

statement: 'My experience of real UDAs and KPIs has encouraged me to positively consider NHS high street dentistry as a career option'. Furthermore, over 53% strongly disagreed or disagreed with the statement: 'My experience of a PDS Plus NHS contact has made me more fearful for my DFT year'. However, like many in the profession, they did not consider the current system a fair basis for remuneration of primary care, which is reflected in the free text comments 'Three UDAs for four RCT and six restorations and one patient'.

In terms of the outcomes of the education fulfilling the set intended learning outcomes of the educational programme the majority of these have been met (Table 1). One outcome, although not directly tested by the questionnaire, which is probably not being fully met is 'I gained some insight into successful business management in dental practice'. It is important to view outreach education as giving the students some insight into practice rather than replicating Dental Foundation Training. However, like others,¹³ this deficiency has been highlighted by King's College London Dental Institute Alumni and as a consequence a longitudinal course teaching some of these skills have

been adopted by the new curriculum being delivered in London.

CONCLUSION

Within the limitations of this evaluation the dental students reported to have gained useful experience of working in integrated team care dentistry, with them expressing support for the education that is being delivered in outreach education and more importantly the student body looking forward to entering NHS general dental practice in the UK.

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Erratum

Practice (*BDJ* 2014; **217**: 357–362)

Preventing wrong tooth extraction: experience in development and implementation of an outpatient safety checklist

The authors' affiliation section was incomplete in the original paper. It should have read as follows;

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