Letters to the Editor

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Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

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LETTERS

GOVERNMENT LET DOWN

Sir, in your recent editorial (*BDJ* 2011; 211: 99) you expressed your surprise at the number of non-UK EEA dentists that are registered. I share your surprise. This has only happened because successive governments have not had proper manpower planning targets for dentistry (and medicine?) and as a result we have not trained enough of our own. Whatever opinion people hold regarding the non-UK EEA dentists the fact is without them there would be a shortage and this country would be the worse for it. On the other hand, if we had trained enough of our own, there would not have been vacancies and the Europeans probably would not have been attracted to this country in quite the same way. And can their countries of origin really afford to train dentists for us? The only conclusion I can draw is that in spite of what they tell us over many years our governments have let the NHS down by not ensuring that there are enough training places in this country.

R. Clark
By email

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ASKEW ADVICE

Sir, the latest advice statement from the Scottish Health Technologies Group¹ and the BDA's response of a 'common sense approach'² is, I believe, somewhat askew. The advice relates to patient safety/costs and steam sterilisation processes based on an assessment of the current literature and yet no details were provided on search strategy or methodology for undertaking systematic reviews. No references are quoted and the text of the advice statement '...

it was not possible to obtain the full text of other studies...' implies that not all the literature was reviewed on this topic! Interestingly, the Local Decontamination Unit Guidance for Scotland,³ the equivalent of HTM 01-05 in Scotland, was absent from the document. The advice statement does acknowledge that outcome measures 'appear to relate to biological measures of contamination ... rather than patient outcome' which implies that the author(s) were rather expecting randomised controlled studies on dental patients using the two different pieces of equipment, which is unlikely to achieve ethical approval especially since by the author's own admission one piece of equipment is likely to fail by biological criteria.

As the principal investigator in the study on dental handpiece decontamination referred to in the advice sheet I was not invited to present data on our current research. For cost-effectiveness, no work was presented on economic models of evaluation or risk assessments for transmission of infections in dentistry or other healthcare professions that use similar equipment. No details were provided on the equipment or its specification quoted in Table 1, therefore a meaningful analysis and economic appraisal of the two processes is not possible. No data were provided on capacity specifications of the equipment quoted in the costs. A large number of interrelated factors, for example instrument inventory, washer cycle times etc, affect throughput capacity determination; steriliser capacity is but one part. Technical inaccuracies in the costs provided in Table 1¹ (such as quoting the necessity for both Bowie Dick and Helix tests for a vacuum steriliser)

also undermine the accuracy of the advice statement.

Lastly, it is disappointing that the BDA have failed to scrutinise the shortcomings of the evidence presented in this advice and applauded this statement as a 'common sense approach'. Of course 'common sense' is often in the eye of the beholder as I'm sure that many familiar with technical challenges in achieving steam sterilisation would conclude that vacuum sterilisers when attempting to achieve sterilisation of wrapped and/or lumened devices are the 'common sense' option. Another 'common sense' test may also be to quiz patients on their willingness to participate in research linked to 'sterilisation failure'. In the past the BDA have quite rightly demanded an evidence-base for recent changes in infection prevention practice; this approach should be applied with equal vigour to all advice statements.

A. Smith,
Glasgow & Clyde

1. Benchtop steam sterilisers in primary care advice statement 003/11. Scottish Health Technology Group. www.healthcareimprovementscotland.org/programmes/clinical_cost_effectiveness/shhg/advice_statements/advice/advice_statement_003-11.aspx
2. BDA applauds commonsense approach to decontamination in Scotland. BDA Press Release. www.bda.org/news-centre/press-releases/31407-bda-applauds-commonsense-approach-to-decontamination-in-scotland.aspx
2. Health Protection Scotland. Local Decontamination Units: Guidance on the Requirements for Equipment, Facilities and Management. 2007. <http://www.documents.hps.scot.nhs.uk/hai/decontamination/publications/ldu-001-02-v1-2.pdf>

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FREEDOM OF INFORMATION

Sir, we are receiving a growing number of requests under the Freedom of Information Act (FoI) to supply details of decisions made by the Primary Care