**Drug Prescribing For Dentistry 3rd Edition**

**Peer-review Feedback**

Your comments on this guidance form part of our formal peer-review process, which is a means of quality assurance.

Please return before 9th March 2015 to: Liz Payne
Scottish Dental Clinical Effectiveness Programme Administrator
Dundee Dental Education Centre, Frankland Building
Small’s Wynd, Dundee DD1 4HN
Tel: 01382 475751 / 425771
Email: scottishdental.cep@nes.scot.nhs.uk

Name: Nicola Kaya, British Dental Association
Position: Policy Adviser

1. Are the recommendations and advice provided within the guidance reasonable and accurate? Yes [X] No

   Comments: Section 4 about ‘Bacterial Infections’ is particularly useful in emphasising the importance of local measures for management of many dental infections.

2. Is the guidance suitable for use in primary care dental practice? Yes [X] No

   Comments: BDA Committee Members have stated that the guidance will be very useful in primary care dental practice, particularly for younger dentists. It will also be helpful for dentists who carry out a lot of domiciliary work and have found it very useful to refer to when working out with a clinic. The BNF can be quite complicated and take time to navigate.

   There is very helpful clarification for practitioners in Section 1.3 *Private patients who require medicine as part of their treatment should also be provided with a private prescription, even if the required drug is included in the DPF. Private prescriptions may be written on practice headed notepaper following the same recommendations as for NHS prescriptions. Dental practitioners may only prescribe using the non-proprietary name of the drug.*

3. There are two notable additions within the third edition:
   - Information on common drug interactions (Appendix 4);
   - Bacterial Infections Management Guide (Appendix 5).

   Do you agree with these additions? Yes [X] No

   Comments: BDA Committee Members believe that it is very welcome, and valuable to have the addition of Appendix 4 common drug interactions, it is also helpful to have a quick guide / reference which is an easily accessible check-list.

   The Bacterial Infections Management Guide is potentially useful for some primary dental care practitioners, because local audit of dental emergency clinics and referrals for extraction of teeth suggest that some practitioners are tending to prescribe antibiotics prior to or instead of ‘local measures’, and in circumstances which pathway confirms may not be appropriate for use of antibiotics.

   The guide is not definitive. Emergency dental treatment and the use of antibiotics cannot be comprehensively covered in one simple algorithm.
5. Are you satisfied with the process used to develop the third edition of this guidance (see Appendix 1 for details)?

Comments: None

6. Are there any other points that should be covered within this guidance?

Comments: The guidance is very comprehensive and covers a lot of information easily accessed through the index at beginning. Given the availability of parallel publications such as the BNF and the SDCEP Guidance on the management of acute dental conditions, BDA Committee Members believe that balance is even.

7. Please comment on any other aspect of the guidance.

A number of BDA Committee Members commented on having enjoyed reading the document and noted that it reinforced their knowledge. The document is very comprehensive.

BDA Committee Members suggested that the guidance should be produced in the handy A5 ring-bound booklet format in the same way the second edition was provided, noting that format was a good size for use in a dental surgery. The Guidance App should be produced in Android and Windows format as well as Apple.

A number of BDA Committee Members agreed with the common drug interactions, noting it is a definite improvement. Bacterial Management is helpful, but it is important that each dentist decides on the infection management based on clinical findings. BDA Committee members did not expect that should become a standard that dentists would all be measured against.

This edition is a step forward. Hopefully, the increased awareness, improved training and national audit will all help reduce inappropriate prescribing.

8. Do you think that any particular equality groups or individuals (guidance users or patients) are likely to be discriminated against by the guidance*?

*i.e. discrimination by age, disability, ethnicity, gender, gender identity/transgender status, religion or belief, sexual orientation, geographical location or whether the person is a carer

Comments: None

Thank you for taking the time to contribute to this peer-review process.