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Bonus feature..... An introduction to the Ultimate provisional....

Friday 15th February 2013
Cardiff
May 2013 tbc
London

The promise of a cut in bureaucracy by the incumbent government has quickly evaporated

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-
On my recent CQC practice inspection, I was visited by a CQC inspector that I should have a sign saying ‘dirty’ to indicate which side of the clearly marked dividing tape that dirty instruments are to be placed. My immediate response was, no. Even though this is probably a show of personal defiance, I really do not want a sign saying ‘dirty’ anywhere in my room. Now some of you may think stop being silly and just play the game, whilst others may agree with my position, but either way, what a complete waste of time and money to make dentists mark the areas of their surgery ‘clean’ and ‘dirty’ and then pay someone else to enforce this. 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 to achieve, but does not address the fact that the relative risks of using ‘clean’ instruments is very low. After all restaurants don’t steam sterilise their knives and forks, yet we are all happy to put them in our mouths. Now I am not trying to compare a night out with dental treatments, but aren’t the relative risks to people still the same?

**Outcomes**

My understanding is that the CQC is monitoring things on an ‘outcomes’ basis. So let’s look at things on an outcomes basis. Since the introduction of the nGDS, CQC and HTM01-05, dental practices have seen a massive reduction in morbidity, a hike in practice expenses, a reduction in profits and a ridiculous amount of time wasted formulating policies and protocols that neither stand little chance of actually being enforced nor have any solid evidence that they actually improve outcomes. When will central government realise that we simply cannot legislates dentists to do the right thing when it is debatable whether there is anything wrong with what we are currently doing.

As I have already mentioned, in my opinion the ever increasing burden of legislation being forced onto general dental practices is really designed for small hospitals and not for family practices. Whether or not they are actually enforceable is debatable; if you go into any busy A&E on a Saturday night I bet you will see a number of ‘breaches of cross infection compliance’ ranging from nurses taking bloods without gloves and smoking outside whilst wearing hospital tunics, Let’s not forget that they are treating people who are seriously sick and not simply carrying out dentistry in relatively healthy patients. The relative risks to patients are clearly much higher compared to a general dental practice, yet nevertheless I have to spend my lunch breaks debating whether I should have a sign saying ‘dirty’ in my surgery, which until I absolutely have to I will not be doing. Furthermore, why am I told that I need a sign showing me how to wash my hands every time above my sink? This is the first things that we learnt at dental school and simply just adds to the clutter of useless posters that do little to improve standards for patient care. Why not get dental nurses to hold open a textbook every time we prepare a cavity or a crown for a tooth?

Apologies for the rant. I will try to cheer up in time for my next article.

**The Wolf light curing light**

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).

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