

Ahead of the game

We were interested to read the article *Triple headed brush* in the last issue of *Vital* about 'Dr Barman's Superbrush' (*Vital* summer 07 page 47; distributed by Dent-O-Care). We work in West Kent Primary Care Dental Service (formerly 'Community').

We have been recommending and demonstrating these brushes for at least ten or 15 years. They are useful for many special needs patients whose carers brush their teeth, and for parents with younger children. They are everything you say in the article except 'new'. The difficulty has always been getting shops to stock them – Boots kept them for

a while but demand was low (that was about 10 years ago!).

Mrs R. Watts

**Senior Dental Officer (Children Special Needs)
Swanley**

Dent-O-Care's managing director Stephen Rubinstein responds: Yes, Superbrush has been popular in the special needs sector of dentistry for many years. More recently, Dent-O-Care was asked to re-launch the re-branded 'Dr Barman's Superbrush', with its enhanced bristle quality and new packaging, to a wider professional and patient audience.

Comparative international studies (the most recent study results were published in the American Journal of Orthodontics) prove that this superior design is suited for everyday use by all patient age groups. By marketing the product as 'New' Dent-O-Care is aiming to communicate with all general and specialist dental teams. Many professionals will not have been exposed to the advantages or recent study findings for Dr Barman's Superbrush before now.

Regarding retail stockists, patients can purchase all three sizes of Dr Barman's Superbrush direct via FREEPHONE 0800 980 1517 and web shop at www.dentocare.co.uk.

Revolution or evolution?

As members of the dental team Clinical Dental Technicians (CDTs) should all give themselves a big pat on the back. On the 13 July 2007 at the Royal College of Surgeons (RCS) the first 30 cohorts of CDTs picked up their Diplomas in Clinical Dental Technology.

This effectively closes the door on the practice of illegal dentistry by dental technicians who have been providing 'back street dentures' direct to the public for a bit of pocket money with scant regard or knowledge of the patients' wellbeing.

It speaks volumes of the present council of the GDC who have indeed put the patients' right to first class treatment by highly qualified DCPs as a pivotal corner stone in the amendment to the section 60 order. This is a transitional period unprecedented in the last 90 years in the provision of dentistry in the UK.

I would like to give thanks to Professor Stephen Lambert-Humble and all his staff and lecturers at the KSS Deanery for the top-up courses, the RCS for accrediting the George Brown College of Toronto (GBC)

course and all at the FGDP for awarding the Diploma and accreditation for CPD/vocational training.

The role of a CDT is simply to provide top quality prosthodontic treatment to patients legally; the profession will find us highly motivated, educated, articulate, passionate and above all highly trained in the role we have been assigned.

I am personally looking forward to working as part of the wider dental team with well defined referral pathways and structured career accreditation based on education-driven portfolio evidence. This will allow participants to easily become a practitioner in another discipline – DCP or even a dentist! (This may take another 90 years though!)

As DCPs we should wholeheartedly encourage our associations to access all vocational training; in fact the KSS Deanery is holding further training to all diplomates of the clinical dental technology qualification.

I would like to see this expanded to the provision of a periodontal syllabus as soon as

is practicably possible.

Another thing to add to my wish list would be the provision of provider status to CDTs ... and why not other DCPs such as hygienists and therapists?

At the moment CDTs can treat patients under the NHS but it would cost the PCT double as the case would be treated as a referral case; in essence the referring dentist would get 12 UDAs and the CDT would get 12 UDAs. This is a situation that is unworkable and limiting to patients; why should patients have to suffer the embarrassment of poorly fitting dentures made by people who don't understand the art or care for it simply because that's how it has always been?

I say again: as members of the dental team we should feel very proud of ourselves. We are able to show the world what modern effective quality patient-centred dental care is about. Welcome to the evolution!

Marco Sarno

**Clinical Dental Technicians Association
(CDTA)**

Erratum

The editor would like to offer her sincere apologies to Mr Colin Cook, who was the author of the article Acquiring x-ray vision (Vital summer 07 pages 39-40). In the print version of this issue, the author was incorrectly given as Mike Hutchinson. This article was the sole work of Mr Cook, who is the owner of SD Radiology, a specialist dental imaging practice in Watford, and also a visiting lecturer in Dental Radiology for the Eastman. We are extremely grateful to Mr Cook for his contribution to Vital.