of dental caries it follows that there is every likelihood that it continues into the permanent dentition and adulthood.

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ORAL CANCER

Two cancer cases in a career?

Sir, it used to be an anecdote that a dentist might only see two cases of oral cancer in their entire career. But was, or is, that true? Recalculation may be needed because, although there are many more dentists (40,000), the incidence of oral cancer has risen sharply (three-fold) in the last 30 years without a marked increase in population size. Factoring in potentially malignant, possibly pre-cancerous lesions, we will all be seeing clinically significant cases each year.

Approximately 60% of the population attend the dentist regularly (38.4 million people).[1] If we reflect this attendance pattern in the 6,767 cases of mouth cancer per year, then 4,060 patients would have attended their dentist; approximately one oral cancer per ten dentists or conversely, one case per 9,500 patients seen. If we then add in potentially malignant lesions (erythroplakia, leukoplakia, submucous fibrosis, lichenoid lesions) at a population rate of 2.5%,[2,3] then we might expect to see 24 premalignant lesions per year (960,000 amongst 40,000 dentists), which is two a month.

Where cancer is suspected, the patient should be urgently referred to be seen within two weeks.[4] Furthermore, with an increase in oropharyngeal lesions that may spread to cervical lymph nodes, dentists should carefully check for swellings in the neck every time a patient attends, as well as a careful clinical examination of the entire oral mucosa. This may be particularly important in irregular attenders, as that may be the one chance for early detection, which could quite literally save that person's life.

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DENTAL REGULATION

In conflict with the GMC

Sir, in fear of being accused of 'hitting a man when he is down', I do believe the General Dental Council (GDC) needs to clarify its position with respect to patient confidentiality. The regulation/advice of the GDC appears to be in conflict with that of the General Medical Council (GMC) on this matter.[1,2]

The GMC's advice to its registrants clearly states that any information given to a medical practitioner is assumed eligible to be disclosed to other healthcare professionals involved in the patient's care unless the patient declares otherwise. The GDC's advice appears to read that the patient must give their stated permission for this information to be disclosed. It would appear the only secure way that a GDC registrant can claim they have that permission is to have written consent for that disclosure from the patient.

Clearly, any practitioner in secondary care replying to a healthcare professional who has referred the patient to them could be challenged on the information given in their reply unless the patient gives their specific authority to disclose any information. Surely, the GDC should reconsider its advice, and do as the GMC have advised, and clearly state that implied consent for information disclosure to other healthcare professionals is assumed unless otherwise stated by the patient. Should my interpretation of the regulation be correct where does it place those colleagues who hold both GDC and GMC registration? A ridiculous situation could arise where a joint GMC and GDC registrant satisfies one of their regulatory authorities and not the other. How can such a situation be both fair to a patient and the registrant?

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2. General Medical Council. *Confidentiality guidance: Disclosing information with consent.* Paragraphs 24-26. Manchester: GMC, 2009.

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The overriding objective

Sir, readers may be interested in my recent experience in front of the GDC's Registration Appeals Committee for a deficiency of 48 hours of non-verifiable continuing professional development (CPD) which would seem to contradict Council's professed policy of proportionality.

There is no legal compulsion for any of the health regulatory bodies to act proportionally. However, for the GDC to publicise at every possible occasion their policy of proportionality leading dentists to expect them to act proportionally is a commitment, which if not met, is flawed and unlawful. Only two months ago the Council's Chairman wrote a 'Dear Registrant' letter which finished – 'We all have a common objective, a high quality