

Staff Confidence In Oral Care-Related Topics			
Immediately before Training	Immediately after Training	Four Months after Training	
		Staff that Attended Training	Staff that did not Attend Training
66%	98%	93%	75%

Table 1. Summary of results of study.

healthcare in care homes across England. The report found that there was an extensive lack of awareness of NICE guidelines amongst care home staff and that too many residents were not being supported to maintain and improve their oral health.

NICE have three quality statements that pertain to oral health in care homes:

1. Adults who move into a care home have their mouth care needs assessed on admission;
2. Adults living in care homes have their mouth care needs recorded in their personal care plan;
3. Adults living in care homes are supported to clean their teeth twice a day and to carry out daily care for their dentures.

The recommended assessment tool requires staff to be able to identify caries, retained roots, plaque and calculus. Given that patient management may be extremely difficult and that care homes lack the facilities of a dental practice, this is often a challenging task for a dental professional, let alone a healthcare assistant. Whilst there is some provision for dentists working in the Community Dental Service to carry out domiciliary visits, at present such provision is finite.

In light of this, the Oral Health Promotion team, based at Chippenham Community Hospital, have been visiting care homes to provide training.

We assessed the confidence of care staff in matters

pertaining to oral care at three time points:

1. Before training;
2. Immediately after the training; and
3. Again 4 months later.

A summary of the results of the study are presented in Table 1.

I think the key finding from this study is that, whilst the training was very effective for those who received it, the confidence of staff that did not attend the training also improved compared to the baseline. This suggests that the training builds institutional knowledge that then cascades on to other members of the care team.

I hope this project highlights how important it is that members of the dental team work with and support care staff in helping to deliver improved outcomes to care home residents.

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Guest Editorial – 50 lashes by the GDC

The guest editorial in the first *Dental Update* of 2020 by Conor O'Malley recounting his experience is an appalling example of the actions of the DCS and GDC.

I've read the article three times with increasing incredulity at every reading. We have, as a profession, 'allowed' the authorities to take over the GDC from the profession from the time when we could elect peers to sit in judgement on us. The

patients are not being served as well as when dentists were much more involved in the procedures of the GDC; one wonders what the point of the DCS is when it puts cases like this straight to the GDC with no attempt at resolution, which I understood was to be their prime objective. As Dr O'Malley correctly points out, the patient could have had all her fees refunded at the very beginning of her 'complaint' if she so wished and, consequently, lost that option by the actions of the DCS and GDC.

This case should never have got past the DCS seeing as the patient was wrong and that the dentist was not at fault. I find it unbelievable that they did not ask Dr O'Malley for his comments at any stage and this just adds to the presumption that the dentist is immediately considered to be guilty. It is noted that the clinical assessment found all Dr O'Malley's work to be satisfactory.

One can only feel great sadness for Dr O'Malley having gone through all of this and can appreciate the enormous strain it places on him, his colleagues and his family.

I feel very great sadness for the young dentists who 'look forward' to a career under this awful regimen and sorrow for patients, the majority of whom will not be getting the necessary appropriate treatment as dentists practice increasingly defensively and/or leave the profession.

Dr O'Malley is to be applauded for being so open about his treatment and bringing it to the attention of all his dental colleagues, for ALL of us could very easily have been in exactly the same position as he was placed.

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Guest Editorial – 50 lashes by the GDC

I read with interest your recent editorial article *50 lashes by the GDC*. As someone who has experience of being referred to the GDC, I can empathize with the author, but I am unsure if the solution lies solely with