

FOUNDATION SALARIES

Internal conflict

Sir, I would like to express my internal conflict over my feelings towards the BDA-supported petition against the proposed cuts to future DFT salaries. I understand that newly qualified dentists should expect to earn in the region of £28,000 during their one year posts if the proposition is successful: a £2,000 reduction from current DFT earnings.

Whilst I completely agree with the profession's concerns raised in the petition, I question if any consideration has been given towards the fact that government cuts are affecting thousands of people in the UK, including the poor and vulnerable. The national average earnings last year were in the region of £26,500, a figure higher than I had initially expected. Nevertheless, a dentist who graduates from university will still expect to begin their career on a salary which is above the national average if the proposed cuts do materialise. After all, the DFT post is a one-year position which will see most dentists progressing to earning significantly more money in subsequent years.

I am concerned that we may be in danger of appearing as though we have lost our sense of perspective and any clumsy approach to the petition will be viewed by the public and government that dental professionals are solely concerned with their financial rewards. I am a fourth year mature undergraduate student who has worked minimum wage jobs throughout dental school to fund my studies. At the moment I am looking forward to a first proper pay day. Whether that is based on a £30,000 or £28,000 one-year salary, I do not really mind, as long as any funding cuts are made for good reasons.

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DENTAL MATERIALS

Bonding agents bite

Sir, I write to you to reiterate the fact the materials that we dentists come across daily in our professional lives can be the source of annoying, itchy lesions that prove to be truly bothersome. The natural latex rubber gloves that are routinely used in dental practices seem to afford little protection against these small, evil molecules that creep right through them.¹ Once you get sensitised, there is no turning back. My personal experience is with bonding agents; even double

gloving and an exposure time of less than two seconds led me to develop an itchy red patch on the back of my hand. This was the spot where the assistant, unaware that I had recently discovered my allergy, had squeezed one drop of bonding agent while I had my head turned the other way, busy doing a composite restoration. Horrified, I immediately wiped it off and changed my glove but too late. The only thing that relieved it was topical fluticasone propionate cream, and an apologetic assistant who reassured me that from now on, no bonding agents on the hands!

S. Adnan

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1. Hunasehally R Y, Hughes T M, Stone N M. Atypical pattern of (meth)acrylate allergic contact dermatitis in dental professionals. *Br Dent J* 2012; **213**: 223–224.

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DENTAL EDUCATION

Pushing an elephant

Sir, I was particularly pleased to read Liz Kay's timely article.¹ Many of us are concerned at the growing trend to consider dental education and training as if they were two identical and interchangeable entities; they are not.

For example I strongly believe that our graduates need to develop innovative and creative thinking skills, both for their futures and the future of our profession and the patients we serve. If you accept this premise then are we sufficiently supportive of measures that foster such ideals? I don't believe so. Rather it seems the direction we are forced to take is one of compliance and accountability, often enshrined within the much quoted but elusive term of professionalism.

As a long time clinical teacher the development of an independent and reflective practitioner has always been a key personal goal; however, with the passing of each year this task becomes more and more one of 'trying to push an elephant up the stairs'.

B. Davies
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1. Kay E. Dental education – shaping the future. *Br Dent J* 2014; **216**: 447–448.

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DENTAL GENETICS

Double dentition

Sir, the cover image of the remarkable double dentition casts (RCSOM/C21.2) featured in the *BDJ* Volume 216 issue 10, June 2014, issue elicits interest in the aetiology of supernumerary teeth.

This patient's dentition was originally described by Emil Herbst.¹ Our dentitions evolved from cutaneous placoidal scales modified into denticles, exemplified by the polyphyodont dentitions of sharks. Our diphyodont (deciduous and permanent) dentitions have evolved by reduction of the number of successional rows of teeth as a consequence of the antagonistic actions of *Msx1* and *Osr2* genes inhibiting multiple rows of teeth.^{2,3} The example of the double dentition depicted may be a consequence of an atavistic regression or mutated inactivity in *Msx1* and *Osr2* genes.

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1. Herbst E, Apffelstaedt M. *Malformations of the jaws and teeth*. Oxford University Press, 1930.
2. Zhang Z, Lan Y, Chai Y, Jiang R. Antagonistic actions of *Msx1* and *Osr2* pattern mammalian teeth into a single row. *Science* 2009; **323**: 1232–1234.
3. Buchtová M, Stembírek J, Glöcová K, Matalová E, Tucker A S. Early regression of the dental lamina underlies the development of diphyodont dentitions. *J Dent Res* 2012; **91**: 491–498.

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PROSTHODONTICS

Insightful identification

Sir, I would like to congratulate the authors of the recent opinion paper¹ for their insightful comments on the factors that can lead to the failure of the insertion of patient identification within dentures and its potential outcomes.

They raise valid points on how all members of the dental team have a responsibility to oversee the long term wellbeing of patients. This is particularly poignant in current discussion on changing demographics and an ageing population as well as the location of where future generations of dental patients will need to be treated, often away from the traditional 'high street' dental practice.

Of interest to this discussion is the recently published *Standards for the dental team* by the GDC. Section 1, Put patients interests first, states in 1.4.1 'A holistic approach means you must take account of patients' overall health, their psychological and social needs, their long term oral health needs and their desired outcomes'.

Perhaps the 'perceived need' indicated in this paper is a responsibility that the dental team need to rise to as a foundational prerequisite for 'normal' patient care?

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1. Kalyan A, Clark R K F, Radford D R. Denture identification marking should be standard practice. *Br Dent J* 2014; **216**: 615–617.

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