Books, videos, cd-roms, dvds and any other relevent items submitted for a review in the BDJ should be addressed to:
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Guidelines for the use of radiographs in clinical orthodontics

K. G. Isaacson and A. R. Thom (Eds)
London: British Orthodontic Society, 2001
2nd Edition, price £7.00, pp24
ISBN 1899297057

The new *Ionising Radiation (Medical Exposure) Regulations 2000* specifically require the justification of X-ray examinations and the application of referral (selection) criteria as an aid. Orthodontic radiography should be of particular concern to dentists because it predominantly occurs in younger age groups where radiation risks are highest. To their great credit, the British Orthodontic Society pre-empted the new regulations in 1994, when they produced the first edition of the guidelines. The second edition not only updates the original in the light of new knowledge, but also appears as a highly polished and professional piece of work.

The guidelines cover the same general ground as the early edition. There are sections on regulations, indications for radiography and screening, orthodontic radiography, radiography in teaching and research, medico-legal considerations and quality assurance. However, there are entirely new sections on radiation risks, TMJ imaging and digital radiography. Unlike the original version, the book is well illustrated with radiographs and diagrams. Particular praise is due for the use of flow charts to aid in decision-making; these are very clear and well designed. Two of the flowcharts deal with selection of cephalometric films and present a more precise approach to prescription than was apparent in the earlier edition.

The TMJ radiography section is very welcome. The overwhelming majority of patients with TMJ disorders have no plain radiological changes and radiography is useless. The guidelines make this point very well. The issue of post treatment radiography is also addressed. Radiographs at the end of treatment or post-retention may be needed in a few, selected patients but in the past there seemed to be a tendency to take radiographs to say 'look, I've finished treatment!' The guidelines rightly indicate that the routine practice of taking post treatment films without selection should require ethical approval and be part of a research project.

Have I any significant criticisms to raise? In these days of evidence-based practice it is becoming *de rigeur* to indicate the strength of a recommendation on the basis of scientific evidence. For an example of this we can look at the FGDP book *Selection Criteria for Dental Radiography* published in 1998, which used SIGN guideline methodology to indicate the strength of support for each guideline. The orthodontic guidelines do not take this approach, but nevertheless use published evidence widely. Perhaps this will be something for future editions. The section on digital radiography could be criticised because it implies that digital radiography offers dose reductions over film radiography. While this is true for intraoral radiography, digital systems do not necessarily offer dose advantages when comparing them with extra-oral film radiography using cassettes.

Overall, I am full of praise for this piece of work. I will use it extensively as a resource in teaching; if I could afford it, I would buy one for every dental student. Do not be put off by the rather slim profile of the booklet on the shelf: this is a case of good things coming in small sizes. Furthermore, general dentists should not see this as a specialist publication for orthodontists as it contains a lot of useful information for any dentist who treats children.

K. Horner [BR5003]

Essential microbiology for dentistry.

L.P. Samaranayake
Edinburgh: Churchill Livingstone, 2001
2nd edition, price £34.95, pp304
ISBN 044306461X

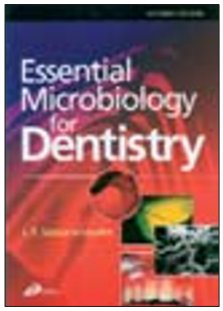
This book was written primarily to meet the needs of dental undergraduates and to be a useful basic textbook for all dental professionals. It adequately covers general and clinical microbiology and immunology and delivers concise descriptions of microorganisms and infections relevant to dentists. Part of the driving force for production of a new edition was the need to take account of important developments in the world of clinical microbiology of relevance to dentistry. These include the appearance of hepatitis G and the transfusion transmitted virus, the threat of the variant CJD agent and other prion induced transmissible spongiform encephalopathies together with the continuing emergence of HIV and tuberculosis.

Having said that, for those familiar with the previous edition the complete revision and transformation of this book from its rather dowdy former state will be both instantly apparent and welcome. Now in A4 format it is divided into six main parts, each consisting of several chapters, dealing with :

- Part 1 General microbiology
- Part 2 Basic immunology
- Part 3 Microbes of relevance to dentistry
- Part 4 Infections of relevance to dentistry
- Part 5 Oral microbiology
- Part 6 Cross-infection and control.

Each part is introduced with a list of the main subjects to be covered together with the overall aim(s) and suggested reading strategies for the student. Colour enhanced diagrams and photographs throughout are a great improvement (as well as being an essential feature of any truly competitive undergraduate textbook these days) and the text is supplemented by the inclusion of 'key facts' boxes summarizing the main points at the end of each chapter as a further aid to learning. An extensive glossary of terms and abbreviations used throughout the book is a very useful feature.

The parts and their component chapters are logically laid out and are written in a clear and unambiguous style. The depth of coverage is suited to that required by the dental undergraduate, that is to say thorough and of sufficient detail with dental relevance clearly in view



throughout. The suggested further reading is sensibly pitched towards reviews and other general texts but at the same time includes recent references from the last 2 or 3 years wherever possible.

My overall impression is of a thoughtfully written and constructed book that has been produced with dental students' needs in mind and that more than adequately delivers what is purported in its title. As a teacher of microbiology to dental undergraduates I consider this edition to be an excellent text to be recommended at the beginning of the relevant courses of the undergraduate curriculum and one that will provide a reliable platform on which to base more extended, specific reading and research of the literature.

R. A. Whiley [BR5019]

BDA Good Practice Scheme

British Dental Association, London, 2001 pp50
members price £90.00, non-members price £120.00
To order, call the BDA on: 020 7563 4563

General dental practice is undergoing a period of rapid change. Of the many levers of change perhaps the most powerful is the increasing demand from the Government for accountability in public spending. The 'New Labour' governments of 1997 and 2001 have increased expenditure on NHS dentistry. New initiatives such as personal dental services, modernisation funds, access funds and commitment payments have all provided opportunities for new funding streams within dental practices. In return the government would like to feel it is getting value for any additional money spent on dentistry. A whole raft of issues have been introduced and added to our NHS 'terms of service' and these include the requirement for personal development plans, clinical audit, peer review and clinical governance. Amongst this climate the BDA has launched the *Good Practice Scheme*.

The scheme is in effect a very long check-list of features that a dental practice should have, based around ten commitments. Some are quite precise and obvious such as the commitment to follow BDA guidelines on cross-infection. Others are a bit less precise such as the aim to make treatment as 'comfortable and convenient as possible'.

Within each commitment are a variety of standards, some of which need documentary evidence of complicity whilst others do not. For example:

Standard	Evidence required
• Written prescription for all laboratory work	Lab slip
• Dentists are normally assisted by DSA	None required

As you can see not all standards are particularly taxing! Are there practices where dentists are not normally assisted by a dental nurse?

The scheme is well set out and very thorough with plenty of space for queries and reminders to aid your journey through the 96 different standards. There is a help section if you have difficulty meeting or understanding what a particular standard is asking for. Most information can be found in BDA advice sheets or the BDA practice compendium. When you have met each of the 96 standards you can then apply for membership of the scheme. Standards are selected randomly and you have to provide the correct documentary evidence within seven days to be accepted onto the scheme.

Completion and acceptance as a BDA Good Practice gives your practice:

- Confidence that you are complying with legislation surrounding health and safety, employment law, infection control issues, etc.
- Demonstrable compliance with clinical governance.
- Systematic approach to practice management issues which will make things like health authority inspections and vocational training inspections easier.
- Training opportunities and a framework to delegate meeting the standards to other team members.
- A marketing opportunity because you can demonstrate to your patients your achievement in gaining the standards.

The scheme is very inflexible and although it states it is up to the practice how to meet each requirement it does seem very prescriptive. The standards are not negotiable! Most of the standards are inward looking and many practices will already meet them as a matter of course. This could lead to much work being carried out to demonstrate meeting the standards that have already been met. There is very little within the scheme that allows customers of your practice to influence the standards. There is a commitment to listen to customer comments and act on them but this does not go as far as to influence the standards themselves. Obviously joining the scheme will cost your practice time and money. There are fees for the pack and then joining and renewal fees. The scheme is not yet as widely known amongst the general public as other quality initiatives such as Investors in People and may not carry as much goodwill. There is little within the scheme that relates to practice strategy or marketing. Much of it is complying with legislation not exploring better ways to do things.

I feel the *Good Practice Scheme* is excellent if your practice's administration system is 'all over the place' and you dread the practice inspection and there is always two days panic before the inspector comes! If practice management is not your scene then this is ideal as a means of complying with legislation and keeping many documents in one place. The scheme is ideal for getting your internal policies, systems and legislation in order. On the other hand if you have a well managed practice that is complying with all new guidelines, including clinical governance, then you will be covering much old ground. You may be better looking into Investors in People where such thing as practice aims and objectives are considered. Overall I feel for relatively little cost the scheme is good value and is invaluable if you have a new practice or are struggling with the new requirements in a poorly organised practice.

David C Ward [BR5033]