



# PerioLife

The EFP Alumni magazine

ISSUE NUMBER 01



MARCH – 2021

 **EFP**  
European  
Federation of  
Periodontology





# CONTENTS



WELCOME TO PERIO LIFE	3
MANAGING A PERIO PRACTICE DURING THE PANDEMIC	5
THE CHALLENGE OF SETTING UP A CLINIC	9
ALUMNA INTERVIEW: EVA MUÑOZ	15
FACULTY INTERVIEW: UBELE VAN DER VELDEN	19
TIPS ON SOCIAL MEDIA FOR PERIODONTISTS	22



# WELCOME TO PERIO LIFE

THE NEW VOICE OF EFP ALUMNI



*By Filippo Graziani,  
founder and chair of EFP Alumni*

*Perio Life* is a new EFP magazine that reflects the work of the periodontists who are alumni of the EFP-accredited postgraduate programmes of periodontology.

It is written by members of EFP Alumni, which represents periodontists who have received the EFP certificate after completing their accredited masters' courses and members of the faculties that teach the programmes.

EFP Alumni brings together alumni of the EFP-accredited programmes to connect with each other and collaborate. One of its goals is to closely follow the professional paths of its alumni while also developing a cultural identity and a feeling of integration with the wider EFP community.

We started the EFP Alumni project in the run-up to EuroPerio9 in Amsterdam in 2018, where we had the first formal meeting of the group and a special session during the congress.

Today, we are a community of people who have all spent three years of our lives studying periodontology under the umbrella of the EFP. So, we have more than 600 colleagues who have completed the programme and of course the people who teach in the faculties. This is a big community of people, who are friends in real life.

By creating EFP Alumni, we are providing the opportunity for them to share among themselves crucial information, tips and knowledge, and wisdom that they have developed in their years of professional life. We have already created the sense of community, but we are just at the beginning and we want to create something more. I would like to ensure that people can use EFP Alumni as a tool for their careers, in





***“PERIO LIFE IS THE BILLBOARD FOR THIS COMMUNITY, WHERE ALUMNI CAN SHARE THEIR VISIONS, CONCERNS, AND ADVICE”***

For me, one of the most important expressions of the EFP’s identity was the development of a core curriculum that could be shared by specific programmes in shaping the periodontist of the future. This started back in 1998 and I am delighted that this first issue of *Perio Life* includes an interview with one of the creators of these accredited programmes, Ubele van der Velden (programme director at ACTA in the Netherlands). He explains the origins and evolution of a programme that is now taught at 16 universities in 12 countries.

This first issue of *Perio Life* also features interviews with alumni covering different aspects of their subsequent lives as professional periodontists. Alberto Ortiz-Vigón (an alumnus of the Complutense University of Madrid in Spain) explains the challenges faced by a periodontal practice in ensuring staff and patient safety during the Covid-19 pandemic. Elmira Boloory (an alumna of ACTA in the Netherlands) gives an in-depth account of what is involved in setting up an independent periodontal practice. And Eva Muñoz (alumna of UCL Eastman Dental Institute in UK) talks about what doing an EFP-accredited course has meant to her professionally. Finally, the EFP’s head of communications Cândia Gasperin offers some tips on how periodontists and other dental professionals can best use social media to benefit their practices.

*Perio Life*, which will be published twice a year, is more than the house magazine for EFP Alumni themselves. The material here is aimed at the wider periodontal and dental community, including those who may be interested in training on one of the EFP-accredited courses.



# Managing a perio practice during the pandemic



— ALBERTO ORTIZ-VIGÓN

5

Covid-19 has created new challenges for dental practitioners. Keeping practices safe with protective equipment and safety measures is fundamental, but this also means that dentists can see fewer patients. On top of that, some patients are delaying dental treatment for financial reasons. How are periodontal practitioners coping with the practical and economic impact of the pandemic? Myroslav Solonko asked Alberto Ortiz-Vigón, a fellow alumnus of the EFP accredited programme at the Complutense University of Madrid and owner of a dental practice in Bilbao exclusively dedicated to periodontology and implant dentistry that is part of the PerioCentrum Group of clinics.



PERIO LIFE: WHAT WAS THE INITIAL IMPACT OF COVID-19 ON YOU AND YOUR PRACTICE?

ALBERTO ORTIZ-VIGÓN: One of my biggest concerns initially was the team. There was great amount of uncertainty about the future, they had many questions, and I did not have all the answers. My first decision was to keep my team safe at home – although I myself remained in the practice the whole period to attend emergencies. It was mid-May when we thought we could restart again, albeit establishing a Covid-19 protocol. Initially only four out of thirty team members started, attending only urgent cases – patients with pain, infections, or prosthetic problems. This lasted until mid-June, and by the end of July most of the team was back at work. One of the main differences was the time of the appointments, we had to space out patients so we could disinfect thoroughly. Getting used to the new protocol was tricky.

## *“GETTING USED TO THE NEW PROTOCOL WAS TRICKY”*

PL: HOW DID YOU COPE WITH THE RECOMMENDED PERSONAL PROTECTION EQUIPMENT (PPE)?

AOV: The team was happy to have access to all this protection. But when we started working, we realised that it was harder than expected: everything took longer, it was not that comfortable, the magnification glasses would steam up. We had to take care of all these aspects, mainly by having longer appointments. It was also difficult to purchase all the PPE we needed. At the beginning we had some stock, but we ran out and it was difficult to find the stock we needed in the market. This became a kind of a nightmare during these months. At the start, we made a big purchase for the PerioCentrum Group, but after a couple of months we started running out of high-protection masks (FPP3), so we started sterilizing those masks, but only performing a maximum of three uses and with a surgical mask on top. We did what we could to provide the proper service to our patients, as by that time we had many emergencies because we had been closed for nearly two months.

PL: WHAT ABOUT THE PROCEDURES THAT WE NORMALLY USE IN PERIODONTOLOGY? THE RECOMMENDATION FROM SCIENTIFIC SOCIETIES AND ORGANISATIONS WAS TO REDUCE THE USE OF AEROSOL-GENERATING PROCEDURES. AND PERIODONTISTS USE A LOT OF ULTRASOUND AND AIRFLOW DEVICES, WHICH ARE THE BASIS OF NON-SURGICAL PERIODONTAL THERAPY.

AOV: Initially we decided not to use those piezoelectric or ultrasonic devices so we could reduce or avoid any micro-sprays. We went back to manual scaling for maintenance of our patients and we delayed many appointments up until August. We decided mainly to deal with patients with urgent or acute situations. We gave guidelines to patients before coming to the practice, such as to come alone and to be punctual, to avoid a crowded waiting room. We also try to perform every possible treatment in a single appointment. We perform full-mouth disinfections instead of dividing the appointments, reducing the risk for patients and the exposure to other patients. We are trying to give confidence to the patients that the





***“WE HAVE HAD A 12% DECREASE IN TREATMENT ACCEPTANCE BY PATIENTS, AFFECTING MAINLY THOSE TREATMENTS WITH A HIGHER COST”***

dental practice is a safe space, where the risk of getting the virus is very low and, when we see numbers, the figures in relation to infection of dental professionals are very low. However, it still seems like we are working in a spacecraft because we are all dressed like astronauts!

**PL: HAVE YOU TRIED TO INCORPORATE TELEMEDICINE INTO YOUR PRACTICE?**

**AOV:** That’s a really good question, because every single crisis also brings new opportunities. During the 2020 restrictions we realised it was the time to scale up our digitalisation and at the same time we heard about the development of a new remote diagnosis and patient-monitoring tool and we enrolled in it as beta testers. MyDentist ([www.mydentist.biz](http://www.mydentist.biz)) is a telehealth platform that is now embedded in our management tool and allows us to improve our service and have a direct communication with patients. The patient can do an initial test and receive a diagnosis by taking a picture. They can then access different professionals listed by their specialisation and with verified patient reviews. Once they select you, they can book an appointment, share their digital medical records, and choose between having an online appointment or coming to the clinic. Even though we are still testing the technology, this could be lifesaving if we have another lockdown. I truly believe that this platform will transform dentistry, allowing a whole new digital experience and simplifying processes for both sides.

In the coming years in Spain, the number of dentists is going to increase to such levels that digitalisation, positioning, and new marketing tools to stand out are going to be a must-have.

**PL: HOW HAVE YOU BEEN AFFECTED FROM A FINANCIAL POINT OF VIEW?**

**AOV:** We have had a 12% decrease in treatment acceptance by patients, affecting mainly those treatments with a higher cost. Due to economic uncertainty and job-market instability, patients have delayed their treatments.





In addition, we had to assume additional costs to introduce higher safety measures. From the beginning, safety was key for me and I bought all sorts of devices: ozone, HEPA (high-efficiency particulate air) filters, double aspiration for the dental chairs... of course, these systems come with a cost. The new equipment, together with the PPE, has allowed us to keep everyone safe, both team and patients. The team of professionals is really important for us, and some of them have worked by my side for more than 15 years. When it came to numbers, we prioritised keeping all of them over the margin and profit of the PerioCentrum practices. It was a big decision from a financial point of view, but we are really proud of it and I believe it delivered the right message to the team – that we value them and that we were not going to let them down during this crisis. The team is the main asset of a company and now we are stronger and closer.

8

PL: WHAT WOULD BE YOUR ADVICE TO PERIODONTISTS, AS A CLINICIAN AND PRACTICE OWNER ON HOW TO PROCEED IN THE COMING MONTHS?

AOV: We can always get something good even out of the worst things. The best advice I can give is to go digital. If you digitalise with telemedicine, e-health, platforms, apps, digital management of your practice, pictures of your patients, 3D scanning – if you have these digital tools, this crisis will be less invasive of your daily practice. I think another effect of this crisis will be to help us go more towards prevention, which is the key. Maybe this will help catalyse the change towards prevention as digital tools allow us to get closer to our patients and give them access to audio-visual content that empowers them. The knowledge society is an innovation from information and communication technologies in which the increase in transfers of information modifies in many ways the way in which many activities are carried out in modern society. Paradigms are changing and patients are becoming “smart health” consumers.

Finally, we need to take responsibility and properly educate the population towards prevention. Oral care is not just something aesthetic – it saves lives. A simple gesture like annual hygiene can significantly reduce the risk of systemic diseases.

Alberto Ortiz-Vigón is an EFP alumnus, holding a master’s degree in periodontology from the Complutense University of Madrid (Spain), from which he also received his doctorate cum laude in 2017 and where he teaches on the EFP-accredited master’s programme. His practice in Bilbao, in the Basque Country of Northern Spain, is part of the PerioCentrum Group of clinics, a network formed by specialists in periodontology and implant dentistry who are all EFP alumni, mostly from the Complutense. PerioCentrum (<https://periozentrum.com/en/periozentrum>) has practices in six Spanish cities (Ávila, Bilbao, Guadalajara, Madrid, San Sebastián, Segovia and in Verona in Italy).





— ELMIRA BOLOORI

# The challenges of setting up a perio practice

9

Elmira Bolori, an alumna of the EFP-accredited programme at the Academic Centre of Dentistry Amsterdam (ACTA), has a periodontal practice in Rotterdam in the Netherlands. She told Bruno De Carvalho about the challenges of setting up her own practice, including budgeting, the choice of location, work protocols, and the key question of how to attract patients.





I started out by doing dental hygiene and after that I did dental school and then the EFP perio programme at ACTA, which was an amazing experience. Before starting the programme, together with a colleague, we were already thinking about opening a referral clinic when I was finished. It takes a lot of time, a lot of management, and you really need to plan it beforehand. I am someone who really wants everything to go the way I like it, and when you're working for someone else, you always have to adjust a little bit to their wishes. So, when the opportunity presented itself, I thought, "This is it, my wish of beginning to work for myself."

It is what we call a referral practice. We work only with referrals and if there has not been any referral, we ask the patients to seek a dental general practitioner and ask for a referral letter, and then we can see them. We don't treat the patient without the consent of the general dental practitioner. The practice is purely periodontal and implant-related but I also do some crown and bridge work, and extractions if they are required by the treatment planning. The practice is in a three-storey building without an elevator, which is a bit difficult, but we have a room on the ground floor where we can treat disabled patients. All the equipment and all the things that we work with are completely new – which is perfect, and it's very nice to work there.

We have six chairs, but we're still at the beginning so they are not yet all in use. There is always this balance between getting enough referrals compared to the number of people you have working within the practice. When your referral patients go up, then you need more personnel.

***“THE BUILDING NEEDED TO BE CONVERTED INTO A PRACTICE –  
SO IT WAS A LOT OF WORK, IT TOOK A LONG TIME, AND IT WAS  
MORE EXPENSIVE”***

On the ground floor there is the reception with a CBCT and the OPG device and one room for the treatment of disabled patients. On the second floor, we have three rooms: one for implantology and two for dental hygienists. On the third floor we have two treatment rooms and one small room that is used as a storage room. On the top floor, there is a sterilisation section, where we do have a small elevator for the distribution of material over the different floors, so we don't have to walk around with trays in our hands. Everything goes from the treatment rooms directly to sterilisation. Next to that is the kitchen and a canteen, where we can sit and relax, and the changing rooms.

In terms of current staff, I'm the periodontist, another colleague works as an implantologist, and there are two dental hygienists. We also have a prevention assistant who does prevention work, including making the radiographs and giving dental hygiene instructions. In total I have four assistants and a manager.

## **BUDGETING**

In terms of budget, it is difficult to give a general guideline but I would say it is probably more or less the same as setting up a general practice. But it depends on whether you are setting up in an existing practice or in a building that you must convert into a practice. For us, it was a building that needed to be converted. So, it was a lot of work, it took a long time, and it was more expensive, because the building had to be stripped right down to zero – so you could see only the pillars – and then rebuilt because it was an older building and needed to be reinforced to prevent problems afterwards. The building previously had a dental-technician's lab on the ground floor, but the upper floors were normal living units – so it needed to be rebuilt completely.

I wanted not only a lot of rooms but also needed enough space in these rooms for my clinical activity. I showed my layout to the architect and we worked from there. You need to plan every detail. Where do you want to have the CBCT device and where do you want to have your x-rays? Where do you want to have your computers? How big can the screen be? Where do you want to sit? What material will you use for the floor? What are you going to do about the sun entering the room and shining onto your screen? These are things that you have to anticipate – sometimes they are small things, but they are really important. And then, what is the distance for your assistant to walk if she needs to pick up something from behind you? You are busy with your treatment and you don't want to move, so your assistant needs to be able to move around you. These are the things that you really must think about. Things about the clinic's structure that, once the practice is ready, cannot be changed – like making sure the wall of the X-ray room is thick enough. If you want to be perfect, the amount of money that you are investing will go up rapidly, but I think that it's worth it, because then you will be able to work in the way you want to work. And it's going to work very well for a long period of time, so you won't have to redo the whole thing after five years. My business partner helped with the budget, and he already had a general practice and was familiar with creating a new practice. Our architect has specialized in dental practices. So, we definitely didn't do it alone.

## **LOCATION AND EQUIPMENT**

The clinic is in the south of Rotterdam and is called Imparo, which stands for “implantology, periodontology, Rotterdam”. This location was already more or less planned before I started the perio programme at ACTA. This building was located next to a colleague's general practice and we knew that the lab technician in the building was eventually planning to leave and so the building would be empty. My business partner said, “I'm going to purchase the building already and when you finish the programme, we're going to start a clinic.” This was the main reason why we chose this location. It would maybe have been even better if we were just outside Rotterdam, because in the centre of Rotterdam there are two other periodontal referral clinics that are very well known and have been around for more than 30 years.

In terms of buying equipment, we were advised by the people who were doing the architecture who had their own partners and we were able to get some discounts. It can take time to search for the right equipment that fits your budget. I was lucky as my business partner wanted to invest in a lot a good equipment, so my budget was considerable. If your budget is not so big, then you need to make choices – for example, all dental units do the same thing, so maybe you do not need to have the most expensive one. For me, the instruments that I work with are the most important things, more than the dental unit itself.



**“IT CAN TAKE  
TIME TO SEARCH  
FOR THE RIGHT  
EQUIPMENT  
THAT FITS YOUR  
BUDGET”**



*Elmira Bolori with a patient*

## PROTOCOLS

One thing that is quite often overlooked is protocols. Before you even have your staff, you need to set the protocols. With the ISO certification you already know a lot of the protocols that you need to make. The staff you hire and each product you buy need a protocol. And you need to notify everybody about how the protocols work – so, basically, you need to have a protocol for your protocols!

For example, you need to have staff-guidance protocols, so that if anyone has a problem inside the working environment, they need to be able to talk about it and this needs to be regulated externally. It is the same if someone has health issues related to work. There are companies that can guide you with that. This all needs to be protocolised and the staff need to be informed about it. Another thing is that you need to count any incidents in the practice – for example, if a patient falls on a specific spot, this needs to be recorded – and all these incidents need to be reviewed and tabulated at the end of each year. These protocols are dynamic and always changing – it's not like I had the protocol three years ago, and it's going to stay the same for the next 10 years.

We have both International Organization for Standardization (ISO) and NVvP (Dutch Society of Periodontology) certification. With the ISO certification, someone comes and certifies you and then you have an audit every two years. The ISO certification is purely for the practice while the NVvP looks at the practice and also at your own clinical work with the patients. You need to oversee all these protocols and make sure that everything is in order when these entities come to check your practice. And I do that together with my manager and all the other staff. I cannot do everything myself, so I try to take an overview of it and delegate jobs to others, but eventually I will be the one who is responsible for it all.

## MANAGEMENT

I have a practice manager, with whom I had worked before in a general practice for 15 years, and she already had a lot of experience in that area. We were close, and I knew that we could work together really well. What I like best is that she always has suggestions and, at the same time, she lets herself be led by me, which is important to me as I can be really pig-headed and want to have things “my way or the highway.” My manager is also my chief of staff. Although I try to avoid hierarchy, I've noticed that people don't talk to you really easily when you are the head of the practice, but they will talk more easily with the manager.

My task is to keep an overview of what is happening, what needs to be done, new regulations that need to be implemented, and whether we need to upgrade anything. To have a balance between the management of the clinic and my clinical activity, I need to trust my team. But I also need to keep them satisfied at work to ensure a pleasurable working environment and the key to keeping everyone happy is to give them the work that they like to do. If a member of the staff doesn't like what they are doing, their motivation will go down and the person won't find pleasure in the work environment.

To get your practice started, you need to have your team already. You need an assistant and somebody to manage the reception, to pick up the phone, otherwise you're not getting new patients. Of course, you can have your practice and your staff, but if you don't have patients and referrals, then it is all pointless. So, the next question is “How do we get patients?” We were lucky as we were next to this general practice from which we could get a lot of referrals, which helped us a lot. One thing that it is important for us to realise is that our clients are not the patients themselves but the dentists who refer them. Of course, you want to keep your patients happy, but you want to keep your referring dentist even happier – because one referring dentist means a lot of patients. To make contact with the dentists, we organized a small conference a few days before the official opening of the clinic, with sponsors and some





of my professors from the perio programme who agreed to give presentations. We invited all the dentists from Rotterdam and neighbouring cities, and beyond. The goal was to introduce ourselves and the practice. Also I explained about when they might want to refer patients to us and which treatment options we have to offer. We also provided everyone at the conference with a pre-made referral letters and after the conference a gathering was held to encourage possible collaborations.

## **REWARD**

The reward of opening your own practice, that's the best thing of all. When you are there and everybody is happy and they are doing their jobs, the patients coming to you and you can do the treatments as you like, and you receive compliments from your patients about the practice – those are the things that are really rewarding when you have your own clinic. Don't do it for the money – that's not a good reason – but do it to implement your work philosophy and for the psychological reward.



— EFP ALUMNI PROFILE: EVA MUÑOZ AGUILERA

# 'An EFP-accredited programme meant excellent training opportunities that would enable me to work in other European countries'

15



Having graduated in dentistry in her native Spain in 2005, Eva Muñoz Aguilera worked as a general dentist before deciding to train in the speciality of periodontology. She received her master's degree from UCL Eastman Dental Institute in London in 2018. She talks about why she chose to study in the UK, the importance of choosing an EFP-accredited programme, and her PhD research on the link between periodontitis and hypertension.



PERIO LIFE: WHEN DID YOU REALISE THAT PERIODONTOLOGY WAS THE DENTAL SPECIALITY THAT YOU WANTED TO PURSUE?

EVA MUÑOZ AGUILERA: To tell the truth, it took me a while to realise. After I graduated, I started working as a general dental practitioner to get a better understanding and experience in patient management and procedures of all kinds. However, I was not sure which speciality I liked the most until I started working in a dental practice with very high periodontal demands. Seeking to learn more in this field, I joined a part-time one-year modular postgraduate training course in periodontics. This was offered by José Javier and Ana Echeverria in Barcelona. I was fascinated about how much one could change patients' lives by treating their periodontitis. I appreciated all aspects of periodontology, but I discovered how much I enjoyed periodontal surgery. Following this training, I had the opportunity to spend some months doing a foreign externship in the periodontology department at Columbia University in New York, which was truly an inspiring experience that made me understand that specialist training was the best way forward. I had fallen in love with the speciality, so much so that I could not help but put my heart and soul into pursuing the dream of becoming a periodontist.



*Eva Muñoz Aguilera and fellow members of her year at the end-of-course dinner in 2018*



*“IT WAS A VERY INTENSE PERIOD OF STUDYING, MEETING ASSIGNMENT DEADLINES, PREPARING FOR CASE PRESENTATIONS, LITERATURE SEMINARS, AND LOADS OF CLINICAL ACTIVITY. I ENJOYED EVERY MINUTE”*

PL: DID YOU HAVE OTHER JOBS AS WELL AS BEING A DENTIST?

EMA: Yes, as an undergraduate student I did other jobs, quite different from working as a dentist. Back in the south of Spain, my family has a small olive-oil business where I used to help picking olives every winter. I remember it was really hard work, but that involvement made me appreciate and value the efforts my family made to give me better opportunities in life. During that time, I also worked babysitting every now and then.

PL: YOU WENT ABROAD FOR YOUR PERIODONTOLOGY DEGREE. DID YOU CONSIDER DOING THE MASTER'S IN SPAIN [WHERE THE EFP-ACCREDITED PROGRAMME IS TAUGHT IN BOTH MADRID AND BARCELONA]?

EMA: Yes, I did consider it, but I was really attracted by the idea of studying abroad and the renowned UCL Eastman Dental Institute was my first choice. Moreover, I always considered that doing my training in English would enrich me more and would perhaps open more doors.

17

PL: HOW CHALLENGING WAS IT TO MOVE TO ANOTHER COUNTRY?

EMA: It was quite challenging. I started from scratch in the UK, a country with different culture, weather, and language, and I did not have many savings at that point. I started working as a general dental practitioner for the National Health Service before I moved to work in the maxillofacial unit of a general hospital for 18 months. That was an incredible training opportunity that I will never forget. I got to improve both my knowledge in medicine as well as my surgical skills. Two years after I arrived in the UK, I felt more prepared for the next step in my career and applied for the MClintDent in Periodontology. I was absolutely thrilled when I was accepted.

PL: WHAT WAS THE MOST DIFFICULT THING YOU HAD TO ADAPT TO WHILE STUDYING ABROAD?

EMA: Being away from my family and having little spare time during three intense years of training was quite challenging. However, I met very lovely people who were very welcoming, and I soon got used to it. I can say that I found my periodontology family there, which was and will always be a great support to me.

PL: DID YOU ENJOY YOUR THREE-YEAR PERIODONTOLOGY PROGRAMME?

EMA: Yes, I enjoyed every minute of it. It was a very intense period of studying, meeting assignment deadlines, preparing for case presentations, literature seminars, and loads of clinical activity. But as a student, we really had the best opportunity to bond and learn from a variety of amazing internal and external



speakers who inspired us, made a mark in our training, and taught us to have a critical mind. They always encouraged us to go the extra mile. And then of course, there were all the trips to the periodontology conferences that we went to, such as SEPA in Spain, SIdP in Italy, EuroPerio9 in Amsterdam – we had so much fun going as a group of more than 20 people!

PL: WHEN YOU SELECTED YOUR PERIODONTOLOGY PROGRAMME, DID YOU SEARCH SPECIFICALLY FOR AN EFP PROGRAMME?

EMA: Yes, I considered this aspect in detail. I was aware that the EFP certificate was a well-known recognition that meant the programmes accredited by it offered excellent training opportunities that would enable me to work in other European countries. That reassured me that my efforts and time would be well spent.

PL: WHAT ARE YOU DOING NOW AS A PERIODONTIST?

EMA: I am keeping myself quite busy right now. I combine clinical activity in dental practice with teaching at UCL Eastman. I am fortunate enough to work with a passionate group of amazing and very talented people that put all their efforts towards research and training new students who share common goals and aspirations. Along with Jacopo Buti and Jean Suvan, I am directly involved in the development of new, distance-learning MSc programs in periodontology. And, as if that were not enough work, I am completing my PhD studies at the Universitat Internacional de Catalunya, directed by José Nart and Francesco D’Aiuto.

PL: WHAT IS YOUR PHD TOPIC?

EMA: I am working on elucidating the link between periodontitis and hypertension.

PL: WHAT MOTIVATES YOU IN DOING RESEARCH IN THE PERIODONTOLOGY FIELD?

EMA: It has become clear that periodontitis has an impact on many systemic conditions and that unravelling the mechanisms of these associations has the potential to help many people. Despite the advances in periodontal medicine, I acknowledge there is still a lot of work to be done in this field with

18

***“I AM FORTUNATE ENOUGH TO WORK WITH A PASSIONATE GROUP OF AMAZING AND VERY TALENTED PEOPLE THAT PUT ALL EFFORTS TOWARDS RESEARCH AND TRAINING NEW STUDENTS WHO SHARE COMMON GOALS AND ASPIRATIONS”***

larger prospective and randomised controlled trials. In addition to this, there is a need to bring the medical and dental worlds closer in order to provide holistic care for our patients that improves oral health and systemic health in return. I find this field very rewarding and stimulating – I am very grateful to have the possibility to add my bit to the periodontology world and to continue challenging myself every day.

PL: WHAT WOULD BE YOUR ADVICE TO A YOUNGER YOU, AT THE BEGINNING OF YOUR PERIODONTOLOGY SPECIALITY?

EMA: I believe I got the most out of it and really pushed myself towards doing my very best. However, I would have benefited from having more confidence in myself when going through tough periods. To other people, I would say they should follow their dreams and that it’s never late to do it and is totally worthy. If I managed to do it, anyone else can do it too.

PL: HOW DO YOU IMAGINE YOURSELF IN 10 YEARS?

EMA: I am not sure what the future will bring, I prefer to live the present day instead. Let’s hope for the future to be as meaningful as today.



# Ubele van der Velden describes how the EFP created accredited postgraduate programmes



— UBELE VAN DER VELDEN

19

Ubele van der Velden was one of the founders of the EFP and deeply involved in the creation of a network of universities to teach a postgraduate programme in periodontology accredited by the federation. In an interview with Myroslav Solonko, Professor van der Velden – programme director at the Academic Centre of Dentistry Amsterdam (ACTA) – explains the origins of the accredited programme that is now taught at 16 universities in 12 countries.



PERIO LIFE: HOW DID THE IDEA OF CREATING A UNIFIED SYSTEM OF ACCREDITATION OF POSTGRADUATE PROGRAMMES ARISE?

UBELE VAN DER VELDEN: In 1987, the initiative was taken by the Dutch Society of Periodontology to co-ordinate periodontology in Europe. In 1988, I set up a European Co-ordination Committee in Periodontology as a first step towards the development of a European platform for deliberation and co-ordination in the field of periodontology. This committee – comprised of representatives of the Belgium, British, Dutch, French, German, Italian, Portuguese, Spanish, Scandinavian, and Swiss societies of periodontology – discussed the issue of undergraduate periodontal programmes, continuing-education courses, and postgraduate periodontal training. These ideas were formalised in the objectives of the EFP, which was founded in 1991. These objectives included promoting periodontal health in Europe through postgraduate education by defining a formal graduate speciality programme in terms of theoretical content, research, and clinical practice, and a standardised European accreditation system of periodontal specialist education.

PL: WHEN YOU WERE DEVELOPING THE CRITERIA FOR PROGRAMME ACCREDITATION BY EFP, DID YOU USE ANY ALREADY EXISTING PROGRAMME AS A MODEL? IF SO, WHY WAS THAT PROGRAMME SELECTED?

UVDV: In the Netherlands during the 1980s, the idea developed that there was a clear need for periodontal care at a specialist level outside the university departments. This idea was taken up by the Dutch Society of Periodontology (NVvP) and finally resulted in the establishment of the category of dentist-periodontologist with all the regulations that go with it. On this basis, the first periodontologists could be appointed in 1989 by the Consilium Parodontologicum of the NVvP. It was clear from the appointment of periodontologists based on their individual knowledge and skills that there was also a need for a formal training in periodontology. The established criteria for recognition as a periodontologist were used as a framework for the curriculum of a three-year MSc programme in periodontology, which started in Amsterdam and Nijmegen in 1991 under the respective leadership of Frank Abbas and Gordon Wolffe as programme co-ordinators. This curriculum was used as a framework for the development of the EFP's postgraduate programme in periodontology.

PL: WHICH WERE THE FIRST PROGRAMMES TO RECEIVE EFP ACCREDITATION? DID THESE PROGRAMMES FULFIL ALL THE NECESSARY REQUIREMENTS FROM THE BEGINNING, OR DID THEY HAVE TO MAKE SIGNIFICANT CHANGES TO COMPLY WITH THE CRITERIA THAT WERE ESTABLISHED?

UVDV: The first two programmes were accredited in 1998 and were those of ACTA (the Netherlands) and Bern (Switzerland). At ACTA, the existing programme was immediately accredited. At Bern, a programme had existed for many years that had no formal examinations and in which some education was missing. However, in 1998 a formal master's programme was introduced which included these omissions. This programme was unconditionally accredited. In 2000, the postgraduate programmes of the Sahlgrenska Academy in Gothenburg (Sweden) and the UCL Eastman Dental Institute (United Kingdom) were accredited.

PL: WHEN THE ACCREDITATION PROCESS WAS STARTED, POSTGRADUATE PROGRAMMES WERE PERHAPS RATHER DIFFERENT IN TERMS OF CURRICULUM, FACILITIES, TEACHERS, ETC. HOW DID THE PROGRAMMES MANAGE TO OVERCOME THOSE DIFFERENCES AND ALL ADOPT THE SINGLE STANDARD?

UVDV: At an EFP meeting in 1995, I was asked to prepare a comprehensive questionnaire appropriate for EFP use in evaluating of postgraduate programmes in periodontology. This resulted in the preparation of two documents, which became available in 1996: *Quality Standards for Graduate Programmes in Periodontology* and *Graduate Programmes in Periodontology: Survey Questionnaire for Accreditation*. By sending these documents to departments asking for information, it was made clear to them whether an

***“THE ADVANTAGE OF  
THE EFP-ACCREDITED  
PROGRAMME IS THAT YOU  
CAN SHOW PATIENTS A  
KIND OF GUARANTEE THAT  
YOU ARE WELL-TRAINED”***

application could be successful. On the basis of a completed questionnaire, it was decided whether the department merited a site visit for final accreditation or if additional information needed to be provided. The decision on whether a programme should receive accreditation was made after the site visit. Some programmes were accredited conditionally, and they then needed to fulfil all requirements within two years.

PL: ACCORDING TO THE CURRENT DEFINITION, SPECIALITY TRAINING IN PERIODONTOLOGY INCLUDES A SUBSTANTIAL IMPLANT COMPONENT. WHEN AND WHY WAS THIS INCLUDED IN THE DEFINITION?

UVDV: This change was made in 2011 and the *Quality Standards* document was renamed as *Quality Standards for Graduate Programmes in Periodontology, Periodontics, and Implant Dentistry*. The change was made because implant dentistry had become more and more important in periodontal practice and a number of European societies of periodontology had changed their names to include implant dentistry.

PL: DO YOU THINK THAT THE DEFINITION OF “PERIODONTIST” MAY CHANGE IN THE FUTURE?

UVDV: I never use the term “periodontist” and, instead, use periodontologist (including the science). I don’t think that the name will change but rather that periodontologists will also call themselves “implantologists”.

PL: IN TERMS OF CLINICAL PRACTICE, WHAT IS THE ADVANTAGE OF COMPLETING THE EFP-ACCREDITED PROGRAMME, IN COMPARISON WITH NON-ACCREDITED PROGRAMMES?

UVDV: The advantage is that you can show patients a kind of guarantee that you are well-trained.

PL: DO YOU THINK THAT IMPLANT DENTISTRY MAY BECOME A SEPARATE SPECIALITY?

UVDV: I don’t think so, because implants are an aid in the various dental disciplines.

PL: WHAT DO YOU THINK ABOUT THE PERSPECTIVE OF THE EFP ALUMNI PROJECT?

UVDV: I think that a platform of EFP alumni who are working in periodontal practice to exchange ideas, share information, ask for advice, and create study clubs is positive. However, it is not an easy project. An Alumni meeting every three years during EuroPerio congresses is, in my opinion, extremely important.



# What periodontists need to know about social media

22

Social media is increasingly important as a tool for professional communication and for promoting businesses. Cândia Gasperin, the EFP's head of communications, identifies five key trends in social media and explains how periodontists and other members of the oral-healthcare team can take advantage of them.



The recent explosion of social-media platforms, together with new features and ways of communicating, show that social media can be a powerful way to promote brands and generate reputation and digital authority. In the case of periodontists, dentists, and other oral-health professionals, social media offers several opportunities in terms of market positioning and engagement, from pre-appointment communications to check-in procedures.

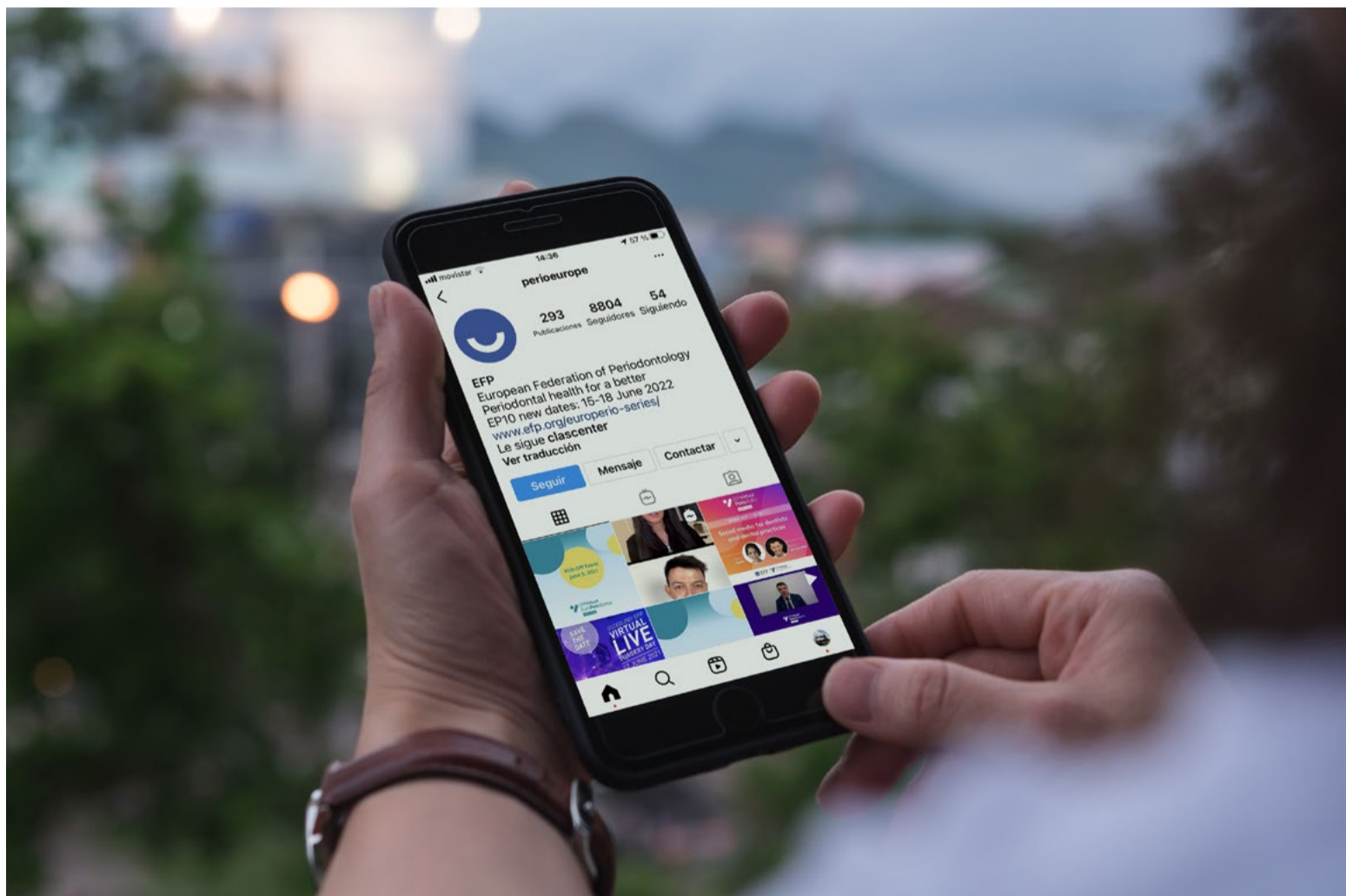
**Here are five trends that can help you to build your professional reputation on social media:**

**1. VARY YOUR CONTENT, BUT BE TRUE TO YOURSELF**

Both your “feed” and your “stories” (see glossary, below) are important, and the content should involve some degree of variety. For instance, you might place scientific content in a post on your feed and then use the stories facility to ask questions about it.

Even though you may be using social media to promote your business, the general rule is that there should be 20% of personal content alongside 80% of professional content. People connect and respond better when they see the face behind the brand. The look and feel of your social media is very important, and should reflect your brand’s values and purposes. When posting anything on social media, always respect your personality and values – people can easily tell when the tone of voice is honest..

My suggestion is always to work with a calendar, approved beforehand, where you can balance the different types of content, such as photographs, graphics, videos, animations, and text. However, do not miss out on the opportunity to engage in real time on any social-media platform when you feel it is appropriate.



## 2. TIKTOK AND REELS ON INSTAGRAM

The video-based social-media platform Tiktok and the Reels feature on Instagram have become increasingly popular and will continue to be a trend in 2021. These have been rarely used by dental professionals, so whoever creates content here – videos showing services offered, for example – will have more visibility and reach.

## 3. LIVE EVENTS AND YOUTUBE

In 2020, we experienced the explosion of live events on different platforms, and this trend will continue during the current year. However, live sessions on YouTube have a higher impact than on Instagram, which means that people will see more videos than ever on this platform. Live content on LinkedIn is also becoming popular. It is also important to highlight the live discussions on ClubHouse, a new social-media platform that is a trend to watch in 2021.

## 4. LONGER CONTENT AND NEW FORMATS ON INSTAGRAM

Instagram carousel posts (several “cards” – images or videos – in the same post) with longer texts is an increasingly popular and versatile tool. It allows you to have at least three images or videos in a single post, and it is more likely to be saved by users. As Instagram is one of the social-media platforms where people spend a lot of time, it is important to create content using the various formats that it offers.

## 5. LINKEDIN AND DIGITAL AUTHORITY

When it comes to professional networking and connections, LinkedIn is the most popular online platform and, over the years, it has changed a lot in terms of features, communication, and engagement. This social network is also the only one that creates an annual list of its influencers (“Top Voices”), and consequently content published on LinkedIn has been growing exponentially. You might very well want to consider posting more often on this platform.

### SOCIAL-MEDIA GLOSSARY

Stories are photos or short (up to 15 seconds) videos that are displayed at the top of an active user’s app when they are logged in rather than in your feed. They disappear after 24 hours.

Feed refers to your main profile page and the photos, videos, and comments that you post there.

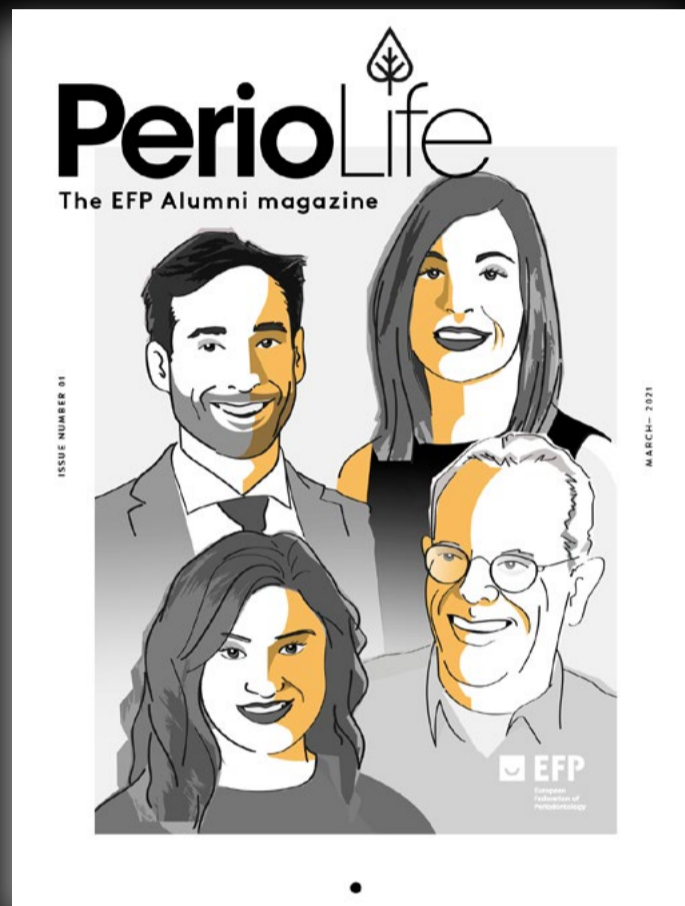
Reach: the number of unique users that saw your post or story on any given day.

Impressions: the number of times your content, whether a post or a story, was shown to users.

Saved Posts: the number of users who saved your posts.



# Perio Life & EFP Alumni



Perio Life, the magazine of EFP Alumni, is published twice a year and presents articles about and by alumni of the EFP-accredited postgraduate programme in periodontology.

EFP Alumni brings together the alumni and teachers of the universities where the EFP programme is taught so that they can connect, collaborate, and maintain strong ties. You can register as a member at the EFP Alumni section of the EFP website: [www.efp.org/publications-education/efp-alumni](http://www.efp.org/publications-education/efp-alumni)



AT PRESENT, 16 ACCREDITED DENTAL SCHOOLS TEACH  
THE THREE-YEAR EFP POSTGRADUATE PROGRAMME IN PERIODONTOLOGY:

-  Catholic University of Leuven, Belgium
-  University of Liège, Belgium
-  University of Strasbourg, France
-  University of Paris and Rothschild Hospital, Paris, France
-  University of Hong Kong, Hong Kong
-  Dublin Dental University Hospital, Trinity College, Dublin, Ireland
-  Hebrew University - Hadassah Medical Center, Jerusalem, Israel
-  Health Care Campus Rambam, Haifa, Israel
-  C.I.R. Dental School, University of Turin, Italy
-  Academic Centre of Dentistry, Amsterdam, Netherlands
-  Complutense University of Madrid, Spain
-  International University of Catalonia (UIC), Barcelona, Spain
-  Sahlgrenska Academy, University of Gothenburg, Sweden
-  University of Bern, Switzerland
-  Yeditepe University, Istanbul, Turkey
-  UCL Eastman Dental Institute, London, United Kingdom

26

PERIO LIFE IS CREATED BY EFP ALUMNI AND PUBLISHED BY THE EFP.

EDITORIAL TEAM:

Filippo Graziani (chair, EFP Alumni committee)  
Bruno De Carvalho (EFP Alumni committee)  
Myroslav Solonko (EFP Alumni committee)  
Joanna Kamma (EFP editor)  
Paul Davies (EFP editorial co-ordinator)  
Cândice Gasperin (EFP head of communications)  
Fernando Morales, Dostoievski Design (design and layout)  
Gonzalo Herrero (cover design)

EFP office: Avenida Doctor Arce 14, Office 36, 28200 Madrid, Spain. [www.efp.org](http://www.efp.org)

Copyright: European Federation of Periodontology, 2021.

EFP PARTNERS:

