

R, (Letters to Editor, *BDJ* 2010; 208: 44) was alarmed at the 'non response', even after inviting specific comment from the Chairperson of the GDC on this matter.

We fear that dental surgeons, on graduating and subscribing to the full weight of responsibility that comes with GDC registration, are increasingly not equipped to make clinically relevant decisions involving laboratory procedures nor to communicate in an effective and productive way with the technical support on which they will depend.

A. H. Croysdill

A. H. Eder

M. J. Faigenblum

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A. Johnson and D. G. Wildgoose respond: Thank you for your letter regarding our article. The published literature, our own research and indeed your own observations do appear to confirm that undergraduate education in removable prosthodontics has suffered a slight decline over the last few years.

Removable partial denture (RPD) design and provision, rather than declining as many people predicted, is in fact now on the increase. As our ability as a profession to maintain teeth in people's mouths improves, the production of RPDs will increase, but will arguably become more difficult as provision will be for an ageing population.

Regular course review meetings held at the Sheffield Dental School and internal audits, one of which led to our paper, identified this problem and we made alterations to our RPD teaching with immediate effect, in 2007. The introduction of a new curriculum has enabled us to further strengthen the undergraduate learning and teaching in this area.

We now introduce the basic concepts of RPD design to our 2nd year BDS students, just prior to them treating their first RPD patients requiring acrylic resin RPDs. More advanced concepts are taught in 3rd year when they are likely to be treating patients who require metal RPDs, which may also involve crown and bridgework as part of the treatment plan. Dedicated treatment planning clinics are used to provide students the clinical and technical advice they need to provide high quality patient care. Our 4th and 5th year out-

reach programme also allows students the opportunity to treat patients requiring RPDs. All this is intended to provide the student with a continuing thread of RPD experience, which runs throughout the entire BDS course.

We are satisfied that our students are exposed to a comprehensive and coherent learning experience in RPD provision that will ensure that they reach a level of competence that would be expected from a graduating BDS student.

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ORAL HEALTH THROUGH SPORT

Sir, we would like to bring to your attention a new initiative developed this summer at the Brit Insurance Oval cricket ground in South London. Health promotion at major sports stadia is not a new concept and many professional football and rugby clubs routinely hold events on match days promoting healthy lifestyles for spectators and stadium staff. To date, oral health has not been promoted at these events despite serious diseases such as oral cancer, so in order to address this a small consortium of health and sports stadia professionals set up a new campaign, 'Boundaries For Life', to provide a free medical and dental screening service to fans at international cricket matches. A holistic screening service, including the oral mucosa, was offered to spectators and staff, who were invited to complete a short confidential questionnaire and undergo a brief health screen involving measurement of blood pressure and body mass index.

The event was launched at the one-day international between England and Pakistan in September 2010 where our team of volunteers including doctors, dentists, nurses and medical students provided the free service to 31 participants. The results of the exit questionnaire were very positive, where 71% of participants scored the dental screening initiative very highly in terms of usefulness. We also identified patients who had a family history of mouth cancer and they were given preventative advice and leaflets, which were kindly donated by the British Dental Health Foundation.

We believe the scope for promoting oral health at sports stadia is under-utilised and that target populations which

may be considered as hard to reach and in which the prevalence of conditions such as mouth cancer is high may be reached. For example South Asian populations, for whom cricket is tantamount to a religion, may engage with oral health promotion through sport.

Given the limitations with access to NHS dentistry we felt that targeted, free oral mucosal health checks at major sporting events is a valuable resource in the early detection of oral cancer. It is also an opportunity to promote oral health in the wider context of general health, raise awareness of the importance of oral cancer screening to our medical colleagues and raise the profile of dentistry by participating in sporting events at all levels.

As a result of the success of our pilot event we are hoping to launch more initiatives at other sporting events across the UK and are currently in negotiation with national sporting bodies and stadia to promote oral health in sporting venues. Boundaries For Life would like to thank Birwood Dental Care, The Brit Insurance Oval, Southern Medical Services, and European Healthy Stadia Network as the key stakeholders in this initiative as well the volunteers who gave up their time.

C. Trivedy

Founder of the Boundaries
For Life initiative

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AN OUTDATED PRACTICE

Sir, I agree with the views of Dr A. Peters Reid in *Needless waste* (*BDJ* 2010; 209: 591). I feel passionately about this matter, as a newly qualified dentist, and feel that the Department of Health are wasting a valuable resource to the National Health Service. With current and improving standards in cross infection control, risk of HIV transmission is indeed minimal. As such it seems to me that not allowing an experienced dental practitioner to practise is outdated. There should be further research into this matter, particularly when you consider that general dental practitioners are allowed to practise in the USA, Australia and Europe.

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