Point 3

You ask, 'could the GDC strike a dentist off for not following current thinking due to sticking to their contract of outdated philosophy?'

I totally agree with Len's response here. The GDC will not as far as I am aware consider the UDA remuneration of a practice when looking at clinical probity in the care of a patient.

Standard 1.7 Put patients' interests before your own or those of any colleague, organisation or business.

As far as I am aware the GDS contract does not say anything about sticking to an outdated philosophy and we should not forget that current thinking is changing. Certainly the MID approach is being taught more in dental schools, so for new graduates (and certainly those on postgraduate courses like the AMID) there is no such thing as outdated philosophy; it is evolving evidence based care. Again Len's response is spot on and hopefully the DH will take on board findings from the prototypes for a substantive contract.

Standard 7.1.1 Find out about current best practice in the fields in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance.

The use of DCPs, novel ways of remunerating dental staff, etc may well help practices to better implement an MID approach (some ideas are taught on the AMID programme).

However, we do need to look at some research that actually investigates the issues that practices face in implementing an MID care pathway for patients. This research needs to be practice-based so that its takes into consideration the views of all stakeholders including the dental team, commissioners, practice owners, etc. This is essential so that we can determine issues and the best ways to overcome these so that MID may be readily implemented at the coal face. From a personal point this is now firmly on the agenda with my research proposal, and those of others, being commissioned with the NIHR but others as well).

The other aspect to remember is that patients deserve to be involved in the clinical decision making of their care and as such options (including their pros and cons) need to be discussed with them. Here Len is totally correct that this and any deviation from accepted standards needs to be recorded.

Standard 1.1.1 You must discuss treatment options with patients and listen carefully to what they say. Give them the opportunity to have a discussion and to ask questions.

Standard 3.1.3 You should find out what your patients want to know as well as what you think they need to know. Things that patients might want to know include: options for treatment, the risks and the potential benefits.

1. Ormond C, Douglas G, Pitts N. The use of the International Caries Detection and Assessment System (ICDAS) in a National Health Service general dental practice as part of an oral health assessment. *Prim Dent Care* 2010; **17:** 153–159.
2. FGDP(UK). *Selection criteria for dental radiography.* 2013.
3. Department of Health/BASCD. *Delivering better oral health – An evidence-based toolkit for prevention.* 3rd edition. June 2014.
4. Page J, Weld J A, Kidd E A. Caries control in health service practice. *Br Dent J* 2010; **208:** 449–450.

Professor Avijit Banerjee, Guest editor of the BDJ MID Themed issue, sums up: I am grateful to my two colleagues for their full and comprehensive responses with which I fully concur. My only addition to both replies would be to emphasise that MI is considered ethical best practice and we wouldn't expect to receive less as patients ourselves. This is the critical point. As I mentioned in my editorial, a dentist doesn't become a dentist because of the system they work in but because they want to help and serve patients with the most appropriate care to assist them in maintaining their oral health. This is now the norm for undergraduate education.

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Dental notation

A case of the craftsman

Sir, I must take the opportunity to strongly disagree with M. J. Trenouth's comment about FDI Dental Notation.[1]

This system is quite clear to understand, easy to use, universal and does not demand any mental gymnastics whatsoever for sharp minds.

I do not believe the problem resides with the system but it is more a case of the craftsman.

J. M. R. Costa, Leyland

1. Trenouth M J. Dental notation: Mental gymnastics. *Br Dent J* 2017; **223:** 551.

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Erratum

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We apologise for any inconvenience caused by this error.

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