light system could be used to indicate non-acidic (green), low-acidic (amber) and high-acidic (red) products and this could be combined with numeric information regarding the acidity of the product.

Policy makers, manufacturers, media, and institutions training healthcare personnel should combine forces to educate the public and health professionals and promote inclusion of acidity of products in the FOPL.

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Sustainable dentistry

Frighteningly high waste

Sir, the environment and the use of sustainable materials is becoming increasingly important to members of the public and to me. In my personal life I am making increasing efforts to reduce my waste and increase my recycling capacity. Yet for all my efforts outside of the workplace to reduce waste, at work I am culpable for a frighteningly high level of waste. Working within a hospital department it has now become an accepted practice to move towards the use of disposable instruments. These range from plastic examination mirrors through to metal suturing kits. The reason for this is based on the cost effectiveness of sterilising instruments. Hospitals have found that single use instruments bought in bulk can be cheaper to replace than the cost of sterilising sets. At a time when the NHS is stretched to capacity, money talks. But what should also be talked about within commissioning groups is the long-term environmental impact of the decisions we

are making in the short term. When do we start looking holistically at the impact we are having on the environment and the effect this will be having on our patient? How can a health service continue to become an ever increasing shareholder in the production of waste without taking up a greater responsibility to reduce its impact?

J. Reid, Cumbria, UK

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Dental apps

User friendly

Sir, we live in a world where everyday life is simplified by apps on our phones. It now appears that dentistry is heading in the same direction. I was not aware of the SDCEP Dental Companion app until I read your useful insert in the *British Dental Journal* (Volume 228 issue 7). I already had the BNF, Tooth SOS and the SDCEP DP app downloaded on my phone. Working in a busy maxillofacial department means I see a lot of patients with polypharmacy with a variety of medical and oral conditions. The apps allow me to find all the relevant up to date guidelines in one single location, rather than searching through a variety of books or online websites. The apps are also user friendly, efficient and allow clinicians to standardise the patient care. Overall, having this information freely available in your pocket allows you to have access to it during busy shifts for convenience and patient safety.

A. Boscarino, Liverpool, UK

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GDC registration

Over a barrel

Sir, having retired from general dental practice in August 2019, I wanted to fulfil a professional wish of volunteering abroad. With the charity Dentaaid, I travelled to Morocco in October 2019 and along with several other professional colleagues, we provided emergency treatment to children in primary and secondary schools. It was one of the most mental, physical and emotional challenges of my life. Upon return, I felt I needed to help again and so applied to go to Uganda for two weeks in November 2020.

In preparation for volunteering, I rang the GDC and was informed there are no special

rates for volunteering abroad once retired: I would have to pay the full registration fee, which we all know is very high, even with the supposedly 'generous' reduction to £690, and one of the most expensive professional registration fees in the UK. My indemnity provider wanted GDC registration so I felt I was over a barrel, trying and wanting to do good but at great financial cost.

It was then suggested that I could register with the Irish Dental Council at a cost of €220. I consulted with my indemnity provider who reviewed my case and very kindly agreed that this was possible. This was a saving of approximately £500, which will go towards the cost my volunteer trip. It wasn't all plain sailing as, for the Irish registration, I needed two documents from the GDC:

- A letter of professional status
- A letter of conformity and compliance with Qualifications Directive 2005/36/EC.

The first was supplied very quickly, the second took 23 working days. The GDC needed to check with Liverpool University that my BDS degree obtained in December 1986 complied with the above. I found it astonishing that this needed to be checked and it hadn't been confirmed in my 33 years of GDC registration and wasn't readily available in the GDC files. To compound matters the GDC didn't even send its request to the correct Liverpool University department ie the Dental School. I have written to the GDC regarding my anger, frustration and disappointment in their organisation. Why should I, or any other retired dentist, have to seek registration with another professional body to order to help others? I would have willingly volunteered further with DENTAID in their projects in the UK, if the registration were fairer.

I realise involvement in these projects is a personal choice, but am I the only dentist who does not want to pay exorbitant costs to effect life changing dental care for those in need, now I have the time and experience? The GDC cost structure is preventing professionals from offering their services and expertise when demands for free dental care both in the UK and the rest of the world are so pressing. I plead with the GDC to wake up and change.

S. M. A. R. Kelsall, Wing, UK

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