COPDEND and the clinical teachers by dental schools, perhaps one solution to the alleged problem lies in improved communication between these two authorities.

In addition, we are aware that the significant majority of foundation trainers go far beyond the extra mile to professionally and clinically support and develop their foundation dentists. Therefore, it is essential that the funding formula for the educational supervisors is allocated appropriately so that our junior colleagues can continue to be well supported as they take their first steps in practice.

D. R. Radford, P. H. Hellyer, Portsmouth

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Years of service

Full circle

Sir, I awaited the most recent issue of the *BDJ* and possible letters from others before applying for the record of longest serving dentist in the same practice!

This coming August I will have been at 'the Retreat' in Woking for 45 years – man and boy!

I remember as a first year clinical student marching on the Houses of Parliament in my 'White Coat' to protest at the introduction of NHS dental charges, using silicates for anterior fillings and the introduction of 'Adaptic' composite. I have over the years consigned buckets of 'the latest materials' to the bin but keen to try anything new, regarding all new techniques as potentially necessary to my professional advancement and worthy of consideration (if not action!).

Like your last long server, I too qualified from 'The London' and was taught 'Cons' by the late, great, Harry Allred who encouraged us to think about what we were doing, not follow blindly the 'Black' principles of cavity design, laying my foundation in minimal preparation dentistry and where appropriate minimum intervention. I was also lucky enough to have had Bernie Keiser as my perio tutor and Prof. Fish for prosthetics, Nicholls for endo and many other eminent tutors.

I know that evidence-based dentistry is now the norm, but regret the current tendency to disapprove of those who 'think outside the box'.

I have been in the enviable position of being able to see in the long term what works and what doesn't, but have come to the conclusion that most procedures if carried out diligently will work, and that all dentistry is the art of delaying tactics against the destroying hand of time!

I started as an associate in 1972, became a partner in 1974, moved mostly away from the NHS after the first 'new contract' around 1990 (seeing the writing on the wall), sold out to a corporate in 2001 and now full circle am working as an associate again!

I have had the good fortune to have worked in a very happy practice (apart from some years of the corporate), made a comfortable if not wealthy living, enjoying and feeling stimulated by dentistry and not least, feeling I have made a difference for my patients.

With the high costs of practice purchase, rise of the corporates and the downgrading of general dentistry from a profession to a business, I wonder what the chances are for new graduates to say the same and how many years they will enjoy and commit to dentistry.

T. Bradbury, by email

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Mouth cancer

Craft beer craze

Sir, in the last decade, the emergence of independent breweries focusing on ales, stouts and flavoured beers, rather than lagers and bitters, has grown massively in the UK, as much as 65% in the last five years and 8% in 2016 alone. The UK now has well over 1,000 independent breweries.[1] This trend is not isolated to the UK, but can also be seen in the USA, Scandinavia and Southeast Asia.

The increase seen in frequency of consumption of high Alcohol By Volume (ABV) drinks in recent years may be of interest to us as clinicians given the group it appears to be affecting. The craft beer craze appears to be being embraced by younger people of higher socio-economic and educational background, both male and female. These patients have previously been seen as unlikely to suffer much in the way of dental and oral disease and possibly deemed overall 'low risk' patients.

As we get to grips with the relatively newly revealed increased risk of oral cancers through HPV transmission, I would draw attention to the risks associated with a possibly increasing consumption of high ABV drinks amongst a similar cohort of the population. These drinks are higher in alcohol content, with many exceeding 6% and reaching as high as 15%. The effect of this skews our previously held conceptions of units in a pint, possibly leading to missed 'red flags' in our medical and social history taking. As we are aware, the new NHS recommended intake for both men and women is now less than 14 units per week, spread across three days in the week.[2] In terms of an average 6% craft beer, this equates to only four pints per week, including weekends. This effect may also be seen, albeit to a lesser degree, in the increased consumption of often commercially cheaper 'New World' wines which are also higher in ABV. Furthermore, there is a well-documented, increased tendency towards consuming the weekly recommended allowance in one sitting.

The long-term effect of this pattern is obviously yet to be seen but as with all alcohol, there are definite immediate and cumulative risks in terms of trauma, oral cancer, non-carious tooth surface loss, and even periodontal disease.[3] What is possibly new, however, are the groups of patients this may be having an effect upon, and the responsibility we have to discuss this with them.[4] Finally, I would like to reinforce the risks to patients and our ourselves, of drinking alcohol the night before driving, working, or going into dental school.

J. B. White, by email

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