“Just put your feet up!”

Tony Jacobs shares some of the many topics that have been raised on dental forum GDPUK.com

Advice was sought on the forum as to the best way to sell a practice. Various agents were discussed, valuations and marketing the practice oneself were all compared, and there were some good ideas as well as the usual moans about the method colleagues had chosen in the past.

The on-going saga of CRB checks for staff, (need them or not?) was another topic. This subject seems to be never fully resolved, but one posted on the GDPUK forum had an email from Cynthia Bower, the chief executive of CQC and she said these were not mandatory but subject to risk assessment, this being individual to each practice.

There was news of future IT in dentistry - you can draw the inference that future contracts will involve detailed recording of the dentistry carried out, as well as all the datasets for QoFs and practice owners will have to invest in the latest software [and no doubt hardware] or there will be no chance of a contract. It seems this investment will be borne by the practice owners, not by reimbursement by the NHS or the DoH.

A number of hygienists on the forum have also had several threads to raise their collective blood pressure; they have been discussing these matters amongst themselves and with dentists. Direct access is one of the buzzwords, with the prospect in sight of hygienists being able to see patients without need for a referral from a dentist to carry out treatment. One unanswered question is what is the training hygienists have for diagnosis?

On another level, an informative clinical topic has been regarding host/immune response and low saliva buffering; we all have patients who claim to have an excellent diet, but saliva analysis and high caries experience belie this. A dental nurse wrote about her own son, aged five, who had this scenario with a good diet and he was diagnosed with coeliac disease. This leads to different saliva composition plus reduced Vitamin B, which in turn, leads to more mouth ulcers plus more caries due to the reduced buffering. There may be many syndromes which change the biochemistry of the mouth, and thus we need to learn more, research more, and think of differing reasons for high caries rate.

This topic was linked to a discussion about a Minimal Intervention Dentistry course, and colleagues discussed methods of caries removal, differing results with differing burs, and then materials used to seal the lesions. These techniques are taught in dental schools now, and there were anecdotal stories of young associates being sacked for insufficient caries removal by principals who believed all caries must be removed. Interesting times.

One colleague wrote about saying something stupid to a patient and this brought in a raft of witty replies - an elderly gentleman who had lost both legs was helped into the dental chair, the dentist felt stupid when he smiled at the patient and said: “just put your feet up!"