

and increase investment in new medicines, diagnostic tools, vaccines and other interventions.

Recent weeks have seen reports of microbial resistance to all known antimicrobial agents.²

In the UK itself, antimicrobial stewardship (a systemwide approach to promoting and monitoring the judicious use of antimicrobials with the aim of preserving their future effectiveness) is rightly currently under scrutiny by NICE (National Institute for Health and Clinical Excellence).

Given the above, you will understand our serious concern at the implications of the letter carried in the *BDJ* on 11 December 2015 (*Improved gum health* – p 514).³

Gingival bleeding clearly responds to mechanical or chemical means to minimise bacterial plaque accumulation. It is absolutely crucial that antimicrobials are only used appropriately and for serious infections: failure to follow such advice will inevitably put the public in serious danger, as emphasised by the Chief Medical Officer.⁴

Furthermore, dealing with the antimicrobial mentioned, clarithromycin is a macrolide metabolised by cytochrome CYP3A4 and which can at least precipitate or aggravate ventricular arrhythmias and the cardiac long QT syndrome as well as interacting with other QT-prolonging medications and with several other drugs (eg anti-retrovirals, calcium channel blockers, carbamazepine, cisapride, colchicine, ergotamine or dihydroergotamine, lovastatin or simvastatin, or pimozone) and it should not be used in people with renal or hepatic disease.^{5,6}

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Authors' note: Bacteria resistant to colistin, the antibiotic of last resort, have been discovered in China, followed by findings of similar resistance in parts of Africa and Europe, and now in the UK. Public Health England (PHE) found resistant bacteria in

samples of human infections and on three farms. The strains carry a gene *mcr-1*, which can spread rapidly between species, potentially leading to a super-resistant epidemic. Professor Alan Johnson, from PHE said: 'Our assessment is that the public health risk posed by this gene is currently considered very low, but is subject to ongoing review as more information becomes available (<http://www.independent.co.uk/news/science/bacteria-resistant-to-last-resort-antibiotic-discovered-in-uk-a6782331.html>)'.

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PATIENT SAFETY

Scottish Patient Safety Programme

Sir, I read with interest the article by Bailey on patient safety in dentistry.¹ A recent systematic review calls for a collaborative approach to develop concepts for improving patient safety using common methods and an agreed taxonomy.² In Scotland, improving patient safety is a key objective of the Healthcare Quality Strategy.³ A key aspect of this is the development of a strong and positive safety culture in primary care practice.

NHS Education for Scotland (NES) has researched and developed a validated safety climate questionnaire specially designed for use by primary care teams. This questionnaire is now established within the primary medical care setting, has been adapted for use in community pharmacy and recently too (and piloted for use) in the primary care dental setting. Following evaluation, it will be rolled out to all primary care dental practices in Scotland.⁴

In 2016, Healthcare Improvement Scotland will run a one-year pilot improvement collaborative programme across dentistry in primary care settings and three NHS boards have been recruited to take part.⁵ Each board will receive funding of up to £26,000 to cover the payments to five participating dental practices, the costs of a dental clinical lead and a facilitator to support the collaborative, such as data aggregation. During the collaboration process, participating teams will develop and implement a care bundle in at least one high-risk area and conduct a safety climate survey in their dental practice team.

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ORAL HEALTH

Toffee toothpaste

Sir, we are concerned to note that several toothpastes aimed at children have the attractive fragrance and flavour of sweets. Whilst palatable flavours are certainly desirable to improve compliance of child antibiotic and analgesic syrups, it is pertinent to highlight that toothpastes are not meant to be ingested. Children may lack the maturity to distinguish between sweets and colourfully packaged toothpaste that smells and tastes like sweets. Manufacturers diligently test products for safety but the necessity to flavour a toothpaste as toffee or bubble gum is questionable in principle. With phthalates already under the scanner for suspected endocrinal interactions, it is the duty of dental professionals to discourage any practice that may raise the chances of our paediatric patients ingesting toothpaste. Can dental associations coordinate with manufacturers on this one?

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DENTAL EDUCATION

The evolving manikin head

Sir, it was heartening to see an important area of the spectrum of training offered to novice dentists getting some exposure as part of the excellent cover photographic series in the *Journal* (*BDJ* 2015; **219**[10], November 27).

Although a distance from the 1894 setup of the pioneering Oswald Fergus in this respect, we have in most schools and facilities still some way to go to really simulate away from the live patient, the situation that leads to practised and effective close support dentistry delivered by and involving a dentist and nurse/assistant. Most skills rooms feature manikin heads for single operator use.

Leading up to the opening in mid-2015 of the splendid new Education Centre at Morriston Hospital Swansea and as part of the available facilities the decision was made to build a clinical skills simulation