

# NSW Dentist

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Recognising outstanding service to the profession

## ANATOMY OF A COMPLAINT

Advisory Services feature

## RESTORING CONFIDENCE AND DIGNITY IN THE DENTAL CHAIR

Dr Frances Ershad feature



# ADA NSW advocacy

Update on the latest priorities



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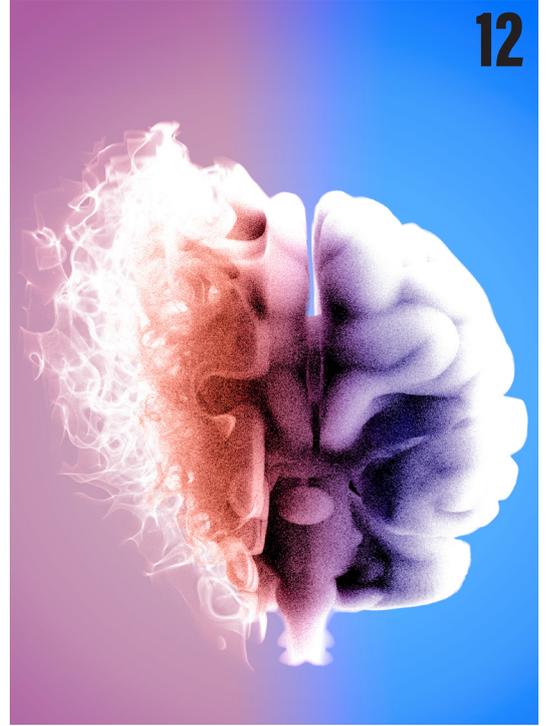
ADA NSW acknowledges the Traditional Custodians of the land on which we live and work and pay respects to Elders past, present and emerging.



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In his final column, ADA NSW immediate past President **Dr Dominic Aouad** reflects on the many achievements of the association, and acknowledges the people who have contributed so much to its strong position.

# Thank you for the honour of serving

Serving as President of ADA NSW has been the greatest honour of my professional life. These past two years have been defined by purpose, challenge, and people. And now, as I bring this chapter to a close, I want to reflect not just on what we've done, but on who we've done it with.

Yes, we delivered. That much is clear.

In the last 12 months, ADA NSW posted a **\$690,000 surplus**, the result of focused strategy, disciplined decision-making, and a Board committed to sustainable growth. We welcomed **614 new members** and hit an impressive **92% renewal rate**.

We also launched a number of major strategic initiatives that will shape the future of our profession:

- The opening of our **Digital Training Centre**, a world-class facility for hands-on education, cutting-edge technology, and immersive CPD experiences.
- The expansion of our **on-demand CPD library**, giving members greater flexibility to learn where and when it suits them.
- The complete **rebuild of our website and member portal**, designed to personalise the member journey and provide faster, simpler access to the services our community values most.

These were big projects. But they weren't just about infrastructure or interface. They were about impact, creating spaces and systems that meet dentists where they are, and help them go further.

And they weren't done alone.

Our **Board** has been sharp, focused, and united in purpose. Every member brought

their own lens, their own insights, and their own lived experience. My sincere thanks to you all. It's been a privilege to Chair such a capable team.

To our **Committees and Council**, thank you for your energy, your ideas, and your relentless commitment to improving our profession. Your work doesn't always make headlines, but it shapes our Association.

To our **CEO, Jae Redden**, and the entire management team, thank you. Your execution has been outstanding. You've taken bold vision and turned it into real-world outcomes. I've asked a lot. I've challenged often. And you've always delivered.

To **Dr Jodie Olivier**, our Vice-President and Chair of Filling the Gap, your leadership has been exceptional. You're calm, capable, and deeply respected by everyone around the table. I've learned a great deal from you.

Now let's talk about Filling the Gap.

This year, our flagship charity moved closer to **\$3 million** in pro bono dental care delivered across NSW and the ACT. This impressive milestone clearly demonstrates the commitment our profession has for looking after our community's most vulnerable.

Of course, none of this work happens in a vacuum. I want to acknowledge our **stakeholders and corporate partners**, from our national and state ADA counterparts to our friends at Henry Schein, Guild Insurance, Dentsply Sirona, NSW Health, and many others. You've helped us deliver value for members and build a profession that is resilient, progressive and future-focused.

And then, there's my personal circle.

My family, Mel and our three boys, Rohan, Leon, and Sebastian, you've been with me every step of the way. In our house, 'Does Daddy have a meeting?' became part of the daily script. ADA NSW has been stitched into the rhythm of our lives, and I'll always be grateful for the way you've made space for that. Thank you for your love, your patience, and your strength.

To my mentors and friends, you've challenged me, backed me, and kept me grounded. When the weight of the role felt heavy, you reminded me who I was and why I care.

This role was never just about strategy, governance, or delivery. It was about people.

It was about the patients in our chairs. The colleagues in our networks. The volunteers in our committees. The team in our office. And the loved ones supporting us at the end of another long day.

Leadership, in the end, is about stewardship. Leaving things better than you found them. Building something that outlasts you. And handing over the reins with pride.

As I close out my term, I can say this with certainty: ADA NSW is strong. It is member-focused, culturally aligned, and strategically positioned for the future. And I leave knowing that the next chapter will be written by good people, with clear purpose.

Thank you for the honour of serving.

This month we update members on the latest advocacy initiatives and announce a new strategic partnership to advance digital dental education, writes ADA NSW CEO **Jae Redden**.



# An influential voice on oral health

As an association, we advocate strongly for members to influence regulatory and legislative issues. We do this through targeted engagement with members, stakeholders and the wider community.

This issue of the magazine highlights our advocacy priorities. Over the past year, members have written to Federal MPs in support of a Seniors Dental Benefits Schedule to improve access to care for older adults.

ADA NSW has also attended the Fairfield Seniors Expo, contributed to the Ministerial Advisory Council on Ageing, and maintained a strong relationship with NSW Health. Through the Fluoridation of Public Water Supplies Advisory Committee, we've helped implement mandatory reporting of outages to ensure timely member updates.

At the 2025 Pregnancy, Babies and Children Expos in Sydney, ADA NSW hosted stalls promoting oral health and the Child Dental Benefits Schedule (CDBS), which still has only 40 per cent uptake among eligible children.

To address the rural dentist shortage, ADA NSW partnered with the University of Sydney to offer private practice placements for final-year dental students on rural rotations.

Read more about our campaigns at <https://www.adansw.com.au/about/advocacy>

## Strategic partnership to advance digital dental education

I'm proud to announce a new partnership with global dental technology leader **Dentsply Sirona**. This is a major milestone in the delivery of world-class

clinical education and professional development for dental practitioners.

This partnership enhances ADA NSW's training capabilities through CEREC and Primescan for digital impressions, computer-aided design, and on-site milling for restorations.

An AXEOS CBCT will support training in implantology, oral surgery, oral medicine and endodontics, and will also be integrated into Filling the Gap charity clinics to serve vulnerable communities.

These advanced systems allow clinicians to create precise 3D impressions and same-day restorations, improving training outcomes and patient care.

We will soon open our Digital Training Centre for **drop-in sessions** for members so that they have an opportunity to experience new equipment at their leisure.

## Finish the CPD cycle with confidence

The current CPD cycle finishes on 30 November. Now is the perfect time to ensure you're on track.

ADA NSW offers a wide range of courses across all areas of dentistry, presented by leaders in their fields. Members enjoy a **35 per cent discount** on select courses, free access to the Practitioner Essentials suite, on-demand learning and an online CPD logbook. Browse and book at [www.adansw.com.au/cpd](http://www.adansw.com.au/cpd).

We're also introducing a new CPD subscription for **dental hygienists, prosthetists, therapists and oral health therapists**, giving access to premium CPD courses at a discounted rate. Visit [www.adansw.com.au/cpd/allied-dental-practitioners](http://www.adansw.com.au/cpd/allied-dental-practitioners).

## 2026 NSW Convention launch party

Members are invited to a 2026 ADA NSW Convention launch party following the Council meeting at St Leonards on **Friday, 24 October**. The Convention will be held in Orange on 14–15 August 2026.

This **wine-tasting evening** will provide the chance to meet the new ADA NSW President, Board members, Councillors and the Convention organising committee, while enjoying wines from Atallah Wines. Book via the ADA NSW website.

## Staying connected

Along with Councillors, I look forward to working closely with our new President, Vice President and new and returning Board Directors as they guide us through the next term.

Over the past year, we've invested in infrastructure to upskill member services and focused on demonstrating the value of ADA NSW membership. While this work continues, we will be directing our efforts toward recognising and connecting with members to ensure you feel valued and supported as an ADA NSW member.

I also extend my sincere thanks to immediate past-President **Dr Dominic Auad** for his inspirational and exemplary leadership. He sets a new benchmark for 'work hard; play hard'. We worked extremely hard, but it was equally enjoyable and rewarding. His input and energy have shaped the association and will undoubtedly leave a lasting imprint on its future growth.

As always, feel free to contact me directly at [ceo@adansw.com.au](mailto:ceo@adansw.com.au), or drop by our offices in St Leonards for a chat.



### Advocating for solutions that support quality care

An important advocacy meeting was held at the ADA NSW offices recently. Dr Simon Shanahan, Chair of the Dental Board of Australia, Dr Ben Keith, Special Policy Advisor to Ahpra (Australian Health Practitioner Regulation Agency), and Maja Doma, Ahpra's Executive Officer – Dental met with ADA NSW President Dr Dominic Aouad and CEO Jae Redden.

The group explored collaboration opportunities and showcased the ADA NSW CPD spaces – the perfect hub for training dental practitioners in best practice.

Upcoming regulatory updates were also discussed from new guidelines on non-surgical cosmetic procedures to CPD requirements, recency of practice, and workforce challenges. ADA NSW is committed to keeping the dental community informed and advocating for solutions that support quality care, patient safety, and sustainable practice.

### Teens who lose teeth to decay and injury nearly twice as likely to be bullied study reveals.

Adolescents who lose teeth due to decay or trauma are 42 per cent more likely to be bullied, according to new collaborative research from The University of Sydney and The University of Melbourne.

Published in *JDR Clinical & Translational Research*, the paper analysed data from 4,400 children in The Longitudinal Study of Australian Children, following their health outcomes from childhood (eight to nine-year-olds) to adolescence (14 to 15-year-olds).

Senior author Associate Professor Ankur Singh, Chair of Lifespan and Oral Health at the School of Dentistry in Sydney and member of the Charles Perkins Centre said: "tooth loss isn't only a dental issue, it's a social one too. For teenagers, it can have significant psychological impacts at a crucial time in their development."

Approximately 10 per cent of children in Australia have lost teeth through decay

or injury, with children from lower socioeconomic backgrounds, as well as rural or remote areas, the most likely to have experienced tooth loss.

"Poor oral health impacts nutrition, sleep, self-confidence and overall wellbeing, as well as being linked to heart disease and high blood pressure," A/Prof Singh said. "To address these issues, the government needs to invest in prevention programs tackling oral health and improve equitable access to dental care, especially in rural and remote areas and in low-income communities."

Recent research suggests that bullying is widespread, with 70 per cent of children aged 12-13 experiencing at least one incident of bullying a year.

The report stated 28 per cent of year 8 students (aged 12 to 13) within Australia said they were bullied every month, with eight per cent saying they were bullied every week.



### The 2025 ADA NSW Annual Report is now available on the ADA NSW website to [download](#)

It details our strategic goals to advance dentistry and how we serve the profession and members through performance highlights across membership, CPD, Advisory, advocacy, stakeholder engagement and media, the Filling the Gap dental charity, and more.

Share in the highlights over the past year.



### Dental Graduate Handbook out now

The 2025 *Dental Graduate Handbook* is now available to download online.

Available to ADA members this comprehensive, essential guide assists new graduates in navigating the start of their dental careers.

It walks you through every stage of beginning to practice dentistry, from finalising registration to getting a provider number, indemnity insurance, and working out which role is right for you.

Download at [www.adansw.com.au/resources/publications](http://www.adansw.com.au/resources/publications)



Dr Sophie Halpin.



Dr Mohit Tolani.

### Member media activity

ADA NSW Board member and Dubbo-based dentist Dr Sophie Halpin was recently interviewed by the *Western Plains App* media outlet. Dr Halpin discussed Dental Health Week, the Child Dental Benefits Schedule (CDBS), and maintaining positive oral health habits.

She urged all parents to check their eligibility for the CDBS to access free dental care for their children.

“Child dental health sets you up for oral health for the rest of your life,” Dr Halpin told the publication. “If you can get off to a good start, you’ve got a better chance of maintaining good oral health long-term.” Read the news article featuring Dr Halpin online now at [bit.ly/47QuvSy](https://bit.ly/47QuvSy)

Whilst ADA NSW member and Deputy Chair of the Advocacy Committee, Dr Mohit Tolani, had an insightful discussion on 2BS Radio as part of Dental Health Week this year.

As part of the interview, Dr Tolani discussed the latest trends in dentistry, maintaining good oral health practices, and other key topics. Listen to the interview featuring Dr Tolani at [bit.ly/3JVDO9K](https://bit.ly/3JVDO9K)



### The countdown is on! CPD cycle ends 30 November.

The current CPD cycle ends 30 November 2025, which means now is the perfect time to make sure you’re on track to meet your requirements.

ADA NSW CPD offers the highest-quality education tailored for dental professionals.

We’re here to support you every step of the way with:

- A wide range of courses across all areas of dentistry
- Expert presenters who are leaders in their fields
- Flexible learning options – online, in-person and on-demand
- Exclusive member discounts.

Whether you’re looking to strengthen your clinical skills, stay ahead of industry updates, or simply complete your required hours, ADA NSW CPD offers the highest quality education tailored for dental professionals.

Don’t leave your CPD to the last minute: explore our upcoming programs today and finish this cycle with confidence.

Find out more online at [www.adansw.com.au/cpd](https://www.adansw.com.au/cpd)



### ‘ATO bares teeth at dentists pushing early super access’ – news report

The Australian Taxation Office (ATO) has warned of an increase in ‘dodgy advice’ about accessing superannuation savings for non-critical medical procedures, like cosmetic dental work, according to a report in *The Financial Standard*.

The most recent statistics show the ATO received 31,780 applications for early release on compassionate grounds in relation to dental treatment in FY24. Of these, 22,530 were approved amounting to \$526.4 million. This is close to eight times the amount that was paid out for the same reason in FY19.

The ATO said there’s also been an increase in the number of health practitioners that are deliberately preparing inaccurate medical reports to support patients’ applications, often

without conducting a comprehensive examination of the patient.

It is now working with the Australian Health Practitioner Regulation Agency (Ahpra) to stamp out this conduct.

Eligibility for early access on compassionate grounds for medical reasons is supposed to be reserved for treatment of a life-threatening illness or injury, acute or chronic pain, or acute or chronic mental illness.

The ATO said it has stopped attempts to access super early where it has seen inappropriate behaviours, including attempting to access via illegal promoter schemes, not using super on the approved expense, and creating fake ATO approval letters to present to super funds.



**Dr Sophie Halpin**  
ADA NSW Advocacy Committee Chair



# ADA NSW advocacy update

It is a truth universally acknowledged that advocacy is a long game. Advocacy goals aren't achieved in a single meeting or one conversation, but rather they are achieved over time with persistence, conviction, and belief in our ability to effect change and improve oral health outcomes.

In 2025, ADA NSW and its members have undertaken advocacy activities with vigour. From standing alongside our ADA Federal and other ADA branch colleagues to a push for a Seniors Dental Benefits Schedule, to sitting on the floor of childcare centres demonstrating toothbrushing to classes of energetic pre-schoolers, our advocacy this year has been as diverse as the communities we serve.

Our key advocacy priorities for 2025 are:

- Water fluoridation
- Child oral health: expanding awareness of the Child Dental Benefits Schedule (CDBS)
- Seniors oral health: supporting a Seniors Dental Benefits Scheme (SDBS)
- Access to care: addressing the rural dentist shortage.

### Water fluoridation

ADA NSW maintains direct contact with the NSW Health Water Unit and receives regular updates from the Centre for Oral Health Strategy regarding the operational status of water fluoridation plants in NSW and the ACT. These timely updates ensure ADA NSW members can be promptly informed about any changes to water fluoridation in their region, allowing dentists to tailor caries risk-based preventative strategies at both an individual and community level.

ADA NSW's representation on the NSW Health Fluoridation of Public Water Supplies Advisory Committee is a valuable asset for our members. This role gives us early insight into proposed changes, and allows us to bring the dental profession's perspective directly into policy discussions, strengthen partnerships with NSW Health and water authorities, and reinforcing our position as a trusted voice in public health.

The Advocacy Committee sent letters of thanks to local governments that succeeded in introducing or reinstating water fluoridation in 2024. This is no simple feat – it can mean navigating complex plant upgrades, securing

regulatory sign-off, and overcoming shortages in skilled operators – but the dedication of local government officials in pursuing this change provides lasting oral health benefits to our communities and deserves to be acknowledged.

### Child oral health

Child oral health and CDBS promotion have been in sharp focus in 2025. A multi-pronged strategy was employed with an emphasis on grassroots community engagement.

ADA NSW held stalls at three Pregnancy Babies and Children's (PBC) Expos in Sydney in 2025, with another stall planned for the remaining PBC Expo this year, which will be held in Canberra.

PBC Expos are a great opportunity to promote child oral health and the CDBS, with a healthy dose of maternal oral health promotion thrown in for good measure. Volunteer ADA NSW members kindly donated their time and expertise to staff the stalls over these three weekend-long events which afforded ample opportunity to put in some face time with attendees.

This year's Dental Health Week (DHW) theme, "Milestones", highlighted paediatric oral health. All large childcare providers in NSW and the ACT were contacted to promote this theme, and centres were able to request a dentist visit via the DHW website.

During DHW, ADA NSW members from across NSW and the ACT came out in force to visit childcare centres, pre-schools and primary schools to deliver age-appropriate oral health education. Visits were supported by oral hygiene products donated by Colgate, and printed information directed at caregivers which outlined age-appropriate oral hygiene recommendations and how to access the CDBS.

The Advocacy Committee continues to promote child oral health and the CDBS through other channels as well, for example by engaging with the media and sharing oral health and CDBS resources with parenting support organisations.

### Seniors oral health

One of our biggest national priorities this year has been advocating for an SDBS alongside ADA Federal, and other state branches. ADA NSW members have sent letters and met with their local MPs to present the case for the SDBS, which was informed by members' professional

experience and real life stories from older Australians who've been forced to delay or forgo treatment due to cost.

Our advocacy for seniors was also heard through the NSW Ministerial Advisory Council on Ageing (MACA) Oral Health Project, where a range of stakeholders with an interest in seniors oral health gathered to highlight key issues affecting seniors and propose strategies to improve access and affordability of oral health care. While the project is now closed subsequent to publication of a submission to NSW Health Minister, the Hon. Ryan Park, ADA NSW has taken the reins and formed two coalitions of stakeholders who were involved with the MACA project, and will harness the momentum gathered on seniors oral health to continue to advocate into the future.

ADA NSW's presence at the Fairfield City Council Seniors Expo and Bring Your Bill Day brought us face-to-face with the very people our seniors' oral health advocacy aims to support. These events allowed us to promote the importance of oral health in later life, gain community support for the proposed SDBS, and provide information on how to access dental care.

### Access to care

ADA NSW continues to support The University of Sydney Rural Student Shadowing Program for final year DMD and BOH students. ADA NSW is actively involved in recruiting volunteer private dental practices to host students for observational placements during their rural clinical rotations.

By giving students first-hand experience of both the professional environment and the lifestyle in regional and rural dentistry, we aim to inspire more graduates to consider careers beyond metropolitan centres.

The Advocacy Committee has also considered the challenges associated with delivering rural placements, gathered diverse perspectives on these issues, and maintained open dialogue with key stakeholders to give voice to our members.

It's been a year of collaboration and action for ADA NSW's advocacy efforts. I'm truly proud of what our membership has achieved, and I'm keen to keep that energy alive as we continue to learn, adapt and develop our strategy.

# Honorary Life Membership Award

Recognising outstanding service to the profession



**Dr Mark Sinclair and Dr Neil Peppitt AM have been awarded the Honorary Life Membership Award for their outstanding dedication and service. The Association may elect as an Honorary Life Member of the Association any dentist who has made an outstanding contribution to the advancement of the dental profession or to the art and science of dentistry. The awards were handed out to both recipients at the ADA NSW President's Reception event in Sydney on 8 August.**

## Dr Mark Sinclair

"It was very generous of the Branch to give this recognition," Dr Mark Sinclair said afterwards.

"I have been extraordinarily lucky and well supported and I have had people to reach out to for advice. It's been a great honour and I feel privileged to receive this award."

Dr Sinclair has made a significant contribution to the profession. He grew up in Narrabri and was educated at St Ignatius' College in Riverview. Dr Sinclair graduated with a Bachelor of Dental Surgery from The University of Sydney in 1980, and subsequently earned a Bachelor of Laws from Macquarie University and a Diploma of Legal Practice from the Queensland University of Technology in 2004 and was admitted as a solicitor by the NSW Supreme Court in 2005.

He began his career as Principal of The Dental Practice in Bathurst, serving in that role from 1982 to 2007. Dr Sinclair became Principal of Dental Corp Bathurst and was a Principal of a Dental Corporation practice in the CBD of Sydney from 2013 to 2024.

Dr Sinclair was ADA NSW President from 2010 to 2012 serving three terms, and was Immediate Past-President in

2013. He was Australasian Section President in the Pierre Fauchard Academy (2004-2013), International Trustee (2007-2013) and Member, International Board of Trustees (2007-2013), among his many achievements.

He is a Fellow of the Pierre Fauchard Academy, the International College of Dentists, the Academy of Dentistry International. Since 2018 he has chaired the Assessment Committee of the NSW Dental Council.

As ADA NSW President, he made submissions for the Senate enquiry related to the Chronic Diseases Dental Scheme, and possible procedural breaches by dentists.

He led a governance assessment and a timely review to market of our professional indemnity requirements and pricing.

"I was President of ADA NSW from 2010 to 2012 and had the opportunity to work with a great CEO at the time in Dr Matthew Fisher. I was also supported by mentors, such as Dr John Dale AO, a senior statesman of dentistry in NSW," he said.

"As President for three years, I know the rigour that is attached to the selection process for these particular awards. It was a very generous privilege extended to me.

"Representing and leading the profession is a special honour. In all of these opportunities however you are away from family and away from the practice and there are financial costs to bear. Whether it's in the role committee participants or Board members, you want to make a difference and you want to contribute.

"I need to acknowledge the role of my family. There's road trips, early mornings and time away from kids! It's always very much a team effort. My wife Judy has remained a real strength for me in these other professional responsibilities."

"Since my time as President, the profession has been always been well served by our leaders. I am still connected with the Association and with the profession in various ways."

His academic experience includes roles as a Clinical Tutor, Faculty of Dentistry, Department of Health Sciences at Charles Sturt University in Orange and Bathurst.

Outside dentistry, Dr Sinclair was a Board Member at Kincoppal-Rose Bay School of the Sacred Heart in Sydney (2013-2018) and subsequently served as its Chairperson (2018-2023).



ADA NSW President Dr Dominic Aouad presents Dr Mark Sinclair with his Honorary Life Membership award.



ADA NSW President Dr Dominic Aouad presents Dr Neil Peppitt AM with his Honorary Life Membership award.

**NSW Dentist would like to congratulate Dr Mark Sinclair and Dr Neil Peppitt AM for being recipients of the Honorary Life Membership Award and for their outstanding service to the profession.**

### Dr Neil Peppitt AM

“My favourite part of dentistry is treating patients,” Dr Neil Peppitt AM said on looking back at his brilliant career.

“I love the clinical side and being rewarded by helping others,” he said. “I have an intense sense of fairness and I love helping people.”

Over the past four decades, Dr Peppitt has served the profession with distinction as a clinician, educator, regulator, mentor and leader. He is widely respected as a person of integrity, a mentor of generosity, and a leader of vision.

His achievements notably include the appointment as a Member of the Order of Australia and Honorary Life Membership of the Royal Australasian College of Dental Surgeons.

Dr Peppitt graduated with a Bachelor of Dental Surgery from The University of Sydney in 1979. He was first elected to ADA NSW Council in 1984 and returned in the 2000s, serving with dedication in a range of leadership roles, including Treasurer and as ADA NSW President in a two year term from 2017 to 2019.

Dr Peppitt’s specialist training includes the Royal Australasian College of Dental Surgeons (FRACDS, 1987; Membership of the Special Field of Prosthodontics: MRACDS(Pros), 2008).

He has been a Fellow of the International College of Dentists since

2003 and attained a fellowship with the Pierre Fauchard Academy in 2007. Dr Peppitt also attained a FACD from the American College of Dentists in 2010, and Royal College of Surgeons England in 2011.

He chaired the Recent Graduates Committee for nearly a decade, and was instrumental in the development of young professionals within the association.

Dr Peppitt was also integral in launching the Filling the Gap dental charity as President in 2019 which continues to go from strength to strength. “It’s a necessary humanitarian arm of the Association,” he said. “We need to support the less fortunate.”

“In advocacy, it’s not sitting on the sidelines and moaning about stuff. If there is an issue, you have to get involved and have your say,” he said.

Throughout his career, Dr Peppitt has been a strong advocate for professional accountability and standards.

“We are funded by dentists to look after dentists and do the best we can. If we look after the dentists, they will look after the patients, and we are advocating for doing good dentistry.”

Dr Peppitt served as a mentor to dentists under conditions imposed by the Dental Council of NSW, as well as in roles such as Member of the Specialist Expert Reference Group, Accreditation Assessor for the Australian Dental

Council and Member of the Peer Review Tribunal of the NSW Dental Board.

He held multiple academic roles with The University of Sydney, including Lecturer, Senior Lecturer, Clinical Associate Professor, and Adjunct Associate Professor. Dr Peppitt also served as Honorary Consultant Prosthodontist with Western Sydney Local Health District for nearly three decades. “Teaching was important because giving back is the best feeling,” he said.

Dr Peppitt was a long standing leader within the Royal Australasian College of Dental Surgeons, serving as Treasurer, President-elect and ultimately as President. Within his career, he served in the Royal Australian Air Force Specialist Reserves as a Prosthodontist at the rank of Wing Commander.

His deep commitment to mentorship continues today through his appointments with the Professional Services Review Panel and the Determining Authority of Medicare Australia.

“I am deeply honoured to receive this recognition,” he said. “The award means the profession is saying ‘thank you’ for the effort and the input.

“You do it because you care and you want to help people and help the profession. I have loved every minute of it!”



Dr Martin Nash  
Peer Advisor

# Anatomy of a complaint

Wouldn't it be incredible if everything you needed to know about patient claims for compensation and regulatory/consumer complaints could be distilled down to just five words; well, hold the front page. I can now report that we've finally cracked it (these other 1,000 words are just commentary).



## Rapport

Patients who like their dentist can be quite forgiving of an adverse outcome or misadventure in their treatment. Conversely, a patient who does not feel that crucial connection and trust can be remarkably unforgiving and unreasonable. None of us can get on well with everyone all the time, but the better that professional relationship, the safer the practitioner can feel. A successful professional relationship will also facilitate an accurate assessment/ understanding of your patients' expectations, which is the 'holy grail' of patient management.

In these modern times of practices with numerous practitioners, we see an over representation of dissatisfied patients who have been bounced from one practitioner to another. Diagnosis and treatment planning with dentist #1, part of the treatment with dentist #2 or #3, and so it goes. This mitigates against the development of the trust and confidence which are so important. It also muddies the waters with respect to effective communication and consent.

## Consent (and forms)

Consent forms can be greatly overrated in the minds of practitioners. Patients can argue (truthfully or otherwise):

- I wasn't given enough time to take it in properly
- I never understood it and was too embarrassed to ask
- I knew they wouldn't do the treatment unless I signed, so I had no choice.

The right conversations, contemporaneously well recorded in the clinical notes, are much more powerful and convincing than any number of forms. As is often said: "informed consent isn't a just a form, it's a process". Another concern is that when a detailed form is provided and signed, it can create a temptation to overlook the important back and forth conversations, which are so much more informative and reassuring for patients.

Complicated forms that list everything that could possibly go wrong can feel intimidating and impersonal to patients, who may feel that they are more focused on the interests of the practitioner, rather than those of the patient. Consent forms are certainly an important adjunct to the consent process (especially with

complex treatment), but they need to be seen in perspective.

No-one can consent to any treatment plan that they don't understand fully, so we all need to ensure that the treatment alternatives (including no treatment), warnings of potential complications, risks, benefits and success rates are effectively communicated and understood prior to the provision of treatment.

## Just for the record

Detailed contemporaneous records are undoubtedly the most effective defence against any claim or complaint. They are also a professional responsibility that is not negotiable. Trying to defend against even the most far-fetched allegations in the absence of adequate records is a thankless and often fruitless task.

Often neither the practitioner nor the patient has a reliable recollection of conversations and events. Poor records alone may even be regarded as evidence of liability, regardless of other circumstances. This is one of the reasons that lawyers, who are considering taking on a claim on a contingency basis, always like to see the records before making that decision.

With the progression of consent templates into the use of AI generated notes, it is crucial that the treating practitioner follows a reliable and verifiable protocol of reviewing the notes before they are irrevocably inserted.

## Strategic settlement

When a patient expresses dissatisfaction, the wise practitioner will address the issue promptly, before it has had the opportunity to develop into something larger. Delay in addressing and managing disputes definitely has the potential to let them expand into civil claims and/or regulatory complaints. This does not mean that some hastily delivered and ill-considered offer should be made immediately; simply that the complainant is made to feel that their issues and concerns are being taken seriously and that proper steps are being taken to resolve them.

It is not necessary for the two parties to agree on the disputed events for an effective settlement to be reached. It is generally more productive to acknowledge that the two parties cannot agree, but a mutually acceptable compromise can be achieved (after a respectful exchange of views).

Long and involved debates between the practitioner and dissatisfied patient can be quite counter-productive and prolong a dispute. It is generally better to acknowledge the differences, emphasise that the practitioner believes that the treatment was appropriately delivered to an acceptable standard (if accurate) but respects the patient's feelings and their decision to continue treatment elsewhere. Once that is done, the patient can be requested to advise exactly what they are seeking, before any offers are made.

We are sometimes requested to provide a 'Deed of Release' template for a practitioner to use for the purpose of providing a refund of fees or some other form of compensation. A legalistic document may unintentionally have the effect of driving the complainant into the arms of a lawyer, which is not the outcome we want.

Although there is a place for formal documentation (under expert advice), a more effective strategy is often to make an offer which has been agreed upon and asking the complainant to indicate (in writing) that they are prepared to accept the offer as a full and final resolution of the matter. Either way, Advisory Services can provide members with the expert assistance required.

There will inevitably be some disputes that cannot be resolved by calm negotiation, and these will generally progress to a legal claim and some form of settlement which may be funded by a professional indemnity insurer, but careful and informed management can certainly prevent many disputes from progressing that way.

Advisory Services has assisted many ADA NSW members along this journey. Having an experienced Peer Advisor to guide you through the process and provide an objective assessment is a tangible benefit of membership.

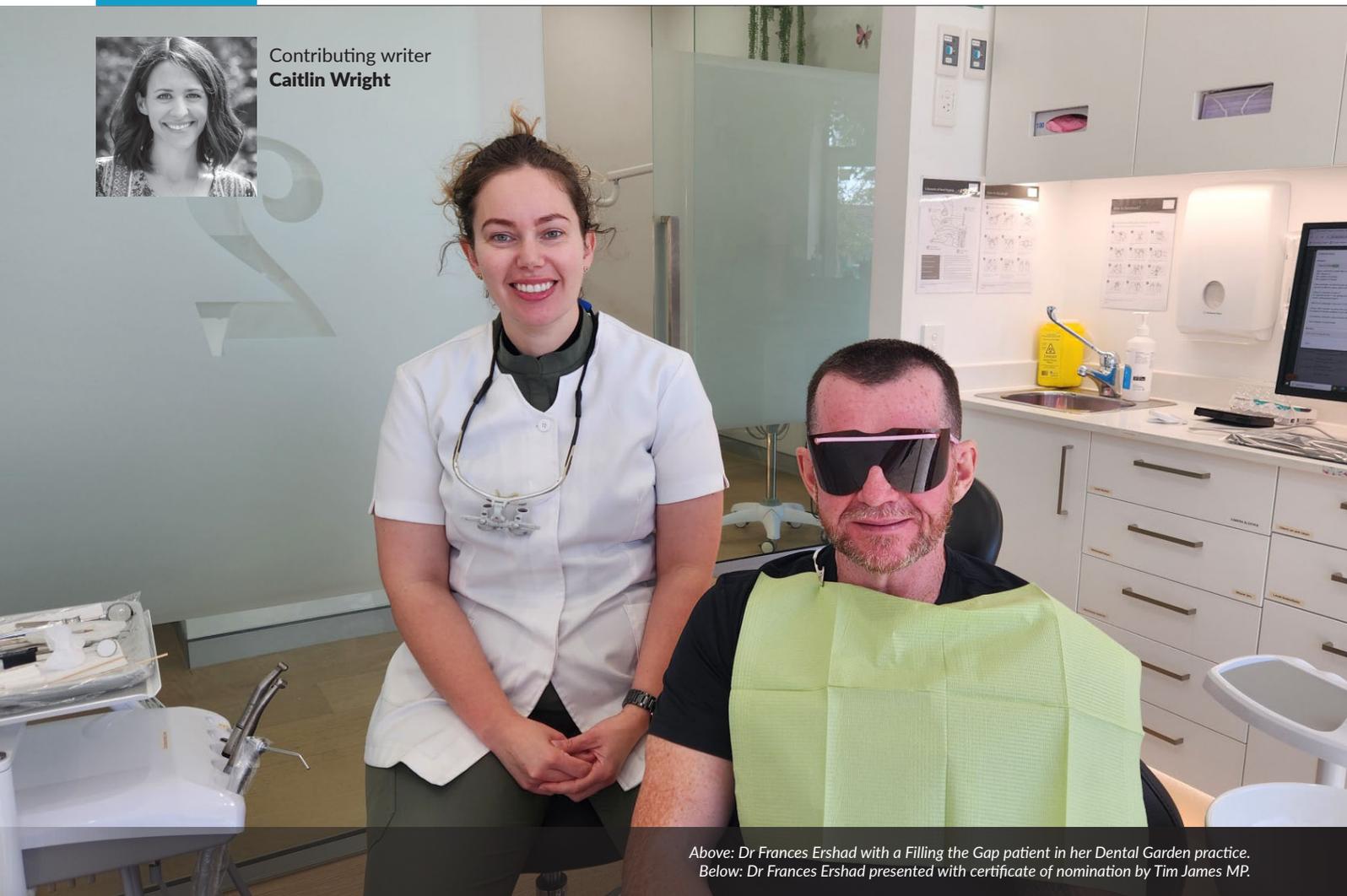


## Thank you Dr Martin Nash

*This edition marks Dr Nash's final column for NSW Dentist. His insightful writing has informed and inspired our readers and reflected his deep commitment to the profession. We thank Dr Nash for his invaluable contribution and wish him every happiness in retirement.*



Contributing writer  
**Caitlin Wright**



Above: Dr Frances Ershad with a Filling the Gap patient in her Dental Garden practice.  
Below: Dr Frances Ershad presented with certificate of nomination by Tim James MP.

## Restoring confidence and dignity in the dental chair

Dr Frances Ershad was nominated for the NSW Volunteer of the Year award as recognition for a distinguished career of making a difference.

### "I just want to be able to eat."

For one of Sydney dentist Dr Frances Ershad's patients, that simple wish summed up the reality of poor oral health.

Most people don't think about their teeth much when everything looks and feels okay. However, when something's wrong, it can be painful, impact self-confidence and affect function and nutrition.

"It's so sad, because I think everybody should be able to eat properly," she said.

At her Hunters Hill practice, Dental Garden, Dr Ershad treats patients every day who need fillings, crowns and

reconstructions. Most pay their bills in the usual way. But a handful, like this gentleman, never see an invoice.

He is one of her pro bono patients – people who have fallen through the cracks of Australia's dental system and who now receive thousands of dollars' worth of treatment for free.

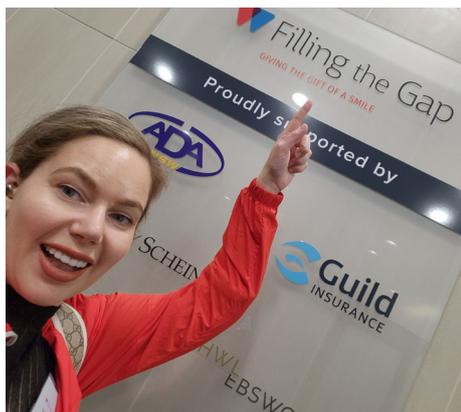
"For the pro bono patients, I'll do exactly the same thing that I would do if they were paying for it. But maybe their treatment is a bit more extensive, because they haven't been able to go to a dentist," she said.



### From bugs to bridges

Dr Ershad's dental career path wasn't straightforward. As a teenager, she thought she might become a marine biologist or an entomologist, and she first completed a degree in environmental science.

"I started working as a dental assistant while I was at uni, and I just loved it," she recalled.



Dr Frances Ershad at the ADA NSW offices.



Dr Frances Ershad and her assistant Shaina at Dental Rescue Day.



Dr Frances Ershad with Avant representative Hazel Loh helping with a case.

Encouraged by her employer, she enrolled in postgraduate dentistry at The University of Sydney and has never looked back.

After only two and a half years working in Sydney practices, she took the leap and bought her own dental practice in Hunters Hill.

"It probably should have been scary, but I wasn't scared," she laughed.

She admitted that owning a practice means more stress and paperwork, but "you also have that freedom that you can do whatever you want," she said.

For Dr Ershad, that freedom has allowed her to open her doors to patients who otherwise might never have received care at all.

### The call to volunteer

She first got involved in volunteering through the Australian Dental Association Dental Health Foundation's (ADA DHF) Dental Rescue Days. On these days, dentists volunteer their time to provide a full day of appointments with vulnerable patients. She also hosts Dental Rescue Days in her own clinic.

The patients on the waiting list are referred by local charities and not-for-profit organisations. They're triaged depending on need, so those with the most acute care needs can get it. There were 36 Dental Rescue Days held nationally in 2023-24, offering 591 appointments.

Dr Ershad loved helping but found it difficult to see a patient only once as there was usually too much to do within that short timeframe.

"But if you adopt the patient into your practice, you will continue to see that patient. They can keep coming back to you in your clinic for all of their care," she said.

So that's what she started doing – adopting vulnerable patients into her practice who couldn't afford private dentistry but didn't qualify for public dental care. This is another initiative of the ADA DHF. They pair volunteer dentists with patients who need a course of dental care.

Often they're patients who are homeless, undergoing drug and alcohol rehabilitation, asylum seekers or affected by mental health issues or domestic violence.

"They might have had some sort of trauma, where they've had an accident to their face and everything's destroyed, so you have to build everything back up," she explained.

"They've lost so much of the natural tooth structure, so the whole bite is changed, and you've got to increase the height, and do it gradually so they can get used to it."

A total of 814 patients were referred for treatment with 218 practices nationally in 2023-24, offering free dental care to people through over 815 appointments.

### Adopting patients for the long haul

Dr Ershad usually takes on one pro bono patient at a time, focusing on those who need extensive work like full-mouth reconstructions.

"I think I have more fun treating the pro bono patients than the paying patients a lot of the time. They're so grateful, and they're always in a good mood, and they don't complain," she said.

She made a point of saying that she's not the only one who gives up her time and expertise. Her lab technician will also work with her on complex cases, and organisations like Southern Cross Dental Lab and Avant Dental Lab have donated

lab work too. Her dental assistants also provide their time for the Filling the Gap and Dental Rescue Day clinics.

She keeps in touch with ADA DHF and lets them know what treatments she's doing.

There's a high need for rural volunteers, and Dr Ershad's next step would be to extend her volunteering outside of Sydney.

"I know there are clinics or hospitals there, but they're understaffed, and you always hear that they can't get enough dentists to work out there.

"It could be an idea to send people. It could be like a working/volunteering trip; you go for a few days or a week and just get as much done as you can. If people are going regularly, then you're getting those people in regional areas better access," she said.

### A worthy Volunteer of the Year nominee

Dr Ershad was thrilled to be nominated for the NSW Volunteer of the Year award. Although she didn't win, she went to a prize giving lunch and was presented with a certificate by local politicians.

She was recognised for her incredible contribution to pro bono dentistry and for her outstanding dedication to the dental profession.

For her, volunteering is less about awards and more about the impact she can make. She urged her fellow dentists to consider volunteering.

"There always seems to be so many patients that need it compared to how much care is available.

"It's fun... These patients are just as easy and just as deserving of good oral health," she concluded.



## Aesthetic pre-operative temporaries (APT): A guide to minimally invasive veneer preparation



**Dr Rouel Vergara** has a passion for minimally invasive and digital dentistry. He earned his Doctor of Dental Medicine (DMD) from the University of the East, Philippines, and later achieved his general dentist certificate through the Australian Dental Council (ADC) in Melbourne. He completed a Postgraduate Diploma in Digital Orthodontics (UK) (UK) in 2021 and a Postgraduate Diploma in Clinical Dentistry - Aesthetics and Restorative (UK) in 2024. He is a Fellow of the Pierre Fauchard Academy, among several prestigious dental organisations. He is the current President of the Filipino Australian Dental Association, an ADA NSW Councillor (2024–2026), and Treasurer of the ADA NSW Central Coast Study Group.

The advancement of techniques and materials in dentistry has led to an increase in demand in aesthetic procedures such as veneers and crowns.

Unfortunately, a lot of these procedures can result in invasive preparation leading to significant loss of tooth structure and over-preparation of teeth. It is paramount that we consider techniques that will promote minimally invasive aesthetic dentistry.

The Aesthetic Pre-operative Temporaries (APT) technique, popularised by Dr Galip Gürel in the early 2000s, is one of the simple techniques in modern aesthetic dentistry that will guide clinicians to ensure conservative tooth

preparation while promoting optimum aesthetic results.

Unlike 'free-hand reduction' technique, the APT method utilises the pre-operative temporaries derived from a diagnostic wax up to guide clinicians on how much tooth reduction is needed in veneer or crown preparation. In addition, pre-operative temporaries assist patients and clinicians to evaluate the potential aesthetic, functional and phonetic outcomes.

Using polyvinyl siloxane (PVS) putty, a silicone index is fabricated from the diagnostic wax up (Fig. 2a). This step is essential to transfer the diagnostic wax up into a 'motivational resin mock up' using a resin material.



Fig 1. Pre-operative.



Fig. 2a PVS index used to transfer diagnostic wax up



Fig. 2b Motivational resin mock up transferred intra-orally.

A bis-acrylic material is used with the fabricated silicone index to transfer the diagnostic wax up intraorally. Once the resin mock up is placed intraorally (Fig. 2b), aesthetics and function can be evaluated by the patient and clinician.

Once the evaluation phase is completed, "preparation through the mock up technique" can be done. Here are my step-by-step tips using APT in veneer preparation:

- Use a tapered depth groove bur (Fig. 3) for your initial preparation through mock up technique. These grooves will serve as your guide for how much you need to reduce the tooth for the final restoration. Make sure you use this depth groove bur in multiple planes (cervical, labial, incisal). This technique will help reduce over-preparation.
- Using a lead pencil, draw a line in the grooves you've prepared (Fig. 3).
- Using your preferred veneer or crown prep burs, prepare the tooth through the resin mock up until the mark of the pencil has been erased. Evaluate the resin mock up once this mark has been removed.
- Reduce only where the temporary bis-acryl material exists. The teeth surface that has not been touched during the tooth preparation through the APT must remain untouched or preserved.
- Once the tooth preparation is complete (Fig 4), define the margin using a fine tapered rounded end diamond bur. Polish the surface of the prepared tooth using white Arkansas stone.



Fig 3. Depth groove burs with initial preparation through the resin mock up and marked with lead pencil.



Fig. 4 Prepared teeth with very minimal reduction.



Fig. 5 Before and after.

In summary, APT in veneer and crown aesthetic preparation is a vital clinical strategy.

Whilst APT technique assists clinicians to preserve natural enamel structure and promote minimal tooth reduction, it will also provide a diagnostic and preparation guide, enhance precision in aesthetics, and improve patient's satisfaction.

Ultimately, I consider this technique as the gold standard in minimally invasive dentistry when providing restorative and aesthetic procedures in modern dentistry.



## 2025 DHW a highlight on the calendar

Dental Health Week (DHW) has raised valuable awareness of paediatric oral health in the community with many ADA NSW members participating in a range of educational activities to promote positive oral health across NSW and the ACT.

Held from 4-10 August this year, DHW is an important annual oral health promotion event. This year's focus was on educating children, parents, caregivers and guardians about the importance of children's oral health, and what they need to do to help kids at every oral health 'Smilestone.'

ADA NSW Vice-President Dr Jodie Olivier donned a rainbow tutu to engage with children and adults alike at a Randwick City Library outreach event called Spark in the Park: Smile! held at Randwick Community Centre. She also visited Ambrose Early Years Education at Gables in north-west Sydney and distributed oral health resources.

Advocacy Committee Chair Dr Sophie Halpin was a key driver of this year's DHW campaign and visited pre-schools in Dubbo in Central Western NSW. She taught the children about practising good oral health habits and handed out oral health resources.

In Shellharbour, Dr Mohit Tolani visited the Marina Cottage Early Learning Centre in Shell Cove where 40 children attended. After a fun, interactive session

he distributed Colgate packs and other resources to children at the centre.

Meanwhile, Dr Caroline Madsen visited the Ngunnawal Child Care Centre and the Ngunnawal Primary School OSHC in the ACT to hand out resources and educate the children.

"Both visits I felt were a success and the children really enjoyed having a go at brushing Charlie Chopper's teeth and of course receiving their take home goodie boxes," Dr Madsen said.

Also in the ACT, Dr Aradhna Rastogi delivered three Dental Health Week presentations at Monash Primary School, at a childcare centre, and at LDK Independent Living.

"The sessions were interactive and engaging," Dr Rastogi said. "The kids asked lots of great questions and I demonstrated proper tooth brushing and flossing techniques together.

"I prepared separate, age appropriate PowerPoint presentations tailored for each audience to make sure the information was relevant and easy to understand."

In south-western Sydney, Dr Sandhya Sindhu provided a DHW education session at Minto Early Learning Centre. "I absolutely had fun and enjoyed teaching little ones about oral health," Dr Sindhu said.

Meanwhile, Advocacy Committee member Dr William Yiu had a busy Dental Health Week, participating with a local



Chair of Advocacy Committee, Dr Sophie Halpin, was a key driver of this year's campaign.

dentist in Chatswood, in the ADA NSW offices and at a local childcare centre.

Media interest was high this year, with interviews conducted via key spokespeople from ADA Federal and State branches. They were interviewed on television, radio and in print on a range of major platforms. ADA NSW also got into the swing of things through social media.

Finally, a shout out to our many other members who were involved in DHW this year, whether getting out and about or promoting Smilestones within your own practice!

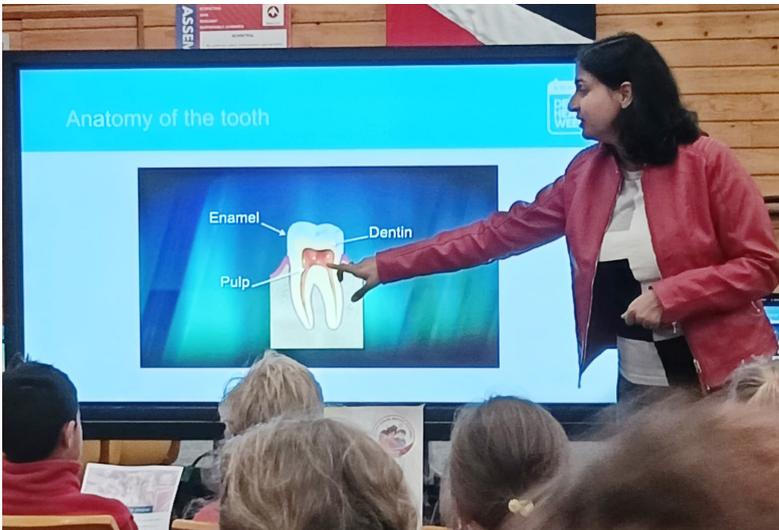




Dr Caroline Madsen delivers a Dental Health Week presentation.



Dr Mohit Tolani during Dental Health Week.



Dr Aradhna Rastogi delivers a Dental Health Week presentation.



Dr Sandhya Sindhu during Dental Health Week.

Below (right): Dr Jodie Olivier at the Spark in the Park: Smile! event held in Randwick.



Below: Dr William Yiu delivers a Dental Health Week presentation.



## Celebrating the achievements of our profession

The ADA NSW President's Reception event was held on Friday, 8 August.

The night was a wonderful opportunity to come together and celebrate the achievements and contributions of our colleagues within the dental profession.

We extend our warmest congratulations to the Honorary Life Membership Award recipients, Dr Mark Sinclair and Dr Neil Peppitt AM, for their outstanding dedication and service. We have an extensive feature on both award recipients in this issue of *NSW Dentist* on pages 10-11.

A special thank you to ADA NSW President Dr Dominic Aouad for graciously hosting the evening and ensuring it was an engaging and memorable occasion.

Events like these strengthen our community, foster professional connections, and inspire us all to continue advancing dentistry in NSW and the ACT.







**Dr Evangelia Thanos**  
Peer Advisor



## Should I or shouldn't I treat staff members?

**The question as to whether a practitioner should treat a staff member is one frequently put to the Advisory Services team.**

It is important that practitioners understand that providing dental treatment to staff can pose several types of challenges. These challenges become particularly more difficult to navigate where treatment is clinically complex, of long duration, or when the employment relationship ends (even when it ends well).

Treating colleagues or staff can blur professional boundaries and lead to situations where a clinician's objectivity is diminished and/or clinical judgement is compromised.

Most often this situation results in "informal" care. In this situation

(i) assessments might be incomplete due to time pressures and assumptions about a person's behavior, expectations or understanding, (ii) communication might be inadequate, and (iii) documentation might be lacking or non-existent. These instances can respectively lead to (i) errors in planning, (ii) improper informed consent procedures, and (iii) an incomplete record with associated implications for verification of advice given and the treatment performed, and the continuity of care.

The end of a working relationship can often result in a breakdown of the practitioner-patient relationship. When this occurs most often treatment in progress is affected, and the patient stops attending regularly or altogether. This is most often seen in long term treatments such as orthodontic aligner

treatment. Where there has been a falling out, complaints and claims do arise, often with many accusations being made.

Although less common in the dental space, there are certain situations where a patient/staff member may become embarrassed, or not feel comfortable with certain diagnoses or discussing certain topics that may relate to their care. On a similar note, protecting the privacy of information also can be more difficult in a dental practice.

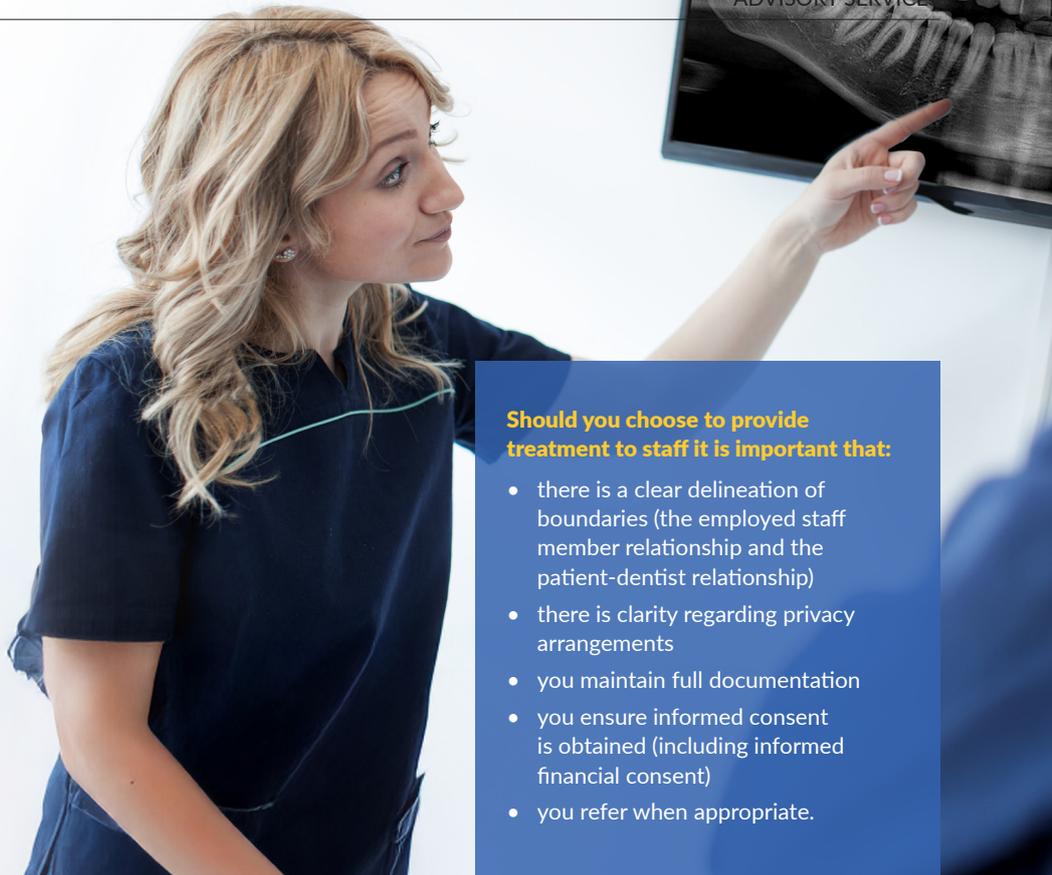
Depending on the personality of the persons involved some staff/patients may feel less empowered to object to a proposed treatment or raise concerns about treatment provided, or feel pressured to agree with recommendations. The reverse can also occur where the staff member/patient feels more empowered to dictate treatment, skip appointments

(particularly follow-ups), and to manage the appointment book in their favour.

There have even been cases of self-treating e.g. self-bleaching, aligners being taken by a departing staff member presumably being used without supervision, and so on. Essentially, the dual relationship can create a conflict of interest, whereby a clinician might be tempted to over-treat or under-treat in order to satisfy the patient and/or to avoid a difficult conversation and potential conflict.

It is important to be aware that many private health insurers exclude and restrict coverage for treating staff or family members.

One can minimise risks associated with the treatment of staff by only treating in instances where the treatment is minor, temporary or urgent, and by encouraging staff to have their own independent dental provider.



**Should you choose to provide treatment to staff it is important that:**

- there is a clear delineation of boundaries (the employed staff member relationship and the patient-dentist relationship)
- there is clarity regarding privacy arrangements
- you maintain full documentation
- you ensure informed consent is obtained (including informed financial consent)
- you refer when appropriate.



MEMBER BENEFITS | **ADVISORY SERVICES**

## We're here to help

Our team of Peer Advisors are experienced dentists who are here to assist you in a caring and confidential manner.



Dr Vicki Rozos



Clinical Associate  
Professor Bill O'Reilly



Dr Sarah Jones



Dr Jacqueline  
Hope-Allan



Dr Evangelia Thanos



Dr Roger Dennett

We offer tailored advice on most aspects of your practising life, including:

- Patient complaints or disputes
- Unexpected treatment outcomes and adverse events
- Regulatory issues - managing Dental Council of NSW, Ahpra, Health Care Complaints Commission (HCCC), Fair Trading and NSW Civil and Administrative Tribunal (NCAT) matters
- Health fund audits
- Medicare (CDBS) audits
- General dental treatment



**TALK:** To speak with or schedule a call with an on duty Peer Advisor please call 02 8436 9944



**EMAIL:** Send the details of your enquiry to [advisory@adansw.com.au](mailto:advisory@adansw.com.au)



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# A proud history of collegiality

The St George Dental Association continues its long tradition of networking and hosting informative and engaging speakers.

St George Dental Association is one of the longest running study groups in Australia with a proud history having celebrated its centenary in 2023.

The group meets four times annually in March, May, August and November. Over the years, they have held dinner meetings at venues around the Sutherland Shire and St George area. They currently meet at the Lively Catch restaurant in Caringbah.

The group's size has varied over the years, but this year meetings have been averaging about 25 attendees.

Divisional President Dr Megan Barker has been in this role since November last year.

"We're committed to offering members engaging and informative presentations across a broad range of topics," Dr Barker said.

"Our current focus is on increasing attendance at our meetings. Since COVID, many have shifted their CPD to online platforms. We aim to re-establish the value of in-person learning in a welcoming setting. I'm keen to bring vibrancy to the St George Dental Study Group and by securing high quality speakers, demonstrate the unique benefits of attending in person."

Last March, Prosthodontist Dr Valeriya Casey discussed how to choose the right implant. In May, Associate Professor Mark Schifter gave an update on MRONJ. Whilst in August, Paediatric Specialist Dr Melissa Warren discussed the emergency visit for children with dentoalveolar trauma.

The group has a series of exciting speakers and topics lined up over the coming year. In November this year, Dr Sen Le will discuss AI in dentistry, specifically focusing on its use in radiographic analysis.

"With AI's rapidly advancing capabilities, this promises to be an exciting and timely topic to close out the year," Dr Barker said.

In March next year, Kylie Robb will speak on infection control. "If you've heard Kylie speak before, you'll know she's a highly engaging presenter who brings this topic to life," Dr Barker said. "I'm confident attendees will leave with a clear and practical understanding of key infection control concepts."

In May next year, Oral and Maxillofacial Surgeon Dr Krishnan Parthasarathi will be speaking on bone healing. This includes exploring the clinical implications on wound healing of extraction sockets, MRONJ, osseointegration of implants, and grafting.

Above all, divisions and study groups promote networking amongst colleagues. "New members have often commented on the friendly and welcoming vibe of the group," Dr Barker said.

"We're fortunate to have a number of local specialists who attend regularly. Members can actually get to know them and they become more than just a name on a referral pad."

Divisions and Study Group meetings also offer excellent value at these events without the need for extensive travel.

"This year, we introduced a 'four meetings for the price of three' offer. For less than \$400 (for ADA NSW members), members enjoy four expert presentations, four three-course dinners, opportunities to connect with peers and specialists, and earn six CPD hours.

"It's a great deal that maximises both learning and networking," Dr Barker added.

## Collegiality at its best

### Divisions and Study Groups

ADA NSW Divisions and Study Group events are excellent social opportunities to network with colleagues while attending CPD in your local area.

From evening lectures to full day workshops to online meetings, these events offer collegiality and a variety of learning opportunities without the need for extensive travel.

### Get involved:

Scan the QR code to learn more about St George Dental Association below, or visit [bit.ly/3JE939q](https://bit.ly/3JE939q)





**Dr Suzy Wang** is a specialist endodontist and has worked at the Sydney Endodontic Centre in Strathfield for almost a decade. She obtained her Bachelor of Dentistry degree with Honours from The University of Sydney and Doctor of Clinical Dentistry from The University of Adelaide. Dr Wang is a senior lecturer and a clinical educator at The University of Sydney.

## Early detection of external invasive cervical root resorption

External invasive cervical resorption (EICR) is an uncommon and often silent form of hyperplastic root resorption that can affect any permanent tooth. It typically begins at the cervical region and is characterised by its aggressive and progressive nature. If not detected early, it can lead to significant loss of tooth structure.

### Predisposing factors

EICR usually starts when the protective cementum layer near the cervical region is damaged, permitting clastic cells to invade the underlying dentine. This results in gradual destruction of the cementum, enamel, and dentine, ultimately progressing to involve the pulp space in advanced stages.

Some predisposing factors include:

- **Orthodontic treatment**, particularly excessive or prolonged forces.
- **Dental trauma**, especially luxation injuries.
- **Intracoronary bleaching**, particularly with heat or high-concentration hydrogen peroxide.
- **Periodontal surgery or chronic inflammation**.
- Occasionally, lesions are **idiopathic**, with no identifiable cause.

A history of any of these factors should prompt closer evaluation of the cervical region. Heithersay's classification is commonly used to assess the severity of EICR.

- **Class 1:** Small invasive resorption near the cervical area with shallow penetration into dentine.
- **Class 2:** Well-defined invasive resorption that penetrated close to the coronal pulp chamber with little or no extension into the radicular dentine.
- **Class 3:** Deep invasion of dentine, not only involving the coronal dentine but

also extending into the coronal third of the root.

- **Class 4:** Extensive resorption extending beyond the coronal third of the root.

Early diagnosis is critical, as Class 1 and 2 lesions are more amenable to conservative treatment.

### Clinical and Radiographic Presentation

EICR is often asymptomatic in early stages and may go undetected without careful examination. Clinical indicators can include:

- A **pinkish discoloration** at the cervical margin (caused by vascular granulation tissue visible through enamel).
- **Isolated bleeding on probing** or localised pocketing without generalised periodontal involvement.
- A subtle concavity or defect detected with an explorer at the cervical root surface.
- Irregular mottled, or 'moth-eaten' radiolucency.
- A radiopaque line, separating the apparent intact dental pulp from the adjacent irregular radiolucency.

### Detection in routine dental check-ups

General dentists are in great position to detect early signs of EICR during routine dental examination. To assist with detection:

- Visually inspect cervical regions of all teeth, especially in patient with a history of previous orthodontic treatment and/or trauma
- Watch for isolated periodontal pockets with no other signs of disease
- Detect any "pink spots" around the cervical zone
- When in doubt, take a periapical or bitewing radiograph, look out for the cervical radiolucency, and consider

CBCT for further examination if required.

### When to refer

A diligent approach to screening permits for early diagnosis and timely referral to your friendly local endodontists. Early detection is the first step to a successful treatment outcome.

### Conclusion

While uncommon, EICR can be aggressive and destructive if undetected. General dentists are ideally positioned to identify early signs during routine general examination. Recognising risk factors, understanding clinical cues, and using appropriate imaging are key to preserving affected teeth. Early referral to your local endodontist supports the best outcome for patients.



Fig 1. Periapical radiograph of tooth 25. The yellow arrows point to the radiopaque lines, demarcating the pulp space from the resorptive lesion.



Fig 2. Clinical photograph of tooth 35. The yellow arrow points to the cervical concavity, which was bleeding upon probing.



**Dr Shekhar Bhatia's** currently serves as a faculty member in Endodontics at the School of Dentistry, The University of Queensland where he also holds the role of External Engagement Coordinator. With over 15 years' teaching experience, Dr Shekhar has trained numerous dental practitioners and led workshops in endodontics. From 2019 to 2023, he was Program Director for the Postgraduate Diploma in Endodontics at the International Medical University in Malaysia. He has received several accolades, including Best Academic Lecturer Award from the School of Dentistry at the International Medical University in 2014, 2015 and in 2019, as well as Teaching Excellence Award in 2016.

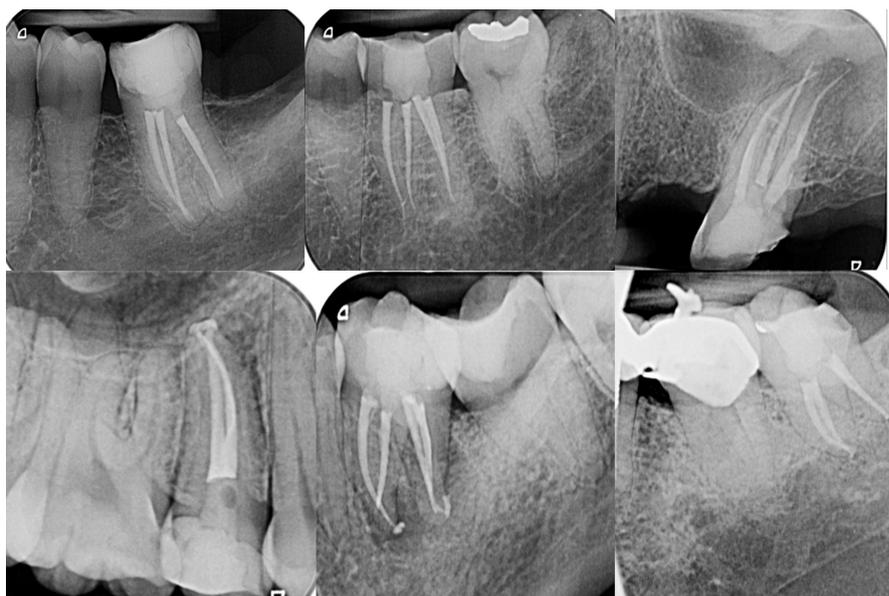
## Glide path in endodontics

### Definition:

A glide path is a smooth, reproducible tunnel from the canal orifice to the apical terminus that facilitates safe and efficient use of rotary or reciprocating instruments.

### Role of glide path in safe endodontic treatment:

- Facilitates understanding of canal geometry and anatomical variations.
- Prevents file separation and instrument fracture.
- Reduces canal transportation and ledging.
- Ensures predictable shaping with minimal procedural errors.
- Reduce immediate postoperative pain.
- Ultimately, glide path preparation and coronal pre-flaring seem to reduce the amounts of apical extruded debris and bacteria.



A glide path facilitates the predictable shaping of canals to length.

### How to create a glide path:

#### 1. Initial canal negotiation

- Use a small stainless steel hand file (size #6, #8, or #10 K-file) to explore and reach working length.
- Establish patency gently with watch-winding and balanced force motions.

#### 2. Confirm working length

- Use an apex locator and verify with a radiograph if needed.

#### 3. Glide path enlargement:

- Nowadays, most rotary Ni-Ti instrument manufacturers recommend the creation of a glide path before rotary canal shaping to remove coronal interferences, respect the original canal anatomy, and reduce the incidence of procedural errors and apical extrusion of debris.
- To reduce torsional stress and counter the taper lock effect that might occur due to the non-cutting tip of the rotary instrument, the

creation of a glide path has been advocated.

- Rotary glide path files (continuous or reciprocating) reduce the shaping time and glide path preparation time when compared to hand files.
- There are now many different engine-driven glide path files available in the market from different manufacturers, and most of them are used in sequence after a manual glide path with an ISO size 10 hand file has already been used.

#### Tips for success:

- **Irrigate frequently** with NaOCl during glide path creation to flush debris and reduce resistance.
- **Avoid forcing files** - let them passively follow the canal.
- Confirm patency frequently to avoid blockage.
- In calcified or narrow canals, proceed gradually and with patience.

A well-established glide path is the foundation of safe, successful root canal shaping. Never skip it - prevention of complications starts here.

#### References:

- Ajina MA, Billis G, Chong BS. *The Effect of Glide Path Preparation on Root Canal Shaping Procedures and Outcomes.* Eur Endod J 2022; 7: 92-105
- Lup VM, Malvicini G, Gaeta C, Grandini S, Ciavoi G. *Glide Path in Endodontics: A Literature Review of Current Knowledge.* Dent J (Basel). 2024 Aug 14;12(8):257.
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## When looking to expand your team, what are you legally able to ask and what should you ask?

Whether recruiting another oral health therapist, front desk coordinator or a dental assistant, it is important to approach the process with a clear understanding of what you can legally ask, and what you should ask to ensure the candidate is the right fit for your team and workplace culture.

Failing to observe proper hiring protocols can leave businesses exposed to discrimination complaints, breaches of privacy, or poor hiring decisions that can impact team performance.

From a legal perspective, employers are entitled to ask questions that relate to the inherent requirements of the role. For example, if you're hiring a dental assistant or hygienist, you can ask about:

- Professional qualifications and certifications.
- Current Ahpra registration (if applicable).
- Right to work in Australia (visa status or citizenship).
- Relevant work experience in clinical or reception settings.
- Availability to work rostered hours, including weekends or late shifts.
- Ability to comply with workplace safety protocols and infection control policies.
- Vaccination status, if required under public health orders.

These questions are entirely appropriate because they help determine whether a candidate can safely and competently perform the job. They also assist in ensuring compliance with professional registration and health and safety obligations.

Problems arise when questions stray into personal characteristics that are irrelevant to job performance. Under the *Fair Work Act 2009*, *Australian Human Rights Commission Act 1986*, and anti-discrimination laws in each state



and territory, employers cannot discriminate based on characteristics such as:

- Age
- Gender or gender identity
- Marital or family status
- Sexual orientation
- Religion or political beliefs
- Disability or mental health
- Pregnancy or breastfeeding status
- Race, colour, or national origin.

Asking a question such as "do you have young children?" or "are you planning to start a family soon?" may seem like small talk, but these queries are not appropriate and could later be used as evidence of discriminatory hiring decisions.

Beyond the legal minimum, you should focus on questions that reveal a candidate's suitability for the role from a skills and values perspective. Consider asking:

- How do you manage patient care when running behind schedule?
- Can you describe a time you worked in a fast-paced dental setting?
- How do you stay up-to-date with infection control and regulatory changes?
- What does a positive team environment mean to you?

These questions avoid unlawful discrimination and instead assess the candidate's competence, professionalism, and alignment with your practice culture. For managerial or senior roles, it's also worth discussing expectations around decision-making, leadership, and managing performance or compliance. It's always useful to have an up-to-date position description and onboarding documents ready to provide clear context to the candidate.

When collecting personal or professional information, remember your obligations under the *Privacy Act 1988*. Candidate information should only be

collected when necessary for recruitment and should be handled securely and confidentially. You should never conduct a reference check without first obtaining the candidate's consent.

Also, be mindful of social media screening. While public profiles may offer additional insight into a candidate's personality or professionalism, any decisions based on this information should be made carefully to avoid unconscious bias.

Employers can ask whether a candidate has any health condition or disability that may impact their ability to perform the inherent requirements of the role. However, this must be done sensitively and framed in a non-discriminatory manner. It's unlawful to reject a candidate solely because they disclose a health condition, unless, after reasonable adjustments are considered, the person would still be unable to perform the core duties of the job.

A trial period or work trial can be used to assess a candidate's suitability for a role, however, under the *Fair Work Act*, unpaid trials are only lawful in very limited circumstances. A short unpaid trial may be permitted if it is strictly necessary to demonstrate a candidate's skills relevant to the job and if the trial is reasonable in length, typically no more than what is required to show the individual can perform the duties.

The tasks performed must be directly related to the position and under full supervision. If the trial extends beyond a brief demonstration or involves productive work (such as interacting with clients, using equipment independently, or contributing to business operations), the person must be paid at least the minimum entitlements for the role. Unpaid work trials should not be used as a substitute for paid employment.



**For more information, contact the ADA HR Advisory Service on 1300 232 462.**

# ADA NSW promotes oral health awareness at the PBC Expo

ADA NSW participated in the Pregnancy, Babies & Children's (PBC) Expo held in Sydney from 13-14 September 2025. The Expo attracted thousands of families and expectant parents, providing a valuable platform for ADA NSW to promote oral health awareness during pregnancy, infancy, and early childhood.

Several volunteer dentists, including ADA NSW Vice President Dr Jodie Olivier, generously gave their time to support the ADA NSW stand, engaging directly with attendees to answer oral health questions, address concerns, and provide practical guidance. Visitors were also supplied with educational materials and oral hygiene resources to help them establish positive dental care habits at home.

Our presence at the PBC Expo was particularly significant in promoting the Child Dental Benefits Schedule (CDBS).

Many families are still unaware of their children's eligibility for this important government program, which provides access to essential dental services at no out-of-pocket cost, with only 40 per cent of eligible families utilising funding. By raising awareness of the CDBS, ADA NSW helped empower parents to access preventive and early intervention dental care for their children – critical steps in improving long-term oral health outcomes.

Through our involvement, ADA NSW continues to advocate for community education and support, reinforcing our commitment to promoting better oral health for all Australians. Thank you to the Australian and New Zealand Society of Paediatric Dentists for their support in promoting this event, and to ADA NSW Events Coordinator Allison Herbert for coordinating the event.



ADA NSW Vice President Dr Jodie Olivier, an oral health therapist visiting the expo and member dentist, Dr William Yiu, at the PBC Expo.



Member dentist Dr Ramanpreet Dhaliwal speaks to attendees at the PBC Expo.

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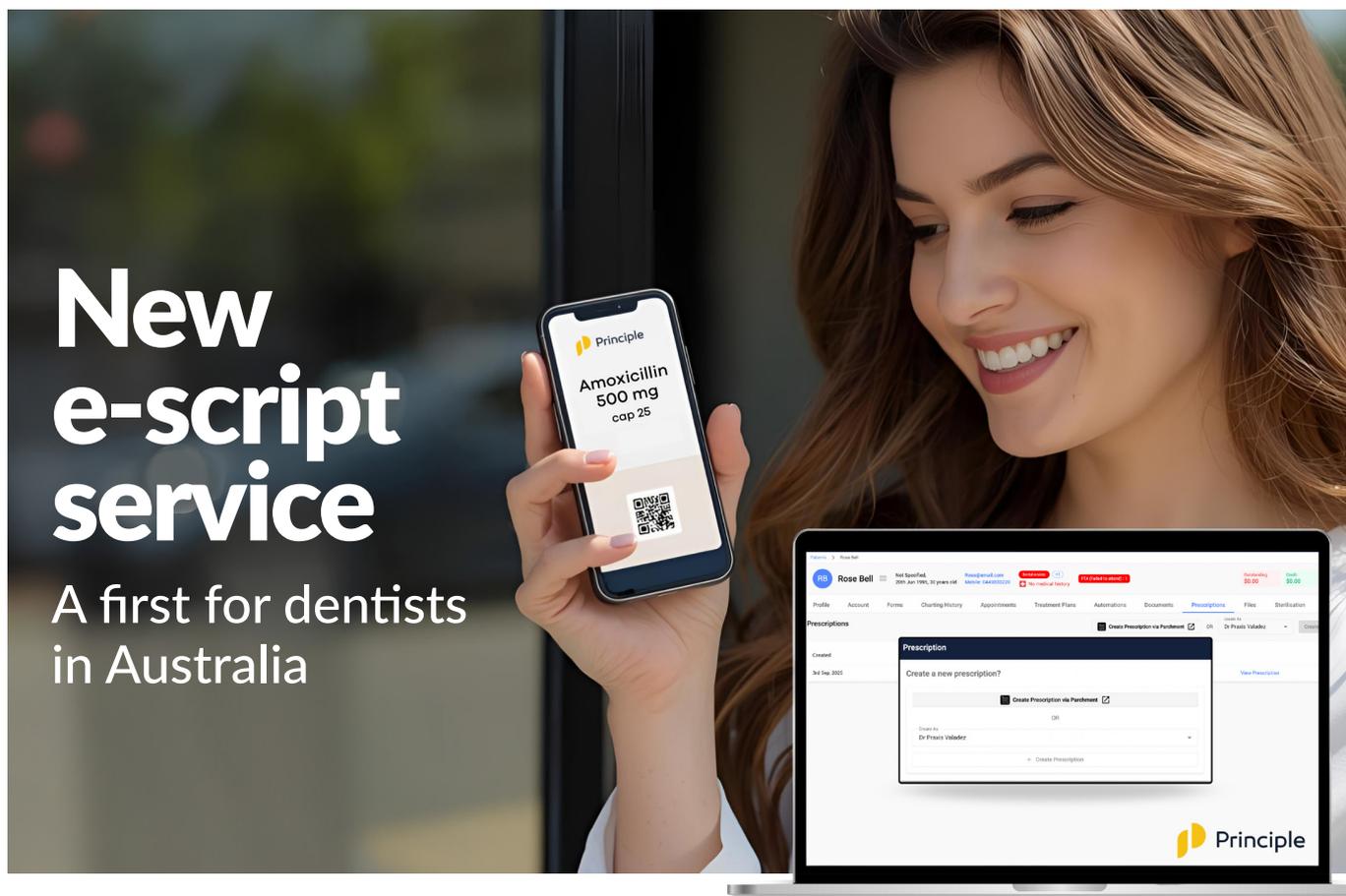
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# New e-script service

## A first for dentists in Australia

The first e-script service for the profession has launched making it easier for dentists to write e-scripts from any location around the world.

A major milestone, this is the first of its kind in Australia allowing the dental profession to adopt this technology. It is a collaboration between practice management software company Principle and e-prescribing integrator, Parchment.

The program had its inception in 2019, with early usage from the first beta testers in 2020 before its official roll out.

Founder and advisor of Principle practice management software, Dr Cigdem Kipel, and founder and CEO, Shaun Smekel, wanted to create software that is efficient and also easy to use.

In what used to be a manual process, information can now be displayed on a user friendly interface, ensuring clinical notes are easily retrievable and not hidden away. Users can log in via mobile and on PC from anywhere globally.

Co-founder and Head of Growth and Partnerships, Praxis Valadez, said they built it from scratch, analysing problems that the dental industry faced and building solutions from the ground up.

"It was really about servicing the dental industry because the software

out there didn't meet the mark," Ms Valadez said.

"We were finding that dentists were looking for more than an appointment book and a clinical chart. They quickly hired a core group of developers all based in Sydney to create the software.

"After dozens of interviews with dentists and their staff they were able to build a solution that would make sense for the Australian market.

"A couple years later, they were in a place to hire their first customer service employee and have been growing and servicing the Australian and New Zealand market ever since."

Ms Valadez said the look and feel of the design was important, including for younger dentists, who wanted an impressive design.

"The design is more intuitive and a refreshed design that does not look outdated," she said.

"It's flexible and built similar to a social media interface and the feedback we get is it reminds them of a Facebook design."

"It genuinely comes from a place of care and it's what dentists and their teams want to have. It's software that makes sense, with on-boarding that is so simple. The practitioner can look at it on

the way to the gym, or they can get home to be with the kids. It's a game changer."

Parchment works with other clients across the healthcare space including optometrists and pharmacists and soon those working in the mental health space to use the technology.

There are also in-built added protections to mitigate safety issues related to data. They utilise Google Cloud's ISO/IEC 27001 compliant managed cloud infrastructure. Using practice name, details and an API key, they can get a prompt script for the patient. They can whitelist IP addresses to block access if needed.

All data is encrypted at rest and in transit via industry best practices utilising AES256 encryption. In line with the Privacy Act, all data is stored in Google Cloud's Australian data centres.

There's a quick onboarding process for Parchment. Users sign up on the website, create an account and register for a PRODA number with a customer service team in Sydney.

For further information, visit <https://principle.dental>

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# What's On

Scan for a full list of upcoming courses and events.



Unless otherwise stated, all CPD courses take place at:  
ADA NSW CPD, 1 Atchison Street, St Leonards.

OCTOBER	OCTOBER	NOVEMBER	NOVEMBER
<p><b>16</b> October</p> <p> <b>ONLINE</b></p> <p>Oral Cancer Master Class &gt;</p>	<p><b>31</b> October</p> <p>Dental Records, Consent, and Complaint Management &gt;</p>	<p><b>06</b> November</p> <p>North &amp; North West Tasmanian Study Group Meeting &gt;</p>	<p><b>25</b> November</p> <p>Precision Endodontics: A Hands-on Workshop &gt;</p>
<p><b>18</b> October</p> <p>Periodontics for the General Practitioner</p> <p>Location: Hobart &gt;</p>	<p><b>31</b> October</p> <p>Treatment Planning for the Complex Case &gt;</p>	<p><b>07</b> November</p> <p>Introduction to Teeth Whitening &gt;</p>	<p><b>28</b> November</p> <p>Botulinum Toxin and Intraoral Dermal Fillers – Therapeutic Use &gt;</p>
<p><b>22</b> October</p> <p> <b>ADA NSW NEW GRADUATE RESIDENCY</b></p> <p>Oral Surgery for the Early Clinician &gt;</p>	<p><b>NOVEMBER</b></p> <p><b>01</b> November</p> <p>Correct Bonding and Cementation Workshop&gt;</p>	<p><b>08</b> November</p> <p>The Cracked Tooth Conundrum &gt;</p>	<p><b>28</b> November</p> <p>Advanced Orthodontic Biomechanics and Treatment Solutions &gt;</p>
<p><b>23</b> October</p> <p>Nitrous Oxide and Oral Sedation &gt;</p>	<p><b>05</b> November</p> <p>Surgical Extractions for the General Dentist&gt;</p>	<p><b>12</b> November</p> <p>Multidisciplinary Management of TMD&gt;</p>	<p><b>DECEMBER</b></p> <p><b>04</b> December</p> <p>Nitrous Oxide and Oral Sedation&gt;</p>
<p><b>25</b> October</p> <p>Botulinum Toxin and Intraoral Dermal Fillers – Therapeutic Use &gt;</p>	<p><b>06</b> November</p> <p>Enhanced Endodontics &gt;</p>	<p><b>20</b> November</p> <p>The Oral Surgery Continuum&gt;</p>	<p><b>06</b> December</p> <p>Paediatrics in General Dental Practice&gt;</p>
		<p><b>22</b> November</p> <p>Understanding Orthodontics</p> <p>Location: Hobart&gt;</p>	

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**Simon Palmer**  
Managing Director



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National Account Manager



**Lisa Singh**  
National Account Manager





Centre for Professional  
Development



A new NSW CPD full-day seminar called Practice Consensus Day 2025 is designed to bring teams together in the pursuit of excellence. This seminar will feature a range of subject matter experts as they distil key updates for the entire team in easy to digest sessions, from AI to infection control, communication and clinical updates. Oral medicine specialist A/Prof Sue-Ching Yeoh and Dr Sen Le are presenting at the course. They gave their perspectives to *NSW Dentist*.

## Bringing teams together: Practice Consensus Day 2025



A/Prof Sue-Ching Yeoh



Dr Sen Le

**Q.) In your experience, what does having a united dental team mean for a practice?**

**A/Prof Sue-Ching Yeoh:** A united dental team is the foundation of a successful practice. Every team member, from the front desk to the clinicians, works cohesively towards a shared vision of providing exceptional patient care. This synergy fosters an atmosphere of mutual respect and trust. When the team is united, there is excellent communication between members, which minimises errors. All challenges are tackled collaboratively, and ultimately this fosters

a supportive work environment where everyone feels valued. This positivity influences the patient experience.

**Dr Sen Le:** A united team means patients experience consistency, confidence, and care from the moment they call the practice to make an appointment to the moment they leave after a visit. When clinicians, hygienists, assistants, and front desk staff are aligned in their values and communication, it reduces friction, improves efficiency, and ultimately helps a patient feel confident in the practice they have chosen to have their dental treatment at.

### Q.) How do you approach team training in your own practices?

**A/Prof Sue-Ching Yeoh:** In our practice, team training is a continuous process starting with comprehensive onboarding for new staff members, covering our practice's core values, protocols, and technology. This is followed by regular, scheduled 'huddles' to refresh ourselves on existing practices, and upskill on new procedures. Clinicians regularly attend courses to stay current with the latest advances and best practices. We also encourage cross-training to ensure everyone understands each other's roles. Outside of the work environment, we hold team bonding sessions where the whole team is engaged in social activities. This holistic approach ensures our team is not only skilled but also adaptable, collaborative, and united in providing the best possible patient care.

**Dr Sen Le:** We approach training as a continuous journey rather than a one-off event. We combine structured learning such as CPD workshops and technology training with day-to-day mentoring and feedback loops. Importantly, I encourage my team to learn together and stay updated on the latest technologies.

### Q.) Dr Yeoh, can you tell us more about what you will cover in your presentation?

**A/Prof Sue-Ching Yeoh:** My presentation on head and neck cancer screening will provide an essential overview for dental professionals. We'll start by reviewing key risk factors, then focus on the systematic examination techniques, emphasizing what to look for, such as persistent lesions, unusual lumps, or changes in texture. I'll also cover the importance of patient history and counselling with the

goal of empowering the dental team to confidently and effectively perform examinations, recognise suspicious signs, and understand the appropriate referral pathways for timely diagnosis and treatment. We will also be talking about the immunocompromised patient, focusing on adapting our clinical approach to ensure their safety and wellbeing. We will explore various conditions that 'weaken' the immune system, and discuss their specific oral manifestations. The presentation will cover the necessary precautions that are required for some of these dental patients, and how to tailor treatment planning appropriately.

### Q.) What do you hope different team members will take from your presentation?

**A/Prof Sue-Ching Yeoh:** I hope clinicians will gain confidence in performing thorough examinations and recognising suspicious signs of mucosal disease. For the entire team, the goal is to understand the importance of early detection of oral cancer and their role in the process. I also hope to encourage every team member to develop a heightened sense of empathy and awareness with the ultimate aim of providing safe, comprehensive, and compassionate care.

**Dr Sen Le:** For clinicians, I hope they see how AI can be a powerful diagnostic aide that improves precision and reduces missed pathology. For hygienists and assistants, I want them to feel confident in how these tools support their workflows and make their roles more impactful. And for practice managers or front-of-house staff, I hope they see how AI can enhance communication with patients - making explanations clearer and case acceptance

easier. Ultimately, my message is: AI is not about replacing us, it's about empowering the whole team.

### Q.) What are some of the trends and insights you have noticed as Artificial Intelligence becomes more prevalent in the field of dentistry?

**Dr Sen Le:** We're seeing a rapid acceleration in both the sophistication and accessibility of AI tools. Initially, AI was about automating specific tasks but now it's expanding into all facets of clinical practice, and even predictive modelling for disease progression. Another big trend is integration: AI is no longer standalone software; it's being built into imaging systems and practice management platforms. Finally, patients themselves are becoming more aware of AI, which changes how they perceive technology-driven practices, often equating it with higher quality and modern care.

### Q.) Why is it important for the whole dental team to understand the role of AI?

**Dr Sen Le:** Because AI touches every step of the patient journey. From the front desk using AI to streamline appointment scheduling, to hygienists monitoring progress with follow-up images, and dentists using AI note taking capabilities as well as using it to give them greater efficiency in detection and treatment planning - every role is connected. If only one team member understands the tool, its impact is limited. But when the entire team from reception to chairside understands AI's role, you unlock optimum speed and outputs across the practice with the patient also clearly benefitting.

## Practice Consensus Day 2025

**Date:** Friday 14 Nov 2025

**CPD Hours:** 6.5

**Time:** 8.30am to 5pm

**Location:** ADA NSW Centre for Professional Development, St Leonards NSW 2065

### Topics include:

- Infection Prevention and Control updates
- Artificial intelligence in the dental setting
- Integrating oral cancer screening into your clinical examination
- Communication for the dental team
- Insights from ADA NSW Advisory Services
- Improving mental health in the dental setting.

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**Dr PAUL TSAI - PERIODONTIST**  
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**Dr Fady Bassily - Periodontist**  
BDS Sc (Hons), MDS, MFDS RCSEd, DClinDent (Perio) (USYD), MRACDS (Perio).

**Dr Wensy Leung - Periodontist**  
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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.

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

**Phone:** 9071 9008

**Email:** [thegumspecialists@gmail.com](mailto:thegumspecialists@gmail.com)

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

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

Macarthur Illawarra Endodontists provide specialist endodontic care, pain diagnosis and trauma management in Sydney's South-West

Our practice offers state of the art care with in-house CBCT and SWEEPS laser-endodontic procedures. Emergency appointments are available at short notice for urgent cases such as dental trauma or severe pain.

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](mailto: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 Philip Phu-Tan Nguyen**  
**Specialist Orthodontist** BDSc (Hons) UQ,  
 DClinDent (Adel), MRACDS (PDS), MRACDS (Ortho),  
 AOB Cert

Philip and his team warmly welcome your orthodontic referrals at our newly renovated Burwood premises.

We provide the full range of evidence-based orthodontic care for patients of all ages, including:

- Early / interceptive treatment
- Comprehensive treatment
- Combined orthodontic-orthognathic care
- Adjunctive treatment (e.g. pre-restorative orthodontics)
- Braces, clear aligners, functional appliances, and more

We look forward to supporting you and your patients.

**Address:** Suite 2, 12 Railway Parade, Burwood NSW 2134

**Phone:** (02) 9747 8400

**Email:** [reception@areteortho.com](mailto:reception@areteortho.com)

**Web:** [www.areteortho.com.au](http://www.areteortho.com.au)  
 (online referrals available)



**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** BDSc, GDipDent(Qld),  
 DClinDent(Ade), MRACDS(Endo)

**Assoc. Prof. William Ha** BDSc 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 Prashanth Kumar Dhanpal**

BDS, MDS, AdvDipDs, FDS RCS(Edin), MPaed  
 RCS(Edin), MRACDS(Paed Dent), FPFA, FICD.

At NBPD, we believe every child deserves personalised care that considers their unique needs and personality. We combine gentle expertise with education, empowering both children and parents with the knowledge and habits that promote lifelong dental health.

**Phone:** 02 8413 8576

**Address:** Unit 11 22-26 Fisher Road,  
 Dee Why NSW 2099

**Email:** [info@nbpd.net.au](mailto:info@nbpd.net.au)

**Website:** [www.nbpd.net.au](http://www.nbpd.net.au)

**Other locations:**

- North Shore Paediatric Dentistry
- Tamworth Paediatric Dentistry



**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)

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