Send your letters to the editor, British Dental Journal, 64 Wimpole Street, London W1G 8YS or by email to bdj@bda.org
Priority will be given to letters less than 500 words long. Letters should be typed. Authors must sign the letter, which may be edited for reasons of space

Professional indemnity

Sir, I was surprised to see the *BDJ* news article regarding indemnity insurance (*BDJ* 2004, 197:523), not just because it was inaccurate, but also because it was out-of-date.

The inaccuracy arose in the statement that the GDC 'lays down in its professional standards that a registered person must have indemnity insurance'. This has never been the case; the GDC has always made it clear that professional indemnity can be obtained either by membership of a protection/defence organisation, or by purchasing a suitable policy of insurance.

By the time the article was written, let alone published, the Department of Health had already made clear that it had never been the Government's intention to require dentists to have insurance cover (per se) in preference to the mutual discretionary indemnity of the kind currently enjoyed by 70–80% of all UK dentists, hygienists and therapists. The Department has confirmed that the final version of the Section 60 Order to amend the Dentists' Act would make this unambiguously clear.

We should no longer be surprised to see the insurance bandwagon weighed down by its usual passengers, Dr N J Knott (*BDJ* 2004, 197:660) but while Nigel Knott has pointed out the above inaccuracy, he is outrageously wide of the mark in everything else he says.

Chris Morris, Legal Adviser to the *BDJ*, restored a modicum of sanity to the debate in his reply in the same issue, pointing out the factual, practical and legal impediments to Dr Knott's unfounded prediction that insurance would become mandatory from January 1st 2005.

But even your legal adviser seemed oblivious to the Department's already-stated clarification of its position in this matter, viz; that Ministers have no plans to endorse one type of cover in preference to the other, and that doctors and dentists should retain precisely the same choice as

they have at present.

Is it not significant that two of the discretionary mutual organisations (Dental Protection and MDDUS) are perfectly happy for such choice to exist, while certain parties in the pro-insurance lobby are working overtime to deny doctors and dentists that very choice? I wonder why?

K. J. Lewis

London

doi: 10.1038/sj.bdj.4812110

Student attitudes

Sir, I read with great interest the opinion paper on student attitudes to periodontology (*BDJ* 2004, 197:111). I share some of the explanations but also wonder if this lack of interest is not related to the aspects of periodontology young students are familiarised with during their curriculum: prevention and non-surgical treatment of periodontitis.

Once they have seen specialist treatments they have a different opinion. I also think that a better-profiled and especially exclusive speciality, as we have built up in Belgium and several other countries for example, would change this opinion.

I have seen many so-called periodontologists, who even often call themselves periodontists, which clarifies a lot about their self-opinion, who limit their clinical practice to the so-called 'periodontal diseases'. If they meet herpetic gingivitis or if there is a need for an oral implant they would call this respectively 'oral medicine' and 'implantology'.

Furthermore some practice their surgery under non-aseptic conditions in a dental office using sterile drapes but leaving the nose uncovered. Some also do not hesitate to do what normally belongs to the general dentists e.g. crowns, prostheses.

Under these circumstances it is difficult for a young student to see the interest to devote several years of further training to become what may look to him/her

like an oral hygienist with extended duties (with on the other hand all my respect for this fundamental health profession).

I feel that this opinion poll should be repeated, extended and include the reasons why. This would be of great benefit to periodontology in Britain. I remember your British Society of Periodontology in former decades as a major pole of attraction to all Europeans. Since you were frontrunners, there should be a way to be on track again.

D. V. Steenberghe

Belgium

doi: 10.1038/sj.bdj.4812190

Patient safety

Sir, the recent complaints against the effectiveness of the GMC and the GDC have been highlighted in the press and on television, and both bodies are under pressure to defend their past performance and to demonstrate plans for improved effectiveness.

Patient safety is the concern, and both the GMC and GDC will recruit help from individuals and professional bodies that they can point to as experts in their knowledge and understanding of the issues at stake.

It is inevitable that the GDC will draw its expert opinions from those recognised elites, university teachers and hospital consultants, but if its reach is limited to these groups it will be drawing expertise from too restricted a pool.

The possession of an FDSRCS, even with a medical qualification, is insufficient criterion of an understanding of dental problems and treatment, and it is to be hoped that opinion will be sought from the specialist societies representing the endodontists, periodontists, orthodontists, prosthodontists and restorative dentists, who, with or without higher qualifications, possess vast knowledge and experience.

D. Manson

London

doi: 10.1038/sj.bdj.4812111