Our licence to practise is just that; in the same way that our driving licence can have penalty points applied for minor infringements and can be removed in the case of major infringements. A driving licence will be removed from a driver who makes repeated minor offences or a single major offence. Few drivers would say that was victimisation.

Self-regulation is not trusted by the public anymore. Consider the examples of the police, banking, financial services and the press and you will understand why. It is ironic that our profession regulated itself much better when we did it ourselves but we have to accept that those days are in the past.

The GDC is not going to 'go' and allow dentists to set up a more preferred model. Our only hope is to lobby the powers with a cogent argument for improvement of the current system. Bear in mind that the GDC is not there to protect dentists, it is there to protect patients. So self-interest will not help to convince anyone of the need for change.

Polemic

I blame the BDA for our plight. It has missed a chance to improve the reputation of dentists with the public. It has missed a chance to explain to the public how dentistry is funded (and how different the funding is to all other 'NHS' services). The BDA is our representative pressure group and should be fighting our corner. It is up to the BDA to be improving the public image of dentists and dentistry.

The adult dental health surveys have confirmed that dental health has improved massively in my lifetime. We have a lot to be proud of. In contrast, child dental health has improved but is now on the decline again. We know this is due to the funding model. It's time to say so.

If the GDC truly wanted to protect patients then it should recognise that there comes a point when the fees are simply too low to meet the required quality of the paymaster. It's up to the BDA to say this.

J. A. Woodcock, Chalfont St Giles, UK, by email

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Populist solutions

Sir, I have been supporting dentists who are 'failing to thrive' for a number of years so I read Mark Bishop's polemic¹ against the General Dental Council and the flaws in the current NHS contract with interest.

His article makes for entertaining reading. The populist solutions offered echo Donald Trump's policies; emotionally attractive but too simplistic, but I do agree that morale within the profession is at a low point.

Is there any hope for dentists in the twenty first century? My answer is an unequivocal yes! Andy Toy (personal communication) says that the best time to be a dentist is always 20 years ago. We must remember that we have the knowledge and skills to thrive in any period, if we make up our minds to do so.

George Bernard Shaw described professions as conspiracies against the laity; the knowledge, expertise and power is always in the professional's hands. Most dentists act in the best interests of patients most of the time. But even the best of us can't abandon at least a smidgeon of self-interest.

A small proportion fails more seriously and patients do need a referee in the ring with them when things go wrong.

At the moment, the pendulum of regulation does seem to have swung too much against the profession; but regulation and policing will always be needed to protect patients as well as helping to get failing dentists back on track.

J. Cottingham, Healing, UK, by email

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Root canal treatment Netflix warning

Sir, we recently watched the newly released documentary *Root Cause* on Netflix and thought it necessary to make the profession aware of the important message it delivers.

The description clearly states that it will 'set ripples through the dental profession' and 'expose perhaps one of the world's greatest medical industry cover-ups'; and should not be ignored.

As if dentists are not aware of the vast amount of research demonstrating the links between oral and systemic health, this documentary exposes the truth that five years of training is merely a sham, depriving us of vital knowledge that could save lives.

The story follows a patient who received root canal treatment (RCT) only later to develop chronic fatigue syndrome and a host of barriers to him living life to the fullest. Whilst many may label the protagonist as a chronic hypochondriac, his mandate is to abolish RCT

and the weight of evidence provided by the documentary's numerous experts should leave little doubt that RCT does 'nothing positive for the general health of the body at all'.

Critics will point out that these experts of 'holistic dentistry' also described as unconventional dentistry are the subject of revoked licenses, litigation and generalised scrutiny when searched online, but as a profession that has long suffered in the glare of public perception, we should not let smear campaigns cloud our judgement.

Indeed, if peppering their argument with the phrase 'science shows' alongside visual animations was not enough, then the volume of anecdotal evidence provided should sway even the harshest sceptic.

Examples of this include a kidney infection cured by the extraction of a completely healthy upper central incisor – a treatment option that consultants at dental school failed to make us aware of, and one that we will be offering to all our patients who attend our surgery who note a kidney complaint in their medical history.

We hate to be the bearers of bad news but it transpires that it is not only root canal treatment that is attacked by 'Root Cause'. The use of titanium implants is described as similarly hazardous, with one expert comparing the logic to putting a spoon in an electrical socket. Furthermore, the documentary left us wondering why the NHS cannot find the funds for ozone gas to be used after every extraction.

We are yet to hear a response to this cutting-edge documentary from any endodontic societies but it would appear that the science supporting RCT is now redundant, with us as the victims of fake news perpetuated by endodontists in order to sustain their livelihood. We implore our fellow professionals to watch 'Root Cause' and re-evaluate how we currently practise.

K. Walker and S. Reeves, Manchester, UK, by email

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Sepsis

Grateful thanks

Sir, I have never previously read an article in the *BDJ* that has had such an emotional impact on me as I had with that on sepsis.¹

This deeply personal account of the events leading up to one of the authors' baby son's untimely death from sepsis, has had me in tears on multiple occasions, both whilst reading it and whilst reflecting upon it thereafter.

I write this as a dentist, and a mother to a 21-month-old boy. I cannot begin to comprehend the anguish these events have inflicted upon the author and her family, and I have nothing but admiration for the strength and bravery she has demonstrated in offering this frank account for publication.

I feel I would be more clearly able to identify the red flag signs of sepsis now, and hope if I ever have cause to use this knowledge, it goes some way to honouring the memory of William Mead.

L. E. Crane, Glasgow, UK, by email

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Research

Research: GDPs may need more training

Sir, I am interested to know why we are not teaching basic research skills to GDPs? It has been shown that in research-active NHS organisations there appears to be better patient outcomes and increased morale in their doctors.¹

I am led to believe that the current dental education system provides teaching and training on a wide variety of subjects, which covers a number of areas aimed at clinical and non-clinical skills.

However, through analysis of the current programme it seems that it could be enhanced with the addition of specific, critical thinking skills, which are associated with the social sciences and research.

The topics covered as part of foundation training are clinical, communication, professionalism, management & leadership and legislation and regulation.²

But research skills, specifically the social science research skills of writing, researching and collecting qualitative data, are currently not included.

This inclusion, potentially, may enable professionals to remain in practice to conduct qualitative research, without paying for expensive master's degrees. Interestingly, dentists may be struggling to access NHS PhD fellowship programmes and funding.³

By opening up research possibilities to all, it may lead to more pure research degrees being completed, via publication outside universities, at a lower cost to everyone.

To follow, research is known to improve critical thinking skills, which is another cost benefit. Hence, can including the critical thinking skills associated with social science skills help dental professionals meet the GDC outcome A and allow an avenue for 'new-skill' development as part of the enhanced-CPD recommendations? (Effective communication – communication skills, complaints handling, raising concerns).

I believe current CPD relates to the 'maintaining' of existing skills, but does not target written communication, which research requires. These writing and analysis skills can also potentially help young dentists deal with complaint letters.

Equipping young GDPs to correspond better in writing to their own patients, rather than relying on their defence organisation or senior colleagues to write for them, can only be a good thing. I feel not every GDP needs a social science master's degree, but some of the skills associated with it are beneficial.

D. Martin, Nottingham, UK, by email

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Trauma

Trauma revisited

Sir, the clinical problem of diagnosing and managing traumatised teeth is threefold, in terms of prevalence, complexity and ambiguity.

In 2012, the International Association of Dental Traumatology (IADT) published guidelines for the management of traumatic dental injuries and we would like to bring some of the available resources to the attention of *BDJ* readers.^{1,2,3}

The Dental Trauma Guide is a non-profit website developed in cooperation between the Copenhagen University Hospital and IADT.⁴

The website contains a useful Trauma Pathfinder, which allows clinicians to input the presenting features of a traumatic dental injury, such as stage of tooth maturity, type of injury, and extraoral time. The Pathfinder uses this information to advise the clinical management indicated and to estimate

prognosis using interactive diagrams to support learning. Annual subscription of £25 is required in order to fully access the interactive learning tools.

Smartphone applications to aid in the management of dental trauma are available to download on Apple and Android, negating the need to digest the full content of the IADT guidelines in an emergency situation that may present with little or no warning.

ToothSOS, the official free app of IADT, provides information to both patients and professionals in the event of a traumatic dental injury. The app provides pictures to help patients recognise injuries and direct them to seek emergency treatment as required. For professionals, a copy of IADT guidelines is made readily accessible.

Dental Trauma is a free app designed to provide accessible first aid advice and is endorsed by IADT. It aims to help parents, teachers, sports coaches and others to make appropriate decisions if they witness or experience a traumatic dental injury.

InjuredTooth app is available to purchase for £5 and is targeted for use by dentists. A basic trauma pathfinder is included. Data protection regulations restrict the transfer of personal data outside the EEA, therefore the functionality of this app is currently limited within the UK.⁵

Facilitating access to evidence-based guidelines for the diagnosis and management of traumatic dental injuries may improve outcomes for affected children. Smartphone applications may have a useful application in this respect.

M. Olawale, S. McKernon and L. Gartshore, Liverpool, UK, by email

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