Initially speaking

S Hancocks, OBE*

Minutes of a Team Meeting of the Mouths R Us Dental Practice (MRUDP) held on 15 September 2000 in the Staff Room at 4.30pm.

Present: FW (BDS LDS DGDP Eng), BG (BDS Rand.), SE (RDN), IP (RDN), SD (BDPMA), DW.
Apologies: BD (EDH), KP-R (FDS BDS LDS MOrth)

Minutes of the last meeting: These had been circulated and were taken as a true record, except IP pointed out that she hadn't been AWOL as she had e-mailed via her PC but her ISP had gone down.

Matters arising: The need to take account of CPD requirements in the light of the GDC's recently launched requirements for all PCDs following the successful progress of DARG as supported by the BDA, BDHA, BDNA, BDPMA and others. This was especially so in the light of the practice applying to have a VDP. FW to contact BDA and FGDP (UK) as well as local PGDD to find out about courses and Sec 63 funding at PGMC. BG to similarly get details of local meetings of BSPD, BSRD and BSSPD to circulate at next MRUDP meeting. KP-R to be asked to check out BOS.

MRUDP's new CD-ROM/DVD unit and the ISDN connection to the WWW would make CPD that much easier to access in future with a download capacity in excess of the previous MS-DOS based system. This was also important for the use of CAL programs. Future requirements might also include recording time spent reading journals such as *BDJ, JADA* etc. BG mentioned that a colleague at an LDC meeting had recently mentioned a new LCD screen which he would look into.

For the DNs, IS as an RDN to approach DNSTAB re: Curriculum regs.

Item 1: Going private: Lots of further discussion on plans for MRUDP to go PVT. FW reported that even though the TANI and TAGI on the NHS, as negotiated through the GDSC's DRSG were now no longer used, the paperwork through the DPB even with ET was a terrible drain. Changing to PVT would involve a lot of work not least financially but all NICs, SSP and pensions would still be dealt with as before, as would matters with the IR.

Item 2: Standards: With the likely move to PVT the need to express standards was paramount. For lab work, the DAMAS of the DLA was essential, while BG would investigate MRUDP self-assessing using SAMS. Any relevant BDA, FDI and WHO standards also to be applied.

Item 3: Marketing MRUDP: The previously agreed USPs were presented by SD as part of her in-practice duties (IPD) in relation to PR and R&D in the area of media. FW mentioned that he had read somewhere that DTI funding might be available

Item 4: Communication: It was agreed that in communicating with patients the level of jargon should be kept to an absolute minimum. SD as part of her IPD would be responsible for MRUDP's public address system (PA) in her role as personal assistant to the practice administrator thus her IPD would encompass being PA to the PA in relation to the PA, thereby simplifying patient access (PA).

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Item 5: Possible clinical research within MRUDP: FW and BG suggested that it might be a good idea to monitor patients using CPITN as well as DMFT in view of the BPS stance on pocket depths and the DPL, DDU and MDDUS warnings on litigation due to negligence in diagnosis.

The new TMJ clinic was going well although early indications were that some patients had FTR while others had CANC. The suspension of GA had meant that the RA had increased but this was seen as OK.

Item 6: Prevention: IP reported that the level of DNA's in the PDU had fallen as a result of greater monitoring of the 6/12 RC system within the new PMC database system. This was now OK and the DHE using TBs with and without TP, but always with F, was working well. Using the PI to measure plaque build-up was good especially in relation to BD's perio charting using PDs and BoP indices with mobility grades I-III.

Item 7: Equipment update. FW reported that the equipment ordered from the BDTA's Dent 2000 at the NEC had been successfully installed once the problem of the PSI had reached the required pressure on the incoming water lines.

Item 8: Maintenance: SE had the latest schedule typed. She was unsure on H&S if it was nearly time for the x-ray equipment to be monitored by the HA, or the NRPB in view of the new EU rulings and the apparent confusion with COSHH regs.

Item 9: Petty cash: DW pointed out that the toffee tin was now down to 35p. FW apologised as he was going to get some cash but the ITM didn't recognise his PIN as he'd recently changed his A/C no. and, obviously his CC would not do. He promised cash ASAP. This was OK.

AOB: Notice was given that the DDO had advised that the CDS would be going into local schools and that the SDO and DOS would be doing SDIs.

SD circulated a letter from the Committee of Regional Advisers in General Practice in England and commented on the humorous nature of their acronym (CRAGPIE). Much amusement at how silly the use of such abbreviation had become.

Close of meeting: The meeting closed at 5.34pm with general satisfaction that everyone was completely clear about what was going on.

* *The author is commissioning editor for the* BDJ.