They are called dentists

Your Star Letter in the spring issue of *Vital* really caught my attention. David Martin asked, 'Why can't experienced DCPs receive similar training' …to dental undergraduates? He then went on to state his recommendations for a routine dental examination. He outlined the latter as an ability to read radiographs, recognise and treat periodontal disease and caries.

NICE, on the other hand, has outlined in document CG19 (http://www.nice.org.uk/guidance/CG19) their requirements for an appropriate dental patient examination, which they call the 'Oral Health Review'. This requires the skill to assess all of the following:

Medical history
Conditions where dental disease could put the patient's general health at increased risk (such as cardiovascular disease, bleeding disorders, immunosuppression)

Conditions that increase a patient's risk of developing dental disease (such as diabetes, xerostomia)

Conditions that may complicate dental treatment or the patient's ability to maintain their oral health (such as special needs, anxious/nervous/phobic conditions)

Social history
High caries in mother and siblings

Tobacco use

Excessive alcohol use

Family history of chronic or aggressive (early onset/juvenile) periodontitis

Dietary habits
High and/or frequent sugar intake

High and/or frequent dietary acid intake

Exposure to fluoride
Use of fluoride toothpaste

Other sources of fluoride (for example, lives in a water-fluoridated area)

Clinical evidence and dental history

Recent and previous caries experience
New lesions since last check-up

Anterior caries or restorations

Premature extractions because of caries

Past root caries or large number of exposed roots

Heavily restored dentition

Recent and previous periodontal disease experience
Previous history of periodontal disease

Evidence of gingivitis

Presence of periodontal pockets (BPE code 3 or 4) and/or bleeding on probing

Presence of furcation involvements or advanced attachment loss (BPE code; that is, attachment loss is at least 7 mm and/or furcation involvements are present)

Mucosal lesions
Mucosal lesion present

Plaque
Poor level of oral hygiene

Plaque-retaining factors (such as orthodontic appliances)

Saliva
Low saliva flow rate

Erosion and tooth surface loss
Clinical evidence of tooth wear

My protocols, as a general dental surgeon, for a dental examination include the following:

General appearance
Changes in gait, breathlessness, mobility, dexterity, skin tones, mental acuity, evidence of habits, personal hygiene and appearance.

Updating Medical History

Listening to Patients' Concerns

Eliciting Symptoms

Recording Signs

Examination of head and neck
Facial symmetry, bony and soft tissue contours, skin lesions, lymph nodes, temporo-mandibular joints.

Intra Oral Soft and Bony Tissues
Mucosal lesions, oral symmetry, pharynx

Occlusion
Wear facets, interferences and contact prematurities, deviations, missing occlusal units, dentures, bridges, implants.

Periodontium
Gingival and periodontal status

AND LASTLY… Dentition
Caries, fractures, weak/vulnerable cusps, margins, etc.

Special examinations
Radiographs, electrical pulp tests, trans-illumination, temperature tests, etc.

I feel very strongly that a dental examination should include all of the above (as appropriate), not just a 'gum and decay check'. The course that provides the above skills is a university degree leading to the qualification of Bachelor in Dental Surgery.

Perhaps the ideal way forward is to facilitate fast tracking of willing DCPs (dental care professionals) through a full dental degree. Sadly, even the latter is now considered insufficient to be a fully competent dental practitioner. This is evidenced by the need for vocational training and provisional registration.

In conclusion, as David Martin asked, 'Why can't experienced DCPs receive similar training'…to dental undergraduates? They can. They are then called 'dentists'.

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Next issue's star letter writer will win Colgate goodies worth £100.

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