ric medicine but may be lacking in other departments. Perhaps specific courses should be included in OMFS SHOs' induction programmes, thus becoming a uniformly mandatory requirement. We think that an appraisal system for dentists should be implemented to help identify gaps in knowledge and training as occurs in paediatric specialist training on an annual basis. Some basic dental training would also be beneficial for at least emergency doctors. In terms of management, we believe that in cases of facial and dental trauma each child should be jointly shared with the paediatric medical team.

Finally, as per GDC principles,² dental professionals are expected to find out about local procedures for child protection and to follow those if child abuse is suspected. We suggest the 'Child protection and the dental team' website (www.cpdt.org.uk) by the Department of Health as a great educational source.

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DENTAL PENSIONERS

Sir, I note Hugh Capstick's letter *1948 club* (*BDJ* 2010; **208**: 440) suggesting the formation of a club for those who entered the NHS on founder's day, July 5 1948.

As a potential candidate may I ask what he has in mind? A sort of dental Chelsea Pensioners with all conventional benefits?

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POLARITY OF ATTITUDE

Sir, I read your recent editorial 'Research and the axe factor' (*BDJ* 2010; **208**: 547) with interest and particularly found pleasing your acknowledgement that a past editorial 'Asking the right questions' could have been phrased differently.

However, your current editorial uses the phrase 'ivory-towered academics'

which suggests some kind of deliberate strategy and which incidentally involves a slight on perhaps one arm of the profession. Alternatively you may be reflecting a real polarity of attitude which exists between those directly in contact with the general public, namely the general practitioner, and those whose main interests lie in research of any kind and teaching.

My own experiences as a general practitioner and a long-term elected past member to two national committees while engaged in my own research programme gives some evidence to support the conclusion of the latter alternative.

Your current editorial, quite properly, makes a strong case for research to relate to the everyday events of dentistry and particularly with the behaviour of a subset of the population. The behavioural sciences have over a long period attracted the studied attention of some dentists, psychologists and sociologists who in their day have attracted unkind remarks from those who have seen dentistry as only being concerned with the dental and medical tissues. It is comforting to see the general acceptance of the fact that teeth are attached to people and that what people think of their teeth is of crucial importance. Many of these belief systems can now generally be understood and acted upon, bringing acceptance to forms of treatment which were not available to these patients in the past.

However, attitudes and belief systems are subject to change over the life cycle of the individual and throughout the generations. The scientific approach when determining these factors must of necessity be different to those which investigate the fundamental nature of the dental tissues, their structure, composition, biochemistry, genetic constitution, etc. There must surely be a respectable place in our profession for those whose work this is and who have the ability to communicate their findings and basic knowledge easily to others, and through necessity to each other, and, just as crucially, with those working in other disciplines.

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