nurses, orthodontists and technicians'.

It is rather ironic that the GDC expects its case examiners to be accurate and pay attention to detail but appears not to place the same expectation on those who place advertisements on its behalf.

C. Freeman, Sheffield

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ERRATUM

Piecing the jigsaw

The above letter, published on 13 May 2016 (**220:** 429) only mentioned one author. The authors of the letter were: María Mercedes Suárez-Cunqueiro and Inmaculada Tomás, both of the Department of Stomatology, School of Medicine and Dentistry, Universidade de Santiago de Compostela, Spain. We apologise to the authors for this error and the inconvenience caused.

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DENTAL EDUCATION

Do we really have too many graduates?

Sir, we refer to the letter (*BDJ* 2016; **220:** 219) regarding the increase in the number of dental graduates in India. We believe this is not high in absolute numbers as per the population of our country; rather the distribution of dental graduates is relatively uneven. The question is, are we able to meet the WHO Standards of dentist: population ratio?

According to the WHO, the dentist-population ratio should be 1:7,500. Although the ratio in India is 1:10,000 (which is true only for the urban population) the reality is that more than 70% of the population of India resides in villages, where the ratio is 1:2,500,000.[1] Hence, almost three-quarters of the total number of dentists are clustered in the urban areas, which house only one-quarter of the country's population.

Dental graduates passing every year are not able to contribute to improving the oral health status of the country. The reason behind this saturation is the mushrooming of private clinics in selected areas only and the lack of job opportunities in the public sector. Only 5% of dentists are working in the government sector.[2]

Health services in rural areas are administered through primary health centres (PHCs) which each meet the needs of 20-30,000 people. However, there are no set criteria for posting a dentist at the PHC level in rural areas, thus not even 20% of the existing PHCs have the services of a dentist available for the population.[3] The irony is that the rural population do not have a dentist while dentists do not have jobs. The major missing link causing this situation is the absence of a primary healthcare approach in dentistry. Another contributing factor is that out of the total budget, the amount that is dedicated to health expenditure is very meagre, and out of this amount only a minute percentage is allocated for oral health-related activities. In fact, there is no specific separate allocation for oral health in the Indian budget.[4]

Consequently, the government should revise the public health sector regulations in relation to human resources as well as budget. Dentists must be appointed at the PHC and CHC level all over India. Short-term junior and senior residences should be made available in all the Central and State Government hospitals and the number of public sector jobs for dental surgeons and government dental colleges must be increased.

R. Yadav, R. Rai, India

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2. Jain H, Agarwal A. Current scenario and crisis facing dental college graduates in India. *J Clin Diagn Res* 2012; **6:** 1–4.
3. Tandon S. Challenges to the oral health workforce in India. *J Dent Educ* 2004; **68:** 28–33.
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ORTHODONTICS

Monopolistic behaviours

Sir, I object in the strongest possible terms to N. Stanford's false and misleading claims in the *BDJ* which are without proper foundation and not only unprofessional, but likely illegal too.[1,2] His comments go far beyond just a difference of clinical opinion, especially when he states and implies that FastBraces claims have been found by any 'body' to be misleading; this is entirely false. FastBraces claims follow evidence-based medicine[3] best practice, and the results in the hands of GDPs and patient satisfaction for the most common orthodontic cases speak for themselves over many years. I believe that N. Stanford owes myself, Fastbraces and the *BDJ* readership a full and unreserved apology, at the very least. Protectionism and monopolistic behaviours are bad for our profession and patients.

T. Kilcoyne, UK Advisor for FastBraces

1. Stanford N. Orthodontics: Fast removal of claims. *Br Dent J* 2016; **220:** 220.
2. Kilcoyne T. Orthodontics: Not so Fast. *Br Dent J* 2016; **220:** 430.
3. Greenhalgh T, Howick J, Maskrey N, Evidence Based Medicine Renaissance Group. Evidence based medicine: a movement in crisis? *BMJ* 2014; **348:** g3725.

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