To have & to hold
True love may be the key to a long and happy marriage - but being a dentist helps, too, according to new research. A paper that correlates occupa-
tions with divorce and separa-
tion rates, published this week in the Journal of Police and Criminal Psychology at Radford University in Virginia, has in-
vented a formula to work out the likelihood of success for a marriage, based on the per-
centage of people in 449 oc-
cupations who had been in a marriage relationship, but were no longer with their spouses. 

Using census information, Aamodt found professions in four large trades according to their like-
lihood of achieving a success-
ful marriage. His study found that chefs and mathemati-
cians shared a 20 per cent chance of getting divorced or separated. Despite their long hours, or perhaps because of them, chief executives had only a 9.81 per cent chance of experiencing marriage break-
downs, slightly above pharma-
cists, dentists and farmers.

New Modules Launched
After the success of Commu-
nication in Dentistry: Stories from the Practice, Smile-on in association with Dental Protection Ltd (DPL) have launched the next three mod-
ules of this flexible approach to dental training. Modules four to six of Communication in Dentistry consist of: Module four: Complaint handling and dealing with difficult pa-
tients; Module five: Consent and communicating choices; Module six: Recording commu-
nications. The cutting edge technology and informative content offers users a flex-
ible approach to promoting effective and reliable working systems to help practices en-
joy greater success and safe-
guard themselves from legal action. Smile-on is proud to sup-
port all dental profession-
als by offering flexible educa-
tion and accessible learning to help build fulfilling and successful dental careers.

For more information please call 020 7600 8080 or email info@ smile-on.com

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News in Brief

News

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dielectrophoresis

CAD/CAM technology
A laboratory and a clinical per-
spective of the advantages of
CAD/CAM in treatment

Incorporation
James Shedlow discusses the
pros and cons of incorporating
your practice

News

Lab Tribune

Money Matters

Dental Tribune
The World’s Dental Newspaper • United Kingdom Edition

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HTM 01-05 battle continues after BDA claims

British Dental Association calls for evidence to be examined by NICE

The British Dental Asso-
ciation (BDA) has made
the bizarre claim that the
Department of Health’s (DH)
chief dental officer has refused to
publish documentation on con-
tamination he has already com-
mited – 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 per-
mission to use potable water for the rinse stage of decontamina-
tion. The BDA claims this is a climb-down from the previously intended requirement for re-
verse osmosis and freshly distilled water.

The association also objects to an increase in the period dur-
ing which instruments can be
stored after processing in a vali-
dered vacuum sterilizer, from 50 to
40 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 ‘consist-
ent failure’ by the DH to publish references for the document’s evidence-base.

BDA executive board chair-
man, 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 pub-
lish its evidence base for the
document.

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

Dr Barry Cockcroft, chief
dental officer for England, said:
“Improving patient safety is a pri-
ority for the DH and we make no
apology for updating our guid-
ance to make sure dentists have
the most up-to-date scientific
advice available. The document
does not reflect the latest knowl-
edge and needs to be up-to-date. We
will therefore be constantly re-
freshing it.

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

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.

“In addition, 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 qual-
ity requirements, which are not
much greater than the exist-
ning requirements defined in the
BDA’s own guidance document.
However the aim is to move to-
wards best practice as defined in
the new document.”

Over the last five years, the
DH has introduced a Clean, Safe
Care Strategy, resulting in clean-
er hospitals and significant re-
ductions in MRSA and C. difficile infections.