

comfortable familiarity, and we, as hygienists, carry out these tasks all day everyday – we get a lot of practice.

It is simplistic and wrong to suggest that an experienced DH cannot diagnose periodontal disease or recognise abnormalities. Many a DH in general dental practice has to carry out initial periodontal assessments including editing Basic Periodontal Examinations (BPE) passed to them (if they get them) appropriately in line with the current British Periodontal Society's (BSP's) guidelines. They are also deciding on the appropriate treatment plan for their patients. Indeed, one only has to look at various online forums to see the day-to-day difficulties that DHs face in practice in this respect. Perhaps the GDC should carry out some simple research to assess the extent of this problem; a few simple questions would show that in general practice very few DHs receive any kind of definitive descriptive prescription and usually work in the absence of a diagnosis. We take the recognition of the BSP to allow DHs full membership to be a true and honest recognition of the work done by DHs to

recognise, diagnose and successfully treat periodontal disease within scope.

It is a truism that 50% of the population do not attend a dentist. There are many reasons for this. However, there does seem to be a demand for the periodontal services of hygienists, a demand that has been the basis of a successful business model, namely that of SmilePod (www.smilepod.co.uk). This business initially offered predominantly hygiene services ostensibly by hygienists. Their clinicians are, in fact, mainly dentists and they have now made this clearer.

We have many anecdotal accounts of patients who wish to see a hygienist but not a dentist at a particular time. We know that patients frequently ring practices asking to see a hygienist. They may not have access to one at the practice they attend. Why should a patient have to pay for another examination? It makes no sense and is unfair. Getting a referral letter can be difficult with some GDPs seemingly reluctant to put pen to paper and seeing such an act as tantamount to signing away money. We know of persistent patients who have fought to get a referral. This would

seem to run counter to the argument that DA hygienists would confuse the public.

We see DA as a means of drawing more patients into professional preventive care at a time that prevention has never been more important with the increasing awareness of oral/systemic interactions. DA would allow us to work more effectively within a practice setting as a standalone registered health professional that can assess and treat within their own competency referring when and where appropriate.

DA would also make business models including partnership a more realistic proposition for DHs. To apply one of business consultant Chris Barrow's lines: '*It's not about dividing the cake into smaller and smaller pieces. It's a whole new cake!*' DA is all about increasing access to professional healthcare in a safe, regulated environment.

What practice principal would turn down the prospect of a new source of patients? Particularly during these tough economic times.

1. Hancocks S. Direct line lack of assurance. *Br Dent J* 2012; 212: 53.

Corrigendum

General article (*BDJ* 2012; 212: 243-245)

'Europe's oldest jaw: Evidence of oral pathology'

In the above general article the following statements should have been included:

- 1) Following the sentence 'Given these considerations, this specimen is considered highly protected material by the National Research Centre of Human Evolution (CENIEH) and thus strong measures have been imposed to restrict access to it.' (Introduction, page 243), the subsequent clarification should be added:

'Thus, the analysis in this paper was carried out using photographs of the fossil and did at no time involve examination of the fossil itself.

Whilst this paper was in preparation, a detailed paleopathological study of the specimen was carried out and reported by Martín-Torres et al.³²

32. Martín-Torres M, Martín-Francis L, Gracia A *et al.* Early Pleistocene human mandible from Sima del Elefante (TE) cave site in Sierra de Atapuerca (Spain): a palaeopathological study. *J Hum Evol.* 2011; 61: 1-11.

- 2) The caption for Figure 1 should include the following statement: 'Figure reproduced with the permission of Ricardo Ordoñez, photographer. Spain.' The captions for Figures 2-3 should include the following statement: 'Figure reproduced with the permission of Agencia DiCYT. Spain.'

The authors apologise for any confusion caused.