26 April 2013 at the BDA conference, two changes were made in this area: 1) reorganising the inputs so that those questions requiring patients' answers appear together at the start of the data input screen before those inputs requiring data from clinical examination, and 2) creating an optional facility for patients to self-enter these inputs using a tablet system, with the answers being subsequently accessible to the dentist to check and modify. These changes save valuable chair-side time.

One limitation of the current study was that the pilot group were not randomly selected from all Excel general dental practitioners and were a mix of advisors, Excel and non-Excel GDPs in order to provide broad representation, but this does limit the generalisability of the opinions expressed.

CONCLUSIONS

Having addressed and re-piloted the caries risk score and user friendliness issues raised in the initial pilot, the integrated online oral health and risk assessment tool reported here as DEPPA appears fit for purpose as a pragmatic analytical and biofeedback tool. DEPPA will allow dental teams to measure oral health status, future disease risk and receive ongoing guidance on capitation fee setting. The indications are that DEPPA could be a valuable audit, care planning and patient communication tool, since the centralised data collection format will allow analysis of many thousands of patient inputs in a longitudinal manner, facilitating algorithm modification according to recorded outcomes.

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Erratum

Research article (BDJ 2013; 214: 633–642)

'*UK dentists' experience of iatrogenic trigeminal nerve injuries in relation to routine dental procedures: why, when and how often?*' In the above research article, the x-axis labels (axis indicating the cause of injury) were missing in Figure 5. Overall frequency of the reported procedures that the injuries were related to. The correct figure is shown below.



We apologise for any confusion caused.