HTM 01-05 battle continues after BDA claims

British Dental Association calls for evidence to be examined by NICE

The British Dental Association (BDA) has made the bizarre claim that the Department of Health’s (DH) chief dental officer has refused to publish documentation on contamination he has already committed – in a letter to the British Dental Journal – to publishing if required.

In a letter to the DH, the BDA has renewed its 2007 request for a full review of the evidence-base for the HTM 01-05 guidance document on decontamination in dental surgeries.

The BDA claims that three areas of the guidance have been amended before printing the document, which includes permission to use potable water for the rinse stage of decontamination. The BDA claims this is a climb-down from the previously intended requirement for reverse osmosis and freshly distilled water.

The association also objects to an increase in the period during which instruments can be stored after processing in a validated vacuum sterilizer, from 50 to 60 days.

It also draws attention to the revision of the requirement for two sinks for decontamination, to allowing two bowls in a single unit.

The association also claims that concern about these changes has been heightened by “a consistent failure” by the DH to publish references for the document’s evidence-base.

BDA executive board chairman, Dr Susie Sanderson, said: “It is telling that changes to the content of HTM 01-05 have had to be made already. The changes expose the uncertain evidence base on which the document is founded and will be a cause of great concern to dentists. These doubts can only be exacerbated by the failure of the DH to publish its evidence base for the document.

“To establish that evidence base the BDA believes the guidance must be looked at in detail by NICE.”

Dr Barry Cockcroft, chief dental officer for England, said: “Improving patient safety is a priority for the DH and we make no apology for updating our guidance to make sure dentists have the most up-to-date scientific advice available. The document must reflect the latest knowledge and needs to be up-to-date. We will therefore be constantly refreshing it.

“As the BDA is aware, we have already committed to publishing the list of references for all our latest evidence at the earliest opportunity.”

He stressed it was a living document, which was updated to reflect changing evidence.

He added: “The knowledge base has moved on in the first two areas mentioned by the BDA.

“Regarding point three, this is not new guidance, it has just been re-positioned within the document.”

“The BDA were also members of the expert working group and commented on working drafts over quite a long period of time.”

He said the clinical section of the guidance had been available online since October 2008.

Dr Cockcroft continued: “The new guidance has essential quality requirements, which are not much greater than the existing requirements defined in the BDA’s own guidance document. However the aim is to move towards best practice as defined in the new document.”

Over the last five years, the DH has introduced a Clean, Safe Care Strategy, resulting in cleaner hospitals and significant reductions in MRSA and C. difficile infections.

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