

## RESEARCH INSIGHTS

## What is stopping GPs from reporting child dental neglect?

An exploratory study investigating the barriers to reporting child dental neglect concerns among general medical practitioners in Greater Manchester. *Br Dent J* 2022; <https://doi.org/10.1038/s41415-022-5221-7>

Reporting child dental neglect is tricky for all of us. It must be even trickier for general medical practitioners (GPs) given their limited dental training. However, just what are GPs' views on this?

This study answered that very question. A 31-point questionnaire was distributed to

100 GPs within Greater Manchester. Data were collected over a 12-week period and 25 questionnaires were returned.

The results focused on several key areas. All the GPs who responded only treated NHS patients. Interestingly, only 60% of the GPs received child protection training during

their undergraduate training; however, 96% had participated in this training after completing their medical degree. Sixty-four percent of the GPs felt they were not appropriately trained to identify child dental neglect and 80% reported a lack of confidence in escalating and referring these patients. Eighty-eight percent of the GPs felt more training and guidance on child dental neglect was needed.

Four areas were identified as being of concern for child dental neglect. These were:

- Irregular dental attendance
- Repeat dental general anaesthetics
- Emergency GP appointments for dental pain
- Severe and untreated caries obvious to the lay person.

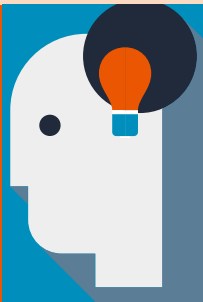
Forty-four percent of GPs have had suspicions of paediatric dental neglect during the last five years; however, this was only recorded in the patient's records 80% of ▶▶



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This paper highlights an important aspect of safeguarding, reporting that barriers such as lack of confidence in diagnosing and escalating suspicions of dental neglect, along with fear of affecting working relationships with families, can significantly influence the decision of general medical practitioners (GMPs) to raise concerns. These are similar to concerns that have previously been reported for general dental practitioners.<sup>1</sup>

Significant progress has been made in the past two decades to raise awareness among the dental team of how to identify and respond to dental neglect. Much has been

published in the literature on the topic, to help equip the dental team with the right tools to tackle safeguarding concerns and ensure that vulnerable children receive appropriate care and support. Recognising and responding to dental neglect is now a more accepted part of the profession, with dental professionals more confident in its management.<sup>2</sup>

As highlighted in the article, GMPs can play a vital role in recognising dental neglect but receive little to no training in doing so. Consequently, it appears that our next challenge as a profession is to raise awareness amongst non-dental health professionals about dental neglect, whilst continuing the progress already made within dentistry. Development of training for non-dental professionals in recognising dental disease is available<sup>3</sup> and we should work with our healthcare colleagues to raise awareness of these resources.

Identifying dental neglect can be challenging, and multi-professional working to ensure appropriate management is often required. The use of the BDA supported

'Was Not Brought' pathway<sup>4</sup> has helped to improve communication from dental professionals to GMPs and highlights children about whom there may be safeguarding concerns. Moving forwards, it is vital that training for GMPs in managing dental neglect is improved and communication between those caring for children is strengthened. Non-dental professionals should be aware that there is support available from the dental profession should this be required. ■

## References

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« the time. In addition, 32% of GPs who suspected child dental neglect did not make an onward referral. There was also wide variation regarding who GPs would refer these cases to, ranging from the local children's safeguarding board to the school nurse.

The most common barriers to reporting these cases were uncertainty over the diagnosis, limited confidence in their suspicions and limited knowledge on referral procedures. Only 44% of GPs believed they

were well placed to recognise child dental neglect, but 84% were willing to support the detection of it.

GPs were asked to leave comments and this evidenced a desire for more training, difficulties in identifying neglect due to reduced face-to-face contact because of the COVID-19 pandemic, and a feeling that this was a dental issue rather than a medical one. However, there was an appreciation that dental neglect can be a sign of wider neglect.

This study highlighted limited training, confidence and knowledge around recognising, escalating and referring cases of suspected child dental neglect amongst GPs. Dentists may be able to play a key role in the provision of training for GPs in the area and supporting guidance development.

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## RESEARCH INSIGHTS

### Pain = prescribe?

Understanding the impact of COVID-19 on dental antibiotic prescribing across England: 'it was a minefield'. *Br Dent J* 2022; <https://doi.org/10.1038/s41415-022-5104-y>

The national guidelines regarding antibiotic stewardship outline the indications for an antibiotic prescription, to ensure its appropriate use and to aid prevention of antibiotic resistance.<sup>1</sup> The COVID-19 pandemic significantly regressed dentists' antibiotic prescribing rates in the UK. Following the termination of all routine and elective dental treatment in March 2020, there was a change in dental service delivery. The emergency protocol of 'Advice, Analgesics and Antimicrobials' (AAA) was implemented to remotely triage patients suffering from acute dental pain. This approach to patient care rendered dentistry the healthcare sector with the steepest increase in antimicrobial prescribing.<sup>2</sup>

This study undertook quantitative and qualitative analysis with the aim of understanding how and why the increase in antibiotic prescribing occurred. To quantify the increase, the rate of prescriptions (FP10D) dispensed per 1,000 of the population was calculated and compared across all regions of NHS England; the data were pooled retrospectively prior to and post-pandemic. To qualify factors contributing to the increase in prescribing, 159 primary care general dentists across the regions completed an online survey consisting of 20 questions, from which key themes were established using descriptive and inferential statistics.

The results from the study deduced an average increase by 22% in the number of NHS antibiotic prescriptions administered across all regions, with the East of England spiking most to 29.1%. Interestingly, London had the shallowest spike, due to the high number of urgent dental centres



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(UDCs) in the region. This trend continued across the country until practices reopened in June 2020. The key themes identified in the patterns of individuals were that 89% of dentists reported an increased rate of prescribing; however, fewer than half felt confident in their remote diagnosis.

There was a general feeling of frustration and helplessness. Reasons for the increase ranged from clinicians feeling clinically compromised with the generic AAA protocol to a misalignment between local and national guidelines. Half of the cohort stated antibiotics were a prerequisite for a successful referral to a UDC, regardless of their clinical need.

Many concerns were expressed across the regions regarding the impact of the newfound prescribing culture. This has resulted in patient misinformation about the ability to use antibiotics

to avoid a dental procedure or future expectations for prescriptions to cure all dental pain. Thus, this paper calls for reforms in emergency planning, with a deeper appreciation of the role antibiotics play in dental treatments and the risk antibiotic resistance poses to public health.

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