Letters to the Editor

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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.

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RVG GLOVE

Sir, obtaining an intra-oral periapical radiograph (IOPA) is a routine procedure in general dentistry. Today most dental practitioners use radiovisiography (RVG) sensors for this. During use, radiographic equipment can become contaminated with patient blood and/or saliva if aseptic techniques are not practised well. RVG sensors are covered by plastic sleeves for the purpose of cross infection control (Fig. 1a). It has been observed that the corner of the plastic sleeve covering the RVG sensors generally hurts patients, especially while taking mandibular posterior region radiographs. These plastic sleeves are loose and difficult to hold in place, especially in geriatric and paediatric patients. To overcome this problem we have tried an innovative method of using the finger of a glove to cover the RVG sensor, which fits snugly on the RVG sensor and is not painful since the glove doesn't have sharp corners (Fig. 2). In our practice we have found use of the glove covering the RVG sensor very satisfactory. Also use of the glove is economical when compared to plastic sleeves.

Fig. 1 a) RVG sensor covered with plastic sleeve; b) RVG sensor covered with the finger of a glove

Fig. 2 RVG sensor covered with the glove placed inside the patient's mouth

R. S. Desai, S. Shetty, H. Shetty, Mumbai
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NHS ASTONISHMENT

Sir, thank you for publishing the paper by R. Patel *et al.* (*BDJ* 2011; **211:** 133-137) regarding the numbers of EEA dentists working in the UK. I qualified in the UK and worked in the NHS for eight years before entering wholly private practice prior to the introduction of NHS performer numbers. Despite my many years of experience I am unable to return to the NHS as vocational training did not exist when I qualified and I am therefore unable to obtain a performer number.

It is astonishing that an EEA dentist can obtain a performer number and work in the NHS without any vocational training and yet I am unable to do so.

As to the standard of training of dentists in the EEA which is outside the remit of the GDC, we know there is no equivalence as the paper states. The European Union permitted free workforce movement before the harmonising of undergraduate dental education and the results are much like the crisis facing the Euro common currency pulled apart by the differing economies of the EEA states.

An EEA dentist new to these shores requested information from my dental laboratory on how to make dentures for a patient as it was not part of their training. So we have the situation where a UK qualified dentist with many years' experience is not permitted to work for the NHS, but an EEA dentist who may/may not communicate in good English and may/may not have any experience is welcomed. Can anyone tell me who is protecting the patients?

But then common sense was never a strong part of the EU, and even less in the NHS.

V. Chan
By email

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CALLING DISABLED DENTISTS

Sir, I qualified at Leeds University in December 1983 making me ... ancient! I've worked in various parts of the country and southern Spain for three and a half years. At one time I worked six days a week, although I found working on a Saturday not too successful if it clashed with an important rugby or football match. I left dentistry for a few years to go to drama school and fulfil my passion of becoming a musical theatre actress but the lure of a comfortable income was strong and I returned to 'drilling and filling' (the contract was very different in those days). My stage-work continued in an amateur capacity.

My self-centred life changed dramatically from 1996 when I was diagnosed with Hereditary Spastic Paraparesis (HSP) which is a slowly progressive neurological disorder affecting my

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