

similar (with a disposable apron underneath) for a dedicated AGP practitioner and nurse could be used instead of disposable gowns. They could be changed after every AGP and washed separately daily at 60°C. In addition, using the protocols already devised in UDCs, all protocols around room decontamination and clean down could be followed. The use of rubber dam could also reduce saliva-contaminated aerosol production, further lowering the risk to personnel. Most practices will also be able to instigate ongoing social distancing measures for both patients and staff. In this way, following the robust COVID-19 SOP, many Practices could still carry out 4–5 AGPs a day *as safely as any UDC*.

By allowing Practices who can evidence meeting the COVID-19 SOP to provide AGPs to their own patients, this would free up UDC capacity to support the practices who aren't yet able to meet these requirements. Patients would significantly benefit from accessing care from their own dental practices rather than UDCs for the

following reasons:

- Practices already hold patient records and medical histories;
- Practices often have existing x-rays, preventing unnecessary duplicate radiation exposure to patients at a UDC;
- Practitioners have existing trust relationships with the patients themselves, reducing anxiety and increasing trust and patient compliance;
- Many patients are elderly and, at a time of social distancing preventing a lift or taxi, simply could not safely drive across the country to a UDC in an unfamiliar town;
- Reducing unnecessary vehicle movements by accessing local care;
- Preventing travel costs from being a barrier to care;
- Much less time-consuming bureaucracy or confusion over charges.

Finally, as well as easing the burden on the UDCs, it would also protect the Government from any accusation of monopolies or claims about restraint

of trade – an area the Government is in danger of straying into with the current arbitrary (non-open) selection of practices as UDCs.

Conclusions

In conclusion, whilst there are challenges to overcome, the vast majority of Dental Practice owners want to serve their patients to the best of their abilities and help the nation at this time of crisis. We believe the Government needs to embrace the skills, resources and goodwill of both NHS and Private Practices, who remain best placed to serve our population at this time of crisis. Through adopting the protocols outlined above, it will be more timely and efficient, more cost-effective and, above all, in the best interests of patients, for the existing UK dental industry to be mobilized to meet the current dental crisis facing the UK.

Book Review

Case Guides to Complete and Partial Denture Prosthodontics

Author Robin Wilding, Thieme Medical Publishers Inc, 152pp, £63.32 p/b

This book is based on 11 case guides that take the reader through the workflow and activity of providing removable prostheses. The book is orientated to the clinical technique for manufacturing removable dentures and goes into detail of how each case was treated. There is a gap in the market for this publication as there are relatively few books that are around at present that cover this subject area. There are 12 appendices labelled A to L that provide further detail for the reader on what to look out for when dealing with patients and how to treat and solve the problem.

The basic concepts are good and the book is a very good 'How to do Prosthetics' manual. The text chooses to be dentist-centred in its approach and is relatively weak in discussing patient expectations. There is little debate on evidence-based dentistry in the text and

some of the techniques described may not have a place in the modern prosthetist's treatment regimen. For instance, the use of facebows in complete denture work is not seen as offering any advantage. Other techniques described are very useful and readers will appreciate the attention to detail on registration techniques and the setting up of teeth. The evidence base is weak in the subject of Prosthodontics, so much of the reviewer's comments are open for debate. Therefore, a book that is high on technical detail requires other books or literature to fill in the voids that are not covered in this text. This will enable readers to use different aspects of the case studies to suit their own clinical work. Using the case study approach is therefore to be applauded. The terminology of the appendices is awkward and they may have been better served under the nomenclature of supporting material or similar as they stand alone in their appeal. The book is very visual and therefore it is disappointing that some of the pictures are dark and could have been better exposed to see what is going on. Also, the pictures would have benefited from being larger so that it is possible to see more detail of the procedures.

Overall, this book is a useful

addition to the literature and it is helpful for demonstrating the techniques on offer within Removable Prosthodontics. It is good on describing the clinical techniques involved and this will be attractive to clinicians. It will probably work best as a companion book to other texts and future editions would be better served with more patient-orientated considerations in the chapters.

**Professor AD Walmsley
Board Member**

