

What's next?

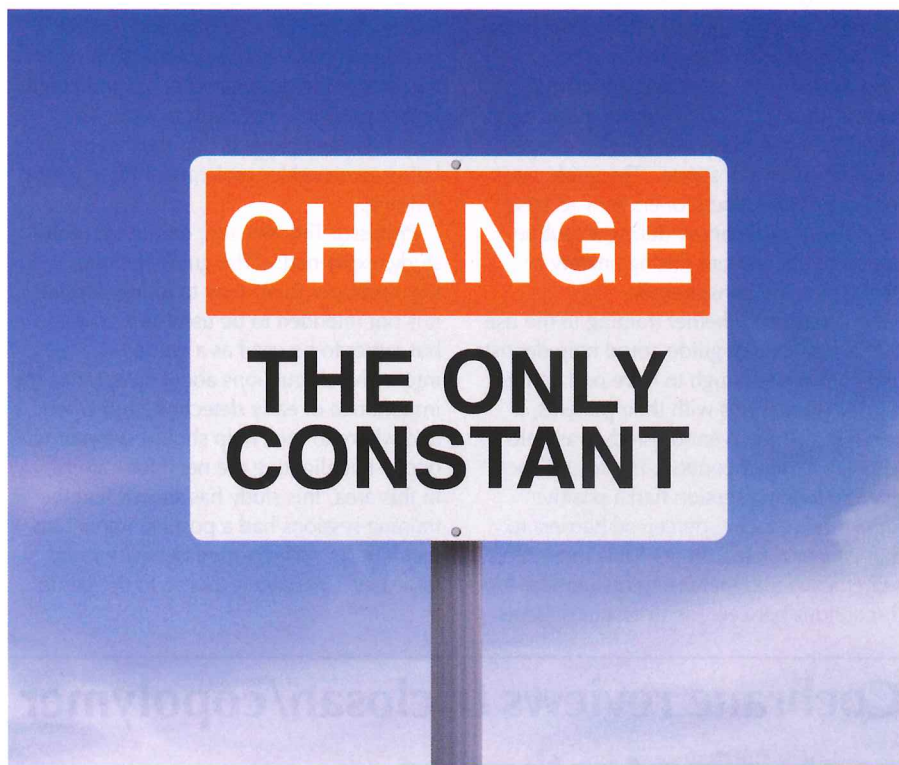
Michael Sultan calculates the cost of compliance.

In a profession that is as heavily regulated as ours, there will always be those compulsory training days and sessions that we've all come to dread. Mine, in particular, is the annual infection control lecture. I always approach these sessions with a distinct sinking feeling. Past experience has left me concerned about the quality of the CPD on offer, worried that I will

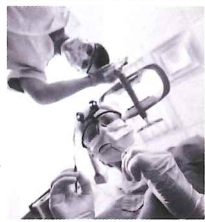


Michael Sultan

is a specialist in endodontics and clinical director of EndoCare.



Short course in
Oral Surgery for DCPs



This new short course is aimed at dental nurses involved in managing patients undergoing oral surgery in both primary and secondary care.

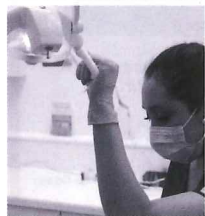
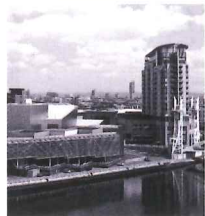
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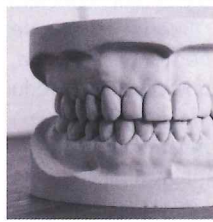
£500

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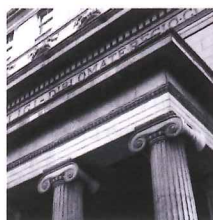
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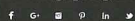
£1800

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be subjected to another afternoon of scaremongering and opportunistic commercialism. Far worse, though, is the yo-yo-like introduction and withdrawal of guidelines that happens year on year – usually without any scientific evidence to support the decisions.

Of course, you must not mistake these grumbings as a disregard of the importance of infection control. Like any conscientious practitioner, I take these responsibilities very seriously and, ultimately, I think the changes that have been made have been positive. I certainly feel more comfortable in the treatment chair when I know all the instruments being put in my mouth have been properly cleaned and that when the nurse leans over me I won't see any blood splatters on their uniform from the previous extraction.

But all I want is a little consistency. I'm sure we can all remember when we were required to keep our sterilised equipment in bags, to be re-sterilised after 30 days of non-use. That quickly changed to 60 days and now it's gone up to one year. Why? Who knows!

The science that dictates these guidelines is not made widely available to professionals – we are simply required to dogmatically follow them. What's more worrying, however, is the fact that private practitioners are not consistently informed of these regularly changing guidelines. NHS practices and hospitals receive regular updates from the Department of Health – but in private practice we are too often left in the dark. Gone are the days when the BNF was sent to all practices: we now have to purchase it or subscribe online.

In fact, and I say this with a certain amount of trepidation, I regularly find out about new guidelines by reading through some of the GDC fitness to practise hearings. I often see cases where practitioners are being penalised for something of which I'm not even aware. In this, I think, there has been a fundamental failing in the profession – which is having serious ramifications for practitioners right across the country.

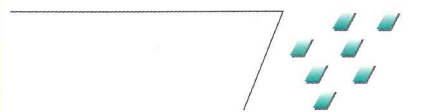
And so, this year, I took my seat

with the unfortunate presumption that I would be going home dissatisfied and frustrated, loaded down with bags and disinfectant solutions that I'm not sure I really need. But I was actually pleasantly surprised. The quality of the lecture was really very good and the lecturer herself was incredibly knowledgeable and gave us all practical guidance, advice and updates. She was also a CQC practice inspector, meaning she actually understood how dental practices work on a day to day basis.

She provided some interesting insights into current clinical trends – including how the number of hepatitis B cases, which have remained relatively stable for many years, has suddenly doubled, with the biggest rises in young women. We also discussed the use of antibiotics in the practice, the dangers of AMR and how to best strike a balance with course length and appropriate dosage.

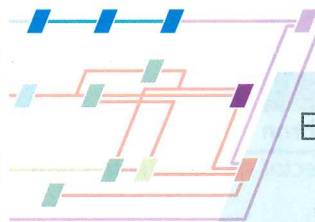
I came away far more satisfied than I thought I would, reassured that there is hope out there after all – but, nonetheless, I couldn't help tallying up just how much compliance could end up costing. With all the changes, with all the considerations, I was left wondering what strategies I would have to employ to make it feasible – and it all came back down to the question of consistency again. Should practices spend significant sums of money to replace their old sinks with ones that are compliant this year but potentially not the next? Should they have to budget for the Government's indecisiveness?

It's a difficult situation and, ultimately, the patient will suffer. If practitioners are always having to buy new equipment, new cabinetry or new PPE, the cost of treatment will inevitably go up to accommodate the additional expenditures. It's not a case of ignoring these topics – the protection of our patients is, and always will be, our foremost consideration – but in order to best do that, we need a consistent direction and a better system for sharing the knowledge we need. If we had that, we could all move forward together, knowing what to expect.



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