**Regulations and relative risks**

The only thing worse than over regulation is bad regulation, says Neel Kothari

My biggest pet hate at the moment is the sheer number of unenforceable policies designed to induce a culture of fear and promote the practice of defensive dentistry. In my opinion the only thing worse than over-regulation is bad regulation and by keeping the profession at a safe distance from the construction of such regulations, this not only renders the policies as ‘short term’, it severely erodes the profession and its ability to self-regulate.

The promise of a cut in bureaucracy by the incumbent government has quickly evaporated, leaving dental practice managers trying to understand complex protocols and policies designed for small hospitals and clinics rather than a general dental practice.

For instance, let’s look at the costs and the risks associated with Legionnaires disease and the need for a risk assessment and regular water testing. If you get a ‘professional company’ (apologise for the inappropriate use of the word professional) to carry out a full risk assessment and test the water sources you could easily pay more than £500 for the privilege. Money well spent or a complete waste of time? I guess that’s a matter of opinion.

Low risk

A risk assessment of dental unit waterline contamination carried out by Caroline Pankhurst in 2005 concluded that ‘the risk to respiratory health from bacterial contaminants in dental unit waterlines is very low’ and at the Second Annual All Island Symposium on the Public Dental Services the reports state that one in three homes contain Legionella, but there is a very low attack rate in an outbreak, just 2-5 per cent. Legionella flourishes in all water types in temperatures of 20-45 degrees Celsius, and likes stagnation, sediment and scale. It goes on to further state that ‘There are no proven cases of Legionnaire’s disease linked to dental treatment’. The question then becomes, is forcing dental practices to adhere to Legionella testing a cost effective way to promote public policy? And should practices really divert time and money away from front line services?

Relative risk is something that seems to be completely absent from the architects of HTM01-05, which may go some way to explain why the DH review of HTM 01-05 has been further pushed back to 2013-14 and why the BDA as our trade union has pressed for the immediate removal of the unnecessary and burdensome restriction on instrument storage times, which the DH has conceded is not evi-
The reality of modern day dentistry is that central government is far more concerned with the perception of how clean our instruments look and feel rather than the skill with which we use them. The move towards getting our instruments to be ‘sterile’ rather than ‘clean’ is not only expensive and time consuming, but does not address the fact that the relative risks of using ‘clean’ instruments is very low. After all, we are not operating on cancer patients. The move towards getting our instruments to be ‘sterile’ is not only expensive and time consuming, but does not address the fact that the relative risks of using ‘clean’ instruments is very low. After all, we are not operating on cancer patients. 

Selected filling composites can be cured in as little as 5 seconds if the light guide can be placed in close proximity to increment. Selected filling composites can be cured in as little as 5 seconds if the light guide can be placed in close proximity to increment.

The Wolf light curing light, is a high-performance light source for polymerization of dental materials. It consists of a charger and a cordless handpiece powered by a rechargeable battery. The Wolf light curing light, is a high-performance light source for polymerization of dental materials. It consists of a charger and a cordless handpiece powered by a rechargeable battery. The unit is designed for use on a table and cannot be wall-mounted. The light source is a high-performance light-emitting diode (LED). The unit is designed for use on a table and cannot be wall-mounted. The light source is a high-performance light-emitting diode (LED).

In contrast to halogen lights, the emitted light specifically covers the wavelength between 430 and 480nm. The polymerization performance is so high that the exposure times can be reduced by 50% in comparison with a conventional halogen light (with light intensity typically ranging from 600 to 800mW/cm2).

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