Letters to the Editor

Send your letters to the Editor,
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Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

LETTERS

DERMATOGLYPHICS

Sir, the art of ridged skin and the science of finger prints is called dermatoglyphics. The word 'dermatoglyphics' comes from two Greek words (*derma*, skin and *glyphe*, carve) and refers to the friction ridge formations which appear on the palms of the hands and soles of the feet. The ridge formations of the skin of an individual begin to appear during the third and fourth month of foetal development. After death, decomposition of the skin is last to occur in the area of dermatoglyphic configurations.

Dermal palmer and plantar ridges are highly useful in biological studies. Their notably variable characteristics are not duplicated in other people, even in monozygotic twins or even in the same person, from location to location. Thus, dermatoglyphics may be in a position to become the primary means of assessing complex genetic traits, and also useful for the evaluation of children with suspected genetic disorders and diseases with long latency, slow progression, and late onset. In the past, it has been used to assess cancerous lesions, genetic diseases, syndromes or developmental anomalies associated with the hard and soft tissues of the oral cavity, but the cases reported are few in number. In my opinion, dermatoglyphics should be adopted by more dentists and researchers for oral cavity related studies, leading to more early breakthroughs and new discoveries. This should aid early diagnosis, treatment and better prevention of many genetic related disorders of the mouth.

M. Kamboj
Lucknow

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TRAINER EXPERTISE

Sir, I was interested to read the recent paper *Dental vocational training: identifying and developing trainer expertise* by Cabot *et al.* (BDJ 2007; 203: 339-345), and welcome the importance that it placed on trainer expertise in influencing the VT experience.

The number of vocational training places in the UK closely matches UK dental school graduate output forecasts. In the UK, for 2007/8, there are over 880 places, including those in general professional training, salaried primary care dental services and Defence Dental Services.

Readers may be interested to know that the NHS Workforce Review Team publishes profiles of the healthcare workforce professions including the dental specialties, dental care professionals and dental vocational training, on the website www.healthcareworkforce.nhs.uk/wrt.

N. Spillane

NHS Workforce Review Team

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IDENTITY FRAUD

Sir, in the current climate of identity fraud and carelessness with personal details, readers should be stunned to learn that the GDC has sent in the post to colleagues, details of their direct debit mandates with full disclosure of bank account numbers, sort codes, and no attempt to hide the details. When you consider that the GDC publishes the names and addresses of dentists, such information would be gold dust to identity thieves. In the current climate, such wanton carelessness with personal details is inexcusable.

G. McElligott
Liverpool

The Chief Executive and Registrar of the GDC, Duncan Rudkin, responds: Thank you for the opportunity of responding to this letter. As with bank statements and cheque books, unless you view the first online, both regularly drop through your letter box, and both contain bank details: name, account number and sort code.

GDC registrants who pay their annual retention fee (ARF) by direct debit receive a confirmatory notice, sent to them at the address they have asked us to use. This letter contains the same name and account details as in their cheque book. Why do we send such a letter? To reduce the risk of registrants being removed from the Register. That is what could happen if we are unable to collect an individual's ARF, if for example, payment has been agreed by direct debit but the individual in question has changed his or her banking arrangements without telling us.

That is the reason why, when we wrote to registrants in November to advise as to when direct debits would fall due, we confirmed bank account details, so that registrants could check those details. It worked well last year, when the number of rejected direct debits fell significantly. We enclosed full bank details because those are what we need to debit accounts successfully, and thus are what we need people to check. The risk is the same as putting a cheque – identifying the account holder by name, account number and sort code – in the post. Or indeed, receiving bank statements or cheque books through the letterbox.

Every New Year we review the lessons learned from the ARF process in order to continually make improvements. Security of registrant's personal data is a top priority for us and we want to improve

the efficiency of the collection service. Please let me know by sending your feedback to arf@gdc-uk.org.

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STAYING UNHEALTHY

Sir, I have just received early sight of the planned *Staying healthy prospectus for 2008-2011* from Bristol PCT. It is a wordy 22-page long document detailing how they will be dealing with everything from healthy eating targets to alcohol and smoking reduction, from drug misuse to access for all, podiatry and even weight management programmes – as well as all the usual medical problems.

However, the word 'dentistry' does not appear once in the whole document.

Do the PCTs really have so little interest in dentistry that it no longer needs to be part of their written plans for the next three years? Or perhaps they intend to publish a *Staying unhealthy* prospectus, which might be a more accurate reflection of the state of NHS dentistry?

R. Kitchen
Bristol

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CONSCIOUS SEDATION

Sir, we are writing to express our concern about the potential for reduced access to dental care for patients requiring conscious sedation as a consequence of the new dental contract. As conscious sedation has been removed from the NHS contract and replaced with the need to arrange a separate contract with primary care organisations, this is leading to fewer dentists offering conscious sedation techniques to their patients. It is a concern that the experience of established sedation practices is that PCOs have neither the resources nor experience to understand and commission these services. The majority of adult and child patients are able to accept dental treatment with local anaesthesia alone. However, some, because of a real fear or phobia or physical and/or mental disability cannot. Others who are able to cope with uncomplicated treatment may be anxious about unpleasant or potentially distressing treatments. It is right that these individuals have access to appropriate methods of pain and anxiety control and indeed the GDC

have indicated that this is both a right for the patient and a duty placed on the dentist.^{1,2} Management approaches will of course vary according to the severity of the anxiety, the age of the patient, the degree of cooperation and the medical history, and will range from behavioural methods to the need for conscious sedation or more rarely, general anaesthesia. The Standing Dental Advisory Committee report to the Department of Health, which is supported by the GDC, states that:

'The effective management of pain and anxiety is of paramount importance for patients requiring dental care and conscious sedation is a fundamental component of this' and 'Competently provided conscious sedation is safe, valuable and effective'.²

The mission of the DSTG, which has over 400 members, is to promote excellence in teaching and learning of conscious sedation in dentistry and to act as a forum for exchange of good practice underpinned by best research evidence. As a group we are therefore concerned that the new contract seems to have forgotten the role of conscious sedation practice for patients who require it and hope that the Chief Dental Officer and Department of Health intend to review and amend the current contractual arrangements to ensure that where previous services existed they are supported and where conscious sedation is not provided its use is encouraged with reference to 'Commissioning Sedation Services in Primary Care'.³

P. Coulthard
Chairman, Dental Sedation Teachers Group

1. General Dental Council. *Standards for dental professionals*. London: General Dental Council, May 2005.
2. A Standing Dental Advisory Committee Report for the Department of Health. *Conscious Sedation in the Provision of Dental Care*. Report of an Expert Group in Sedation for Dentistry. London: Department of Health, November 2003.
3. Commissioning Conscious Sedation Services in Primary Dental Care. March 2007 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075172

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HIGH FLYERS

Sir, I am writing with regard to an item on the *BDJ* news page (2007; 203: 563) concerning the last successful MGDS candidate.

As one of his examiners, I wish to add my personal congratulations to Dr Bhatti for his success in the examination and for his historic position of being the last MGDS RCS Eng diplomate. But I feel I must correct the statement that Dr Bhatti is the youngest MGDS diplomate in the history of the examination.

I took and passed my MGDS in April 1988 at the age of 29 years and I believe that I am not the youngest to be awarded MGDS RCS Eng.

J. A. Woodcock
By email

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BEHIND THE TIMES

Sir, your editorial on 'smoking success' is welcome of course, but your reference to the four (or indeed five) 'A's as a reminder of how to help smokers in the dental setting is somewhat outdated. Whilst this system may be popular as you say, it is no longer current, in England at least.

In 2007, *Smokefree and Smiling: helping dental patients to quit tobacco* was published by the Department of Health, outlining ways of developing the active involvement of dental teams in smoking cessation, and establishing systems of referral to local NHS Stop Smoking Services (available online at www.dh.gov.uk). The tobacco cessation care pathway provided gives a clear guide for the dental team on what to do. Real enthusiasts can moreover dig deeper into this area by accessing the *Smoking cessation training resource for dental teams* published by the National Institute for Health and Clinical Excellence in 2007.

The fact that the Editor-in-Chief of the *BDJ* does not readily have these resources in mind when addressing the subject of smoking proves that publishing a resource is merely the beginning of a long process of implementing the advice contained within it! More effort at the dissemination stage by the agencies named above would be well worth while, to exploit most effectively the investment that has already been made.

C. Stillman-Lowe
Independent Oral Health Promotion Adviser
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