ahead in our evolving profession.

Our strategic partnership with Henry Schein, Australia's largest dental product distributor, has played a key role in bringing this vision to life. Through this collaboration, we are ensuring that ADA NSW members have access to the most advanced dental technology and education.











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L-R: ADA NSW members – Dr Tom Giblin, Dr Saskia Salvestro, Dr Rouel Vergara and Dr David Farrington

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Dr David Farrington – Member since 2006

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# Election Wrap Up

**In the lead up to the 2025 Federal Election, the ADA NSW leadership team and members have been advocating to advance dentistry. These efforts have been integral in highlighting the importance of oral health in the overall health of Australians.**

A significant number of volunteers wrote to their Federal MP about the Senior Dental Benefits Schedule (SDBS) across a range of metropolitan and regional electorates.

The results of the 2025 Federal Election on 3 May have now been decided with some electorates too close to call on election day. Prime Minister Anthony Albanese was elected for another term as Prime Minister.

Opposition Leader Peter Dutton lost the seat of Dickson, whilst Greens leader Adam Bandt was the second major-party leader to lose his seat, conceding Melbourne.

ADA NSW aims to advocate for the dental profession by being a leading influencer with the community, stakeholders and government. The goal of the association is to increase awareness of the connection between oral health and general health to improve the health of every Australian.

Leading up to the election, ADA NSW President Dr Dominic Aouad met with

the Bradfield candidate Gisele Kapterian and the shadow Health minister the Hon. Anne Ruston to discuss the critical role oral health plays in the overall health of Australians.

The conversation covered the potential for a Seniors Dental Benefits Scheme, but more importantly, it focused on creating a vision of what a healthy Australian looks like, prioritising prevention and shaping a future centred on proactive, holistic healthcare, including oral health.

ADA NSW Vice President Dr Jodie Olivier had a discussion on advancing oral health with Ms Dai Le, MP for Fowler. In other advocacy efforts, local MP Dr Gordon Reid visited ADA NSW councillor Dr Rouel Vergara to discuss his support for Seniors Dental Benefits Schedule (SDBS).

The pair discussed the SDBS providing better oral health services for the marginalised and increased accessibility in the locality. They also discussed the inclusion of compulsory comprehensive oral health assessment as part of Medicare.

Meanwhile, ADA NSW councillor Dr Srikanth Karumuri reached out to the sitting members of both houses of parliament in the ACT.

"I am particularly inspired by the prompt response of Dr Andrew Leigh himself and his willingness to forward the



ADA NSW Vice-President  
Dr Jodie Olivier.

message to the Federal Health Minister Mark Butler," Dr Karumuri said.

Through his own personal channels, Dr Karumuri was able to reach out to an active campaigning group called the vintage reds, an organisation of ex-union members.

"Their representative was very supportive of the idea and flagged it as it was one of the recommendations of the Royal Commission on Aged Care. I am positive that with continued advocacy of our members in this important policy area, the seniors of our community will benefit."

In March this year, ADA NSW Board member and Newcastle private practitioner Dr Mark Morrin met with Sharon Claydon MP, Local member for Newcastle and Deputy Speaker of the House as well as her Policy Advisor.

Their discussion was to highlight the pros and cons of a Seniors Dental



Bradfield candidate Gisele Kapterian, ADA NSW President Dr Dominic Aouad and shadow Health minister the Hon. Anne Ruston.





Dr Gordon Reid MP and ADA NSW councillor Dr Rouel Vergara.



ADA NSW councillor  
Dr Srikanth Karumuri.

Health Benefit Scheme which would work in a similar way to the Child Dental Benefit Schedule.

"Initially this was to flag the potential program for the budget which was to be handed down later that month and potentially the Federal Election which had yet to be called," Dr Morrin said.

"The discussion quickly evolved into the role of oral health in general wellbeing. It was very refreshing to hear that Ms Claydon felt that lack of access to dental care was a missing link in overall public health.

"We also discussed the benefits of preventative care and how long term this assisted the government and private health budgets rather than concentrating on the reactive model which currently exists. The discussion then moved to the hospitalisations of children due to dental needs.

"After a generous one hour meeting, Ms Claydon thanked me for our

discussion and assured me that she felt much more informed and comfortable discussing the issues with her parliamentary colleagues."

Dr Morrin said this was a simple example of how grassroots advocacy can forward the understanding of our elected members and potentially introduce ideas into the parliament.

"Rome wasn't built in a day, but every conversation gets us closer to our goal," Dr Morrin said.

"I would suggest that we have a local hero in each electorate which builds up a relationship with a local member or at the least their staffers so we can forward the profession to the powers that be."



#### ADA NSW Advocacy

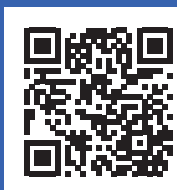
To learn more about the advocacy efforts of ADA NSW, visit our website at [www.adansw.com.au/about/advocacy](http://www.adansw.com.au/about/advocacy)



ADA NSW board member  
Dr Mark Morrin.



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# At the forefront of education

The ADA NSW Education Committee plays an integral role in supporting members by providing education, advice and guidance on contemporary best practice.



“

**We are always looking to see what gaps exist in the [education] program to benefit our members.”**

**Dr Cathleen Dong**

The rollout of the new ADA NSW Learning Management System (LMS) will take professional development to a new level and feature a library of high quality, bite-sized courses that members can access when it suits.

Heavily involved behind the scenes on this exciting learning platform has been the collaborative input of the ADA NSW Education Committee. They provide feedback for course development and direction and suggest new course topics that may benefit the membership.

The committee meet quarterly and includes a mix of specialists and general dentists, all with a passionate interest in education. They contribute to the development of education and CPD programs including online and face-to-face modules.

Committee Chair and Board member, Dr Cathleen Dong, said the committee

aims to make high quality education accessible and informative, allowing dentists to improve their skills and better their patient care.

“The LMS adds to our existing course delivery modes,” she said. “The committee is looking forward to providing new suggestions on what courses could be integrated into this format.

“Specifically, we’re looking at hybrid course materials that participants can review prior to attending in-person sessions to maximise hands-on learning. We’re also expanding our on-demand options, particularly free offerings such as the new Practitioner Essentials courses and improving our video and podcast library.

“We continually review course feedback and have been looking to explore the potential for long-term courses to meet the growing demand for more comprehensive learning experiences. We are always looking to see what gaps exist in the program to benefit our members.”

Committee Deputy Chair Dr Rouel Vergara said that providing great dentistry begins with providing great education.

“At ADA NSW, our Education Committee upholds the responsibility of identifying and promoting continuing education that fosters clinical excellence and ethical practice, advancing the dental profession,” Dr Vergara said.

“

**We are proud to champion courses that elevate the profession and create lasting impact in the lives of patients...”**

**Dr Rouel Vergara**

“We are proud to champion courses that elevate the profession and create lasting impact in the lives of patients while safeguarding public oral health.”

The committee conduct other important functions such as considering requests for research support, and reviewing requests for information. They also play a key role in liaising with the dental schools at Charles Sturt University and The University of Sydney.

The committee also assist with program topics and speaker suggestions for upcoming dental conferences and are working towards enhanced recognition of the completion of courses – visible via the member dashboard of the ADA NSW website.

## Your ADA NSW Education Committee

**Chair:** Dr Cathleen Dong

**Deputy Chair:** Dr Rouel Vergara

**Committee Members:** Dr Mehdi Rahimi, Dr Shalin Desai, Dr Chamika Wijayasena, Dr Karrar Bohreh, Dr Derek Mahony, Dr Yong Kho, Dr Aaron Goh, Dr Kimberley Craig, Dr Munira Xaymardan, Dr Tom Giblin, Dr Dimitra Mersinia





**Dr Venkatesh Bhardwaj**  
Specialist paediatric dentist

Dr Venkatesh Bhardwaj is a paediatric dentist and the founder of Macarthur Paediatric Dentistry in Western Sydney. He worked as a general dentist for nine years across private practices in the ACT and Sydney before commencing specialist training in paediatric dentistry at The University of Sydney in 2015. Following completion of his training in 2017, he established a private practice in Camden, serving families across Sydney's West. Dr Bhardwaj has also worked as a visiting specialist at The Children's Hospital at Westmead and Campbelltown Hospital.

## Diagnosing and managing supernumerary teeth in general practice

Supernumerary teeth are a common developmental anomaly, with a prevalence of approximately one to three per cent in the permanent dentition and a marked predilection for the premaxillary region.<sup>1</sup> While often asymptomatic, their presence can interfere with eruption, alignment, and occlusion. Early detection and timely management are essential. General dentists are well positioned to identify and treat cases before they become complex.

### When to suspect a supernumerary tooth

Mesiodens are the most common type, typically conical and located palatally between the maxillary central incisors. However, supernumeraries can also be tuberculate, supplemental, or resemble odontomes. They may occur anywhere in the arch - including the premolar region (parapremolar), maxillary molar area (paramolar), or distal to third molars (distomolar).

#### Signs to investigate include:

- Delayed eruption of maxillary incisors (6–8 months beyond expected exfoliation),
- Asymmetrical eruption or midline diastema,
- Abnormal inclination or tooth displacement,
- Crowding or ectopic eruption in a well-spaced arch,
- Positive family history.

### Imaging: Look beyond the OPG

An orthopantomogram (OPG) is a useful screening tool but may miss palatally positioned or small supernumeraries, with a reported sensitivity of 50 per cent.<sup>2</sup>

Upper occlusal or periapical radiographs may assist, but low-dose cone beam computerised tomography (CBCT) is now considered best practice in complex cases.<sup>3,4</sup> It offers better localisation, orientation, and treatment planning, especially when surgical intervention is likely.

### Management and referral

General dentists play a key role in triaging and initiating treatment or referral. Management depends on impact:

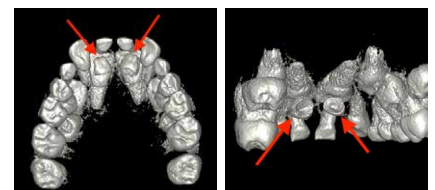
- **Obstructive:** If delaying or displacing a permanent incisor, removal is recommended. Ideally, this occurs before root formation is complete to improve chances of spontaneous eruption.<sup>3,4</sup>
- **Unerrupted and asymptomatic:** May be monitored every 12–18 months. Referral is appropriate if adjacent eruption is delayed, deviated, or if pathology (e.g. cyst formation) is suspected. CBCT may help if localisation is unclear.
- **Erupted and functional:** Some well-aligned supernumeraries may be retained if not contributing to malocclusion. These should be assessed with a paediatric dentist or orthodontist.

### When to refer

Refer if unsure about management of the paediatric patient or surgical procedures. Other indications include eruption failure, marked deviation, inversion, proximity to anatomical structures, or multiple supernumeraries. Referral is also advised where features suggest an underlying syndrome.

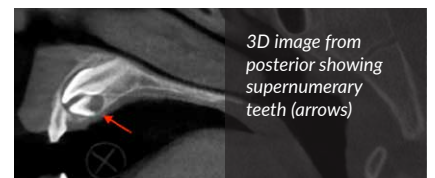
### Conclusion

Supernumerary teeth are best identified early. General dentists are well placed to detect early signs and provide timely intervention. Clinical vigilance, imaging, and appropriate treatment or referral support the best outcomes for children.

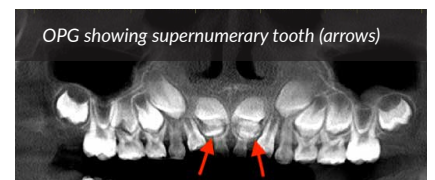


3D Occlusal view showing two supernumerary teeth in the palate (arrows)

Sagittal view showing supernumerary tooth in palate (arrow)



3D image from posterior showing supernumerary teeth (arrows)



OPG showing supernumerary tooth (arrows)

#### References:

1. Anthonappa, R. P., King, N. M., & Rabie, A. B. M. (2013). Aetiology of supernumerary teeth: a literature review. *European Archives of Paediatric Dentistry*, 14, 279–288.
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4. Omer, R. S., Anthonappa, R. P., & King, N. M. (2010). Determination of the optimum time for surgical removal of unerupted anterior supernumerary teeth. *Pediatric Dentistry*, 32(1), 14–20.



**Dr Melissa Warren**  
Specialist paediatric dentist

Specialist paediatric dentist Dr Melissa Warren works at St George Paediatric Dental Specialists and The Children's Hospital at Westmead. Her interests are restorative dentistry, orofacial trauma, dentistry for children with complex medical needs, and behaviour management for anxious children. She teaches medical and dental students at The University of Sydney, The University of New South Wales and Charles Sturt University. Dr Warren is a Fellow of the International College of Dentists.

## Restoration of primary molar teeth with interproximal caries

Around 80% of all restorations in primary teeth are Class II restorations in molars. Therefore, any clinician treating children should be comfortable in selecting and placing the most appropriate material. A successful restoration should ideally last until exfoliation, while being biocompatible, functional, protecting remaining tooth structure and enabling good oral hygiene.

Bear this in mind when managing expectations – the success of a restoration is dependent upon, in decreasing order of importance: compliance of the child; operator skill; and material properties. In summary, case selection is key – we need to be able to choose the right material for the tooth and the child we are given, not take a “one size fits all” approach!

**Traditional GICs**, while biocompatible and fluoride releasing, are brittle, with low wear resistance and slow setting. They are therefore not recommended for Class II restorations in primary molars.

**Resin-modified GICs (RMGICs)** have been a favourite in general dental practice due to their fluoride release, command set, reasonable wear and fracture resistance, and lower moisture sensitivity than composite resin. Whilst the failure rate of RMGICs is 5 times lower than that of GICs, their survival time in small-medium cavities is still only around 3 years. They are therefore an appropriate choice in a first primary molar in a child aged 7+, or a second primary molar in a child aged 9+.

**Compomers** (e.g. Dyract) are hybrids of GIC and composite resin, offering better aesthetics and wear resistance than

RMGICs, and less moisture sensitivity than composite resins. They also release fluoride, although not as much as RMGICs. The average survival time of Class II compomer restorations in primary molars is around 4 years. Thus, they are a good option for a first primary molar in a child aged 6+, or a second primary molar in a child aged 8+.

**Composite Resin** provides excellent aesthetics, wear resistance and command set. However, it is highly technique sensitive, requiring excellent moisture control and longer placement time. In ideal conditions (cooperative child, skilled operator, rubber dam isolation), composite resin restorations have the lowest failure rate of direct restorative materials in primary molars. Bear in mind, ideal conditions are rare when working with children!

For extensive proximal lesions – especially those requiring pulp therapy – full coverage is recommended.

**Stainless Steel Crowns (SSCs)** have a survival time of >10 years, meaning they will generally last until the tooth exfoliates. They are durable, cost-effective, have low susceptibility to recurrent caries, and are not moisture sensitive. There is now robust evidence that SSCs are the best option for restoring primary molars following incomplete caries removal (the “Hall Technique”) – with a success rate of 92% at 4 years, compared to 52% for conventional restorations. The obvious disadvantage of SSCs is aesthetics, and thus the growing demand for tooth-coloured alternatives.

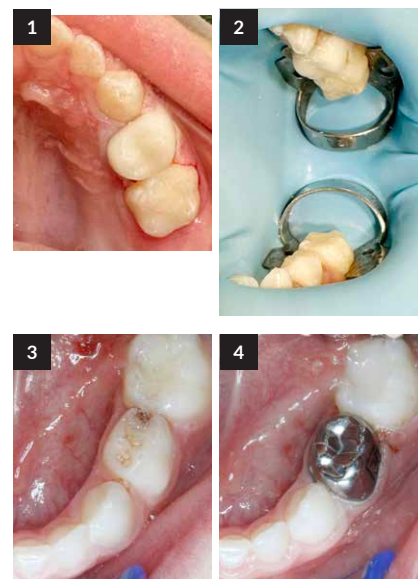
**Zirconia Crowns** have excellent aesthetics, durability and biocompatibility. The major disadvantage of zirconia crowns is that the prep is extensive, and iatrogenic pulp exposure is more common (many operators choose to do an elective pulpotomy prior to placement). Zirconia crowns can also fracture, or cause wear of the opposing dentition (therefore, in a child with bruxism, they are contraindicated). In a non-bruxing child with extensive multi-surface caries, where aesthetics are paramount, zirconia crowns can prove an excellent alternative to their traditional stainless steel counterparts.

*Pic 1: Composite resin 65MO and zirconia crown 64*

*Pic 2: Zirconia crown 64 and composite resin 75MO, placed with rubber dam under GA*

*Pic 3: Caries in teeth 75M and 74DO (requiring a coronal pulpotomy)*

*Pic 4: Compomer 75MO and stainless steel crown 74.*





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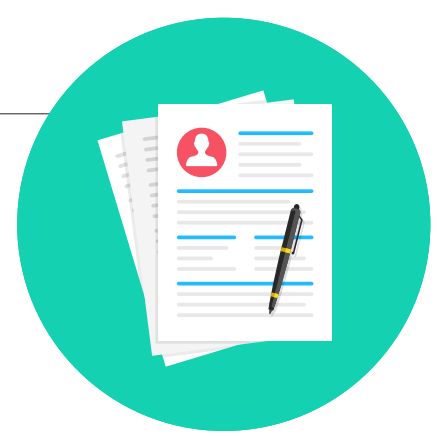
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# Employment records

Maintaining accurate employment records is not just a regulatory obligation; it's foundational for successful and effective business practice management. Employment records significantly affect staff morale, operational efficiency, and legal compliance.

Employment records refer to the documentation that employers are legally required to maintain regarding their staff. Key components include accurate records of hours worked and wages paid, and issuing pay slips.

## Why are employment records important?

Maintaining complete and accurate employment records serves several essential functions:

- 1. Tracking employee performance and development:** Employment records help you and your management team monitor employee performance. With these records, you can assess training needs, track professional development, and make informed decisions about promotions, raises, and potential disciplinary actions.
- 2. Ensuring tax and payroll accuracy:** Accurate employment records are vital for ensuring that employee payroll is processed correctly and that tax obligations are met.
- 3. Promoting transparency:** Having comprehensive records facilitates open communication between employees and management.
- 4. Legal compliance:** Various laws require you to keep specific records for a defined period. This safeguards your practice against any potential legal issues that could arise from employee disputes or misunderstandings.

## Types of employment records

As practice owners, it's important to know which records to keep. Here's a list of essential employment records:

- **General employee details:** This should include the employee's name, job title, commencement date, and type of engagement (permanent, temporary, or casual).
- **Pay slips:** Documentation of salary and entitlements must be provided to each employee.
- **Hours worked:** A detailed log of hours

worked by each employee helps ensure accuracy in payroll.

- **Leave records:** Documenting annual leave, sick leave, and other types of leave is vital for both employees and compliance.
- **Superannuation contributions:** Accurate tracking of superannuation contributions, currently set at 11.5 per cent of wages, is essential to avoid penalties.
- **Individual flexibility agreements:** These agreements tailor work conditions to meet the needs of both the employee and the practice.
- **Termination records:** Proper documentation of termination processes is crucial for legal compliance and protects the practice from potential disputes.

## Obligations for business owners

As a business or practice owner, understanding your legal obligations concerning employment records is vital. Here's what you need to ensure:

- **Accessibility:** Make sure all employment records are readily accessible to Fair Work inspectors if required.
- **Legibility:** Ensure that records are maintained in a legible form, ideally in plain English, to avoid any misunderstandings.
- **Retention:** Keep all employment records for at least seven years, as required by law.
- **Accuracy:** Records should not be altered unless to correct genuine errors, and they must be truthful and not misleading.

## Risks of poor record-keeping

Neglecting to maintain accurate employment records can expose your dental practice to significant risks, including:

- **Legal penalties:** A breach of the Fair Work Act can lead to penalties. Employers can face fines of up to \$18,780 for individuals and \$93,900 for companies (as of 2024).
- **Investigations by the Fair Work Ombudsman:** Regular audits by the Fair Work Ombudsman (FWO) can lead to fines and legal action against non-compliant practices.

- **Wage theft allegations:** Inaccurate records give rise to claims of wage theft, which can have serious legal implications and damage your practice's reputation.
- **Superannuation non-compliance:** Errors in tracking superannuation contributions can lead to significant penalties from the Australian Taxation Office, which requires accurate reporting and adherence to current super rates.
- **Unfair dismissal and workplace disputes:** Poor record-keeping increases the risk of disputes regarding employee terminations or claims of bullying and discrimination. Inadequate records can complicate defence against such claims, resulting in costly settlements.
- **Tax compliance risks:** The ATO requires precise records for PAYG withholding and tax returns. Incorrect records can lead to audits, fines, and other legal consequences.

## Best practices

- **Implement a consistent record-keeping system:** Make sure your practice has a reliable system for tracking and storing employment records. Consider digital solutions that enhance accessibility and security.
- **Regular audits:** Periodically review your employment records to ensure everything is accurate and complete.
- **Staff training:** Educate your staff about the importance of accurate record-keeping. Ensure that everyone understands their role in maintaining thorough and accurate employment records.
- **Utilise professional services:** If managing employment records feels overwhelming, consider consulting with HR professionals or legal advisors who can guide you in adhering to compliance standards.



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## Vale Dr Bettine Constance Webb

It is with great sadness that we inform the dental community that our dear friend and colleague Dr Bettine Constance Webb passed away on 2 April 2025 at 92 years of age. Dr Webb served the field of dentistry as a devoted professional who was loved and respected as a clinician, tutor and friend at Westmead Centre for Oral Health and The University of Sydney.

Born on 28 April 1925 in Neutral Bay to Allan Phillip and Heather Annie Webb, she attended Brighton College at Manly. Bettine was a good student earning Grade As and Bs in her matriculation in 1942 in English, Latin, French, modern history, mathematics and biology, reflecting her sharp mind and wide interests.

She carried her thirst for knowledge through the rest of her life; commencing with a Bachelor of Dental Surgery degree at The University of Sydney during World War II, a time when women could be seen taking on non-traditional roles. She was one of four female dentists, in a class of a hundred and fifteen students.

She paved the way for women in dentistry at The University of Sydney. She continued her learning journey by obtaining a Master of Health Planning (UNSW, 1984), Master of Dental Surgery (USyd, 1987), Doctor of Philosophy in Dentistry (USyd, 1997) and Graduate Certificate in Higher Education (UTS, 2000).

She obtained the last qualification aged 75. She has participated in many conferences nationally and internationally.

Her research has been published in various journals which have helped improve dental care in aged care facilities. She was attending international conferences, imparting knowledge and gathering knowledge until the age of 86.

Her passion in dentistry has been evident throughout her 33-year dental career in the public service. In retirement, Bettine went ahead to further her academic work in improving dental health. She was a person who when she had a good idea didn't hesitate to act on it and to persevere with it. Even her stroke in the 1990s could not stop her from completing her research on Candida for her PhD.

She was a gentle soul that fought the silent fight to get better treatment modalities for all patients, especially the elderly. She believed good dental care was a fundamental right of any human being. Her compassion was evident in the way she treated her patients and she took part in various voluntary dental missions around the world.

In later years, she was involved in training the next generation of dentists at The University of Sydney where she held the title of Honorary lecturer with the Faculty of Dentistry. She hoped to impart her passion to motivate students to take up the fight for better healthcare.

Many of her students remember the gentle crusader who wanted to create a positive and progressive environment for learning. While striving for knowledge in

dentistry in her retirement, Bettine volunteered for the Salvation Army as well. She learned ballroom dancing for which she earned silver grades in the slow foxtrot and the quickstep.

She was endlessly and genuinely curious about places, cultures, people and animals. Like many people, she travelled the world to Kashmir, India, Africa, Iran and to Argentina, just to name a few. But, unlike many people, Bettine actually went to Rwanda to see the gorillas for herself, just because she read *Gorillas in the Mist*.

A testament to the personality of Bettine is reflected in an incident that happened when she attended a conference in the United States. She was left alone at a Washington airport by mistake, so two lovely ladies drove her to her hotel which was an hour away. These strangers made a two hour return journey just to make sure she was safe. Her good nature has always shone brightly and was witnessed by all that met Bettine.

Bettine was fiercely courageous and an invincible young-at-heart friend to us. Her unrelenting determination carved a pathway for women in the field of dentistry today. Rest in Peace dear Bettine, you have fought the good fight and finished your race and now are in the arms of your Heavenly Father.

By Dr Antonio Lee and Dr Leena Singh





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# What's On

Scan for a full list of upcoming courses and events.



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**FULLY BOOKED? Check the website for additional dates.**

JUNE	JUNE	JULY	JULY
<b>18 June</b> <b>Central Coast Division Meeting</b> Gosford Golf Club >	<b>25 June</b> The Microscope for General Practitioners – Part 1 >	<b>02 July</b> Forensic Odontology >	<b>23 July</b> Defining the Margins – Team Boundaries >
<b>18 June</b> Surgical Draping >	<b>26 June</b> The Microscope for General Practitioners – Part 2 >	<b>02 July</b> Introduction to 3D Printing >	<b>24 July</b> Oral Surgery for the Early Clinician > <b>FULLY BOOKED</b>
<b>19 June</b> Paediatric and Special Needs Dentistry: The Overlap > <b>FULLY BOOKED</b>	<b>28 June</b> Surgical Skills for Implant Dentistry: Soft Tissue Management, Extractions and Ridge Preservation >	<b>04 July</b> Primespeak seminar >	<b>24 July</b> Reversing the Drill – Improving Culture >
<b>20 June</b> Back To Basics: From Start to Endo (Part 2) > <b>FULLY BOOKED</b>	<b>30 June</b>  <b>ON-DEMAND</b> Online Dental Records and Consent Course >	<b>11 July</b> Endodontic Challenges from Theory to Techniques >	<b>26 July</b> Botulinum Toxin and Intraoral Dermal Fillers – Therapeutic Use > <b>FULLY BOOKED</b>
<b>21 June</b> <b>North Eastern Division Meeting</b> Coffs Harbour >		<b>12 July</b> Oral Surgery Essentials >	<b>26 July</b> Management and Maintenance of Fractured and Fragile Teeth >
		<b>16 July</b> Vital Orthodontics for Dentists >	

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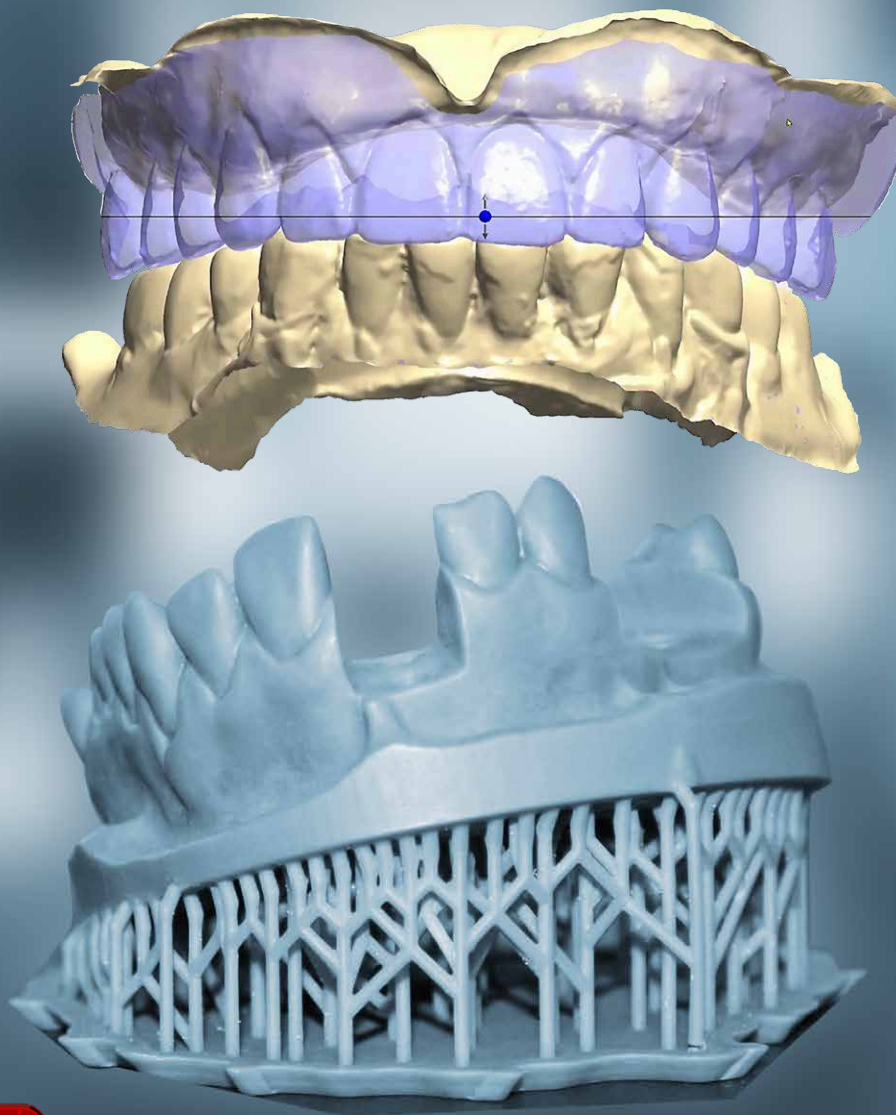
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# A step into the future

The inspiring world of digital dentistry



For many dentists, pondering whether to incorporate 3D printing in their practices can be a confusing and daunting experience. But a new ADA NSW CPD course aims to address this by empowering attendees with the skills and knowledge to move confidently into designing and 3D printing fundamental dental applications.

Presented by Dr Andrew Ip, the *Introduction to 3D Printing* course is being held next month at the new interactive Digital Training Centre at ADA NSW in St Leonards.

The course aims to ease attendees gently into 3D printing in their own practices and make it an enjoyable and positive experience so they are not so overwhelmed by the entire CAD-CAM process.

"Digital dentistry was not taught in university! It really shouldn't and doesn't have to be that scary," Dr Ip said.

"I enjoy 3D printing and it brings me great satisfaction spreading the word of its usefulness amongst my peers. This workshop is designed to provide attendees some basic skills and knowledge so that they can feel comfortable 3D printing in their practice straight away."

The course will cover a general overview of the different types of 3D printers available in Australia, how to set one up and get a system going. Participants will cover fundamental digital design and digital preparation of intraoral scans to be 3D-print-ready and occlusal splint design.

"Because when we learn something new, we often have to fall before we can walk, we go through some basic troubleshooting and ways to get out of 3D printing jail!" Dr Ip adds.

Recent trends in this field have seen hardware becoming easier to use and the 3D printing workflow is easier to delegate these days.

There has also been not just more dental design software options in the market, but many are also witnessing AI infiltrating into it, making it easier and more efficient than ever before. Another key trend has been a strong focus on safety in 3D printing - not just for the user, but also for the patient.

"Regulatory bodies are definitely trying to catch up to new developments and in Australia there's a strong focus on the TGA's efforts to regulate in-house manufacturing of prostheses for patients," Dr Ip said.

"Beyond the regulatory side of things, we are seeing printers always getting

faster, more accurate and more consistent and software becoming easier to use. In the world of dental CAD-CAM there's definitely a growing blur between the dentist and the dental technician."

A general dentist based in Sydney, Dr Ip has been in private practice for over a decade. Describing himself as 'knowledge hungry', he dived straight into long courses immediately after university, including dental implantology and orthodontics. After hopping from one discipline to another, he took an interest in 3D printing.

"3D printing was actually a hobby of mine and I was printing toys, figurines and small 'bits and pieces' around home before I really took it in the dental route," he said. "One thing led to another and I ended up running 3D printing workshops a number of years ago.

"I remember my first workshop was at a small Catholic Club in Western Sydney to a handful of attendees. From small things big things grow. That first experience has now led me to present and run workshops all over Australia, but also in South-East Asia, Europe and the United States."

He speaks regularly at national and international conferences on the advantages and disadvantages of 3D printing and how it has impacted his clinical practice. Dr Ip still practises 'bread and butter' dentistry, albeit with a digital flair.

"It's been a wonderful, crazy and unexpected learning experience which has taken me across the world and allowed me to meet some incredibly inspiring and amazing individuals."

By the conclusion of the course, the aim is participants will be inspired and eager to move into 3D printing and digital design in their own practices. They will leave with a greater understanding of what's in the dental market and how to set up a 3D printing system in their own premises.

Dentists and their teams should be able to set up a 3D printer, wash unit and cure unit and be able to safely operate such a system from start to finish. They should also be able to perform some basic dental design, such as digital model preparation and design of an occlusal splint.

"Dentistry is evolving," Dr Ip said. "It's really up to the dentists whether they do want to be part of this wave of digital methodology or not.

"It's an incredibly exciting phenomenon that we're currently

experiencing in dentistry and with advancements in hardware and software, it really doesn't take too much to get right into the action.

"Patients love it, the staff enjoy using the latest toys and gadgets and dentists are bound to find 3D printing and digital dentistry inspiring and stimulating."



Dr Andrew Ip will present *Introduction to 3D Printing*



## Introduction to 3D Printing

### Learning objectives

- Have a greater understanding of what dental 3D printers are available in the market
- Understand what is involved in equipping dental clinics/labs for 3D printing
- Digitally prepare an intraoral scan to be 3D print-ready
- Understand how to design an occlusal splint
- Understand how to physically process a print
- Identify potential causes of issues/problems.



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**Dr Wensy Leung - Periodontist**  
BA(Media), BOH(DSC), GDipDent, DClinDent (Perio).

We are grateful to welcome Wensy to our team, addressing long waiting times! Our appreciation goes out to all our referring dentists for your ongoing support and trust in us.

We practice all facets of periodontics and implant dentistry with a special interest in soft and hard tissue grafting, including sinus lifts and block grafts for implants.

**CAMPsie:** Level 1, 260-262 Beamish St, Campsie, NSW, 2194.

**Phone:** 9071 9008

**Email:** thegumspecialists@gmail.com

**Web:** TheGumSpecialists.com

**Instagram:** #thegumspecialists



**Dr Harry Mohan** BDSc DCD (Endo) Melb

**Dr Aaron Gascoigne** DDS Melb BPharm DCD (Endo) QLD

**Dr Ksenia Fedorova** BDent Syd, FRACDS, MSc (Endo) UBC

We are pleased to welcome Dr Ksenia Fedorova to the practice. Ksenia is an exceptionally caring and talented endodontist who holds specialist registration in Endodontics in both Australia and Canada.

Macarthur Illawarra Endodontists provide specialist endodontic, pain and trauma management

- Emergency appointments within 1 business day (severe pain/dental trauma)
- New patient appointments within one week

We are conveniently located less than an hour from Wollongong, the Southern Highlands and Sutherland Shire.

**Gregory Hills**  
Unit 1210, The Hub, 31b Lasso Rd  
Gregory Hills NSW 2557

**T:** 02 9136 2523

**E:** ghills@miendo.com.au

**www.miendo.com.au**



**Dr Anand Prabhu**  
Specialist Periodontist

BDS (Sydney) GDCD (Adelaide) DClinDent (Adelaide)  
FRACDS (Periodontics)

I wish to advise the profession that I continue to provide specialist periodontal services in Newcastle and Wagga Wagga. These services include treatment of periodontal diseases, oral plastic surgery, pre-prosthetic surgery and dental implant placement. I look forward to working with dentists, oral health therapists and hygienists to achieve great oral health outcomes for patients in the Hunter and Riverina.

**Newcastle:**  
70 Donald Street, Hamilton NSW 2303

**Wagga Wagga:**  
177 Edward Street, Wagga Wagga NSW 2650

**Phone:** (02) 4911 9040

**Mobile:** 0415 690 820





**Dr Tuan Dao** BDS MDSc (Pros)  
**Prosthodontist**

Dr Dao is now consulting and treating patients in Strathfield and Dee Why. We look forward to servicing the community in the Inner West and Northern Beaches

We practice all facets of Prosthodontics including crown and bridge, removable dental prostheses and implant dentistry.

**Strathfield**  
Suite 2c/9 Redmyre Road NSW 2135

**Dee Why**  
Suite 203/7 Oaks Avenue NSW 2099

[www.specialistdentalstudio.com](http://www.specialistdentalstudio.com)

**E:** [info@specialistdentalstudio.com](mailto:info@specialistdentalstudio.com)

**T:** 02 83241441



**Dr Sydney Bader** BDS C Endo

**Specialist Endodontist**

Dr. Bader has provided endodontic referral services on the far North Coast of NSW since 2000, opening his practice in the heart of Ballina Town Centre in 2014.

**The services provided include:**

- Endodontic treatment and retreatment
- Micro-surgical endodontic treatment
- Management of trauma
- Management of acute endodontic conditions
- Pain diagnosis
- CBCT 3D imaging

**Suite 22, 70 River Street, Ballina NSW 2478**

**Phone:** (02) 6686 9481

**Email:** [info@ncendo.com.au](mailto:info@ncendo.com.au)

**Website:** [www.ncendo.com.au](http://www.ncendo.com.au)

Dr Bader also practises in Dee Why and Gosford



**Assoc. Prof. Geoffrey Young** BDS(Hons)(Syd),  
DClinDent(Melb), FRACDS(Endo), FICD, FPFA

**Dr Kim Mai Dang** BMedSci(Hons), BDent(Hons)  
(Syd), DClinDent(Melb), MRACDS(Endo)

**Dr Suzy Wang** BSc(Syd), BDent(Hons)(Syd),  
DClinDent(Ade), MRACDS(Endo)

**Dr Leanne Wu** BDS, GDipDent(Qld),  
DClinDent(Ade), MRACDS(Endo)

**Assoc. Prof. William Ha** BDS GCRC PhD(Endo)  
DClinDent(Endo) FPFA

**Registered Specialist Endodontists**

Sydney Endodontic Centre is very pleased to welcome Associate Professor William Ha to our specialist endodontic group practice. A/ Prof Ha is the Head of Endodontics at the University of Sydney and brings with him a wealth of knowledge and expertise. Please visit [www.sydneyendocentre.com.au](http://www.sydneyendocentre.com.au) for more information and online referrals.

Suite 1E, 9 Redmyre Rd,  
Strathfield NSW 2135

**T:** 02 9746 2082

**E:** [admin@sydneyendocentre.com.au](mailto:admin@sydneyendocentre.com.au)



**Dr Tuan Dao** BDS MDSc (Pros)  
**Prosthodontist**

**Dr Amylia Bal** BDS DClinDent (Pros)  
**Prosthodontist**

We are grateful to welcome Dr Amylia Bal to our practice in Strathfield. Our appreciation extends to our existing referring dentists for their ongoing support and trust.

We practice all facets of Prosthodontics including crown and bridge, removable dental prostheses and implant dentistry

**Strathfield**  
Suite 2c/9 Redmyre Road NSW 2135

**E:** [info@specialistdentalstudio.com](mailto:info@specialistdentalstudio.com)

**T:** 02 83241441

[www.specialistdentalstudio.com](http://www.specialistdentalstudio.com)



**Dr Stephen C Harlamb,**  
**Specialist Endodontist**

BDS, MDSc, MHLaw, MRACDS(Endo), FPFA, FICD,  
FIADT

Servicing the Inner and Greater West of Sydney for over 25 years, Dr Harlamb and his team, in his state of the art premises, provides all aspects of endodontic treatment as well as IV sedation for the apprehensive patient and surgical procedures. Dr Harlamb is also happy to provide any assistance you may require in the short and long term management of dental trauma.

Located at  
**Level 1, Suite 14, 12 Railway Parade  
Burwood NSW 2134**

**For all enquiries and appointments:**

**Phone:** (02) 9715 2344

**Email:** [info@harlambendo.com](mailto:info@harlambendo.com)

**Website:** [www.harlambendo.com](http://www.harlambendo.com)  
(online referrals available)



**FULL FACE  
ORTHODONTICS**  
& Dental Sleep Medicine

**Dr Derek Mahony, Orthodontist**

BDS (Syd), MScOrth (Lon), DOrthRCS (Edin),  
MDOrthRCPS (Glas), MOrthRCS (Eng), FRCD  
(Can), MOrth RCS (Edin), FICD, IBO, FADC,  
FICCD, FIADFE, FPFA, Grad Dip Dental Sleep  
Medicine (UWA), Grad Dip Ortho (Lon), FDSM, MBA  
(Wharton), Grad Dip Dental Sleep Medicine (Lon),  
MSc Clear Aligner Therapy (Lon)

We are pleased to announce the opening of our new clinics.

**Randwick:** 44 Perouse Rd, NSW 2031

**Harris Park:** 49 Albion St, NSW 2150

**Neutral Bay:** 97 Military Rd, NSW 2089

**Miranda:** 40 Malvern Rd, NSW 2228

**Hornsby:** Suite 104/10 Edgeworth  
David Ave, NSW 2077

**Haberfield:** 40 Dalhousie St, NSW 2045

**P:** 1800 FULL FACE / 1800 385 532

**E:** [info@fullfaceorthodontics.com.au](mailto:info@fullfaceorthodontics.com.au)

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