

Letters to the editor

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

Overseas dentists

Dental therapists: 'no exams necessary'

Sir, I am very grateful that you have highlighted the issue of overseas dentists registering as hygienists and therapists in your editorial *Alignment*.¹ The British Association of Dental Therapists (BADT) has been working to raise awareness of the issue and, accompanied by the British Society of Dental Hygiene (BSDHT), met the General Dental Council (GDC) recently to discuss the situation with them.

Your editorial states that moves are 'afoot' to register overseas dentists as dental therapists and dental hygienists pending application to take the Overseas Registration Examination (ORE). This has been going on for some time. Over 100 overseas dentists have registered with the GDC as dental therapists, up to 31 October 2019.

As you know, it is a legal requirement for dentists who qualified outside the EU to sit the ORE or LDS, which are designed to test the clinical competency of overseas dentists in both theoretical and practical skills. Currently, active recruitment is taking place, with a growing number of unregulated agencies using aggressive marketing, particularly on social media, offering to assist overseas applicants with their registration as dental therapists. One agency even highlighted to potential candidates that there were 'No exams necessary' in order to register as dental therapists or hygienists. The BADT Facebook page is getting several enquiries every week about how to register as a dental therapist 'without sitting exams'.

Currently, the GDC's application process is based on an examination of paperwork only and there is no attempt by the regulatory body to directly examine the practical and theoretical clinical skills of overseas candidates, or understanding of working within a restricted scope of practice. This

is particularly alarming since the failure rate among dentists sitting the ORE's Part 2 dental mannequin test is high. The average failure rate is 50% and at one sitting, according to the GDC's own website, this rose to 69%. This suggests that potentially, overseas dentists may register as dental therapists (the only other class of registrant who removes dental hard tissue) without meeting UK clinical standards, despite the GDC claiming its paperwork assessment of potential overseas registrants is 'robust.'

Direct examination of such candidates would be the GDC's prerogative under Section 36c of the Dentists Act 1984, 5 (a) (ii). Following the BADT's meeting with the GDC, the regulator has finally agreed to look at its process.

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Reference

1. Hancocks S. Editorial: *Alignment*. *Br Dent J* 2019; **228**: 135.

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Pharmaceuticals

CBD oil

Sir, I would like to inform readers about a new range of products that have recently started appearing on my clinical radar. Cannabidiol (CBD) Oil has experienced a meteoric rise in popularity in the UK in the past years due to frequent media exposure combined with the recent legalisation of cannabis-based prescription medications.¹ CBD oil is being presented as a miracle cure, and is claimed to help alleviate symptoms associated with epilepsy, attention deficit hyperactivity disorder (ADHD), autism, neurodegenerative disorders, cancer, multiple sclerosis, chronic pain and inflammation. However, there is a limited research base to these claims, and most of the research

is predominantly focussed on prescription based CBD products.² In the UK, CBD oil can be sold over the counter, provided that the Tetrahydrocannabinol content is less than 0.2%. Tetrahydrocannabinol or THC is the component of cannabis associated with psychoactive effects or 'high' people experience from cannabis.

CBD oil containing products are often sold as food supplements, and are advertised as a form of natural self-medication. This can understandably be tempting for patients, as it gives them greater autonomy over their own health, but may also lead to increased mis-diagnosis. More CBD oil based products are emerging in the form of toothpastes, mouth sprays and drops. These products are also being marketed as being able to help alleviate anxiety. This poses many potential consequences for dental professionals. Firstly, we do not know what impact using CBD-based products may have on the oral cavity. Also, products with sedating/anxiolytic properties may affect the consent process, and potential drug interactions are currently unknown.

Considering their relatively rapid appearance on the market, it is unsurprising that there are no current guidelines concerning CBD oil use in dentistry. However, as evidence-based practitioners, there is a need for further work on CBD oil in terms of relevant therapeutic applications and potential harmful side effects.

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References

1. Home Office. *Government announces that medicinal cannabis is legal*. 11 October 2018. Available at: <https://www.gov.uk/government/news/government-announces-that-medicinal-cannabis-is-legal> (accessed January 2020).
2. World Health Organisation. CANNABIDIOL (CBD) Critical Review Report. World Health Organisation. Report Number: 1, 2018. Available at: <https://www.who.int/medicines/access/controlled-substances/CannabidiolCriticalReview.pdf> (accessed March 2020).

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