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Factors to consider in the transition to digital radiological imaging

Abstract: The dentist considering adopting digital radiological technology should consider more than the type of detector with which to capture the image. He/she should also consider the mode of display, image enhancement, radiation dose reduction, how the image can be stored long term, and infection control.

Journal of the Irish Dental Association 2009; 55 (1): 26 –34.

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Supernumerary teeth among Irish school children attending the public orthodontic service in Cork and Kerry

Journal of the Irish Dental Association 2009; 55 (1): 35 – 37.

Introduction

Supernumerary teeth may be defined as extra teeth occurring within the dental arch. These teeth may be found within the deciduous dentition, but are more commonly found within the permanent dentition. The prevalence of supernumerary teeth in the permanent dentition has been investigated in several studies (**Table 1**),¹⁻¹¹ it varies from 0.45% to 4.5%. In Ireland the levels vary between 2.2%⁶ and 3.7%.¹⁰ Not only does the prevalence of supernumerary teeth vary among different ethnic populations, but the site and type of the supernumerary tooth also varies among different ethnic groups. It was decided, therefore, to re-examine data collected between January and June 1996 regarding supernumerary teeth in patients that presented to the orthodontic service in the counties of Cork and Kerry, i.e., the former Southern Health Board area. The population of Cork and Kerry in 1996 was 532,263.¹²

ABSTRACTS

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Results of a peer review process: the distribution of codes by examining dentists in the Republic of Ireland 2006-2007

Précis: The distribution of codes assigned in 2,991 reports made by examining dentists in the Dental Treatment Services Scheme (DTSS) between 2006 and 2007 are analysed.

Abstract: The Health Service Executive (HSE) appointed 20 examining dentists in April 2006 under contract for one year as part of a probity assurance initiative by peer review in the Dental Treatment Services Scheme (DTSS) in the Republic of Ireland.

Aim: The aim of the study was to analyse the distribution of codes assigned to the reports drawn up by the examining dentists.

Methods: At the end of the year's contract, each examining dentist forwarded an end of contract report of their activity, including the distribution of codes issued, to the HSE. These were correlated into a national summary of examining dentist activity, from which the data used in the study was extracted. A total of 11 different codes were used, varying from an indication of agreement between the examining dentist and the contracting dentist (code A) to a significant disagreement (code D).

Results: The vast majority (94.5%) of reports on the clinical examination of patients, drawn up by examining dentists, were in broad agreement with the treatment or estimate of the responsible contracting dentists. A total of 622 contracting dentists received such reports. The small minority of reports (4.8%) where there was a significant disagreement related to a small number of dentists (47 dentists).

Conclusions: The study provides evidence that most contracting dentists were not a probity risk. The author suggests that any future probity assurance initiative should focus on areas of high risk rather than random selection of patients/contracting dentists. An enhanced advisory role for the examining dentist is recommended.

Journal of the Irish Dental Association 2009; 55 (1): 38 – 40.