Letters to the Editor

Send your letters to the Editor,
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Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

LETTERS

SHAME ON THE MPS

Sir, having sent off the postcard to my local MP as requested by the BDA regarding the CQC, I was eagerly awaiting the reply from the MP. Not only did I send the postcard to the MP in whose constituency my practice is, I also sent a copy as well as a detailed letter to my MP in whose constituency I live.

The first reply came in the yellow envelope and matching paper with an explanation in the normal political waffle of the aims and issues of the CQC. Well, I was not surprised at the answer from the MP. What, however, did surprise me was, when I received the second letter from my home MP, it was 100% the exact same letter as the one received from MP number one! Then only did I realise that this was a standard letter, most probably drawn up by some underling in Westminster, and then sent to all MPs to copy-and-paste onto their letterheads by one of their office workers. I am quite doubtful that any of the MPs ever read or even laid eyes on the postcard. So much for our effort and shame on the MPs for insulting our intelligence and treating us like a bunch of idiots!

So, to all my stressed and depressed colleagues out there, we all got the same copy-and-paste letter which basically tells us: nobody really cares!

J. Truter, Felixstowe and Ipswich
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BEGGARING BELIEF

Sir, it's that time of year again! Along with the joys the festive season brings, there is also the drudgery of completing tax returns, guessing what the new annual retention fee will be, and completing and returning the hours of annual CPD. This year I found out that

the CPD declaration could be submitted online, and registered, finding the security question 'how many fillings do you have?' quite humorous – considering that I had no idea!

However, what I didn't find quite so funny was to discover that in my case no hours had been entered for two consecutive years, despite the fact that I had posted them. Assuming that this was a clerical error, I contacted the GDC, only to find that the external agency involved had either not received the hours, or had not entered them. When I enquired if any system existed to contact registrants who unexpectedly suddenly stopped sending in their annual CPD returns, I was told that the onus was upon the dentist to ensure that they were submitted, and that such a system would be too expensive! This explanation from a body we pay to 'protect patients and regulate the dental team' beggars belief.

There are a significant number of registrants who do not have access to, nor wish to, submit and check their returns online, and who rely solely on the postal system. Currently the first contact from the GDC would be at the end of the five-year cycle to investigate why the registrant had not fulfilled the required amount of hours. Should a registrant not respond to the GDC's three warning letters, then the GDC would commence their investigation. This would be most stressful for any clinician or DCP, especially for those who had posted their annual returns in good faith and assumed all was well.

Paradoxically, I also discovered that we should not only keep a record of verifiable CPD for ten years, but 'be able to verify non-verifiable hours as well'! How we should do this was not explained.

To prevent an unwanted surprise at the end of your cycle, may I suggest that colleagues concerned about their returns either register to check their CPD online, or contact the GDC CPD office on 020 78873879.

G. Power, London

Gurvinder Soomal, Head of Registration at the General Dental Council responds: Thank you for the opportunity to respond to Mr Power's letter.

Continuing professional development is a legislative requirement for all dentists and DCPs to remain registered to practise. The purpose of CPD is to maintain public confidence in our registers by ensuring dentists and dental care professionals have not only acquired the qualifications needed to practise, but continually update their skills in order to give their patients the best possible treatment and care.

eGDC vs. the post

With more than 95,000 registrants (including around 38,400 dentists), gathering CPD information is a huge task and we do expect registrants to take responsibility for their own submissions. We are sorry Mr Power's experience with the postal system has not been positive. We have tried to eliminate the possibility of returns going missing en route through the development of our 24-7 online service at www.eGDC-uk.org. Accounts can be created through our main website www.gdc-uk.org. This has to be a very secure system hence the need for security questions to log on. More than 57,000 registrants have already signed up to the system.

We still cater for those who do not have access to, or do not wish to use, the online system. A declaration form and a free-post envelope are posted to all registrants at the time of their Annual Retention Fee

renewal. Taking a photocopy of your form before sending it off could be one way of keeping a record of what has been submitted and can help aid double-checking at the end of the five year cycle.

Keeping track of hours

Just like Mr Power, we don't want any surprises when it comes to CPD.

There is no legal requirement for the GDC to request annual CPD returns, but we send forms yearly to give registrants the opportunity to update any hours that they have completed. We hope this helps registrants in planning their activities and reminds them of their responsibilities.

At the end of a five-year cycle, the GDC sends a letter asking registrants to declare the number of hours they've completed along with a statement of previously submitted hours. At this time a further opportunity is available for registrants to review or amend details.

If a registrant does not respond to the end of cycle request, or has failed to declare compliant hours, we follow our CPD Rules. Registrants will be given the opportunity to provide us with evidence of their activities in order to satisfy compliance with our requirements. However, if a registrant is unable to demonstrate they've met with our requirements, their registration may be at risk. This process takes a number of weeks and we make every effort to contact those who have not got in touch.

Keeping records

During the five-year CPD cycle a registrant is required to keep a record of both their general CPD and all certificates pertaining to their verifiable CPD. It is also a legal requirement that these records, such as certificates, are retained for five years after the end of the cycle. This evidence may be requested in our audits. This is when we ask a sample of dentists and dental care professionals, who confirmed their compliance, to send in evidence of the CPD they have completed.

When it comes to keeping a record of non-verifiable CPD hours, this is about keeping basic notes. For example, write down specific journals you may have read, recording details of any on the job training such as dates and who taught you, or listing time spent being peer reviewed. We provide a table on the back

of our CPD guidance document as one way of helping you keep these records.

If a registrant would like confirmation of the CPD hours that have been logged with the GDC, they are able to access this information at any time through their eGDC account, or they can email information@gdc-uk.org or call the GDC Customer Advice and Information Team on 0845 222 4141.

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POOR COLOUR MATCH

Sir, I felt a little Victor Meldrewish the other day when a patient phoned to complain about a filling I had placed some two hours earlier. He came in as an emergency having lost a small part of an otherwise intact disto-occlusal lower left six. I duly restored with amalgam only to hear from the patient later saying he was very unhappy with the colour match of the new amalgam! I really didn't believe it!

P. R. Williams, Lowestoft

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CORNERED

Sir, I always find that your editorial has a good handle on matters and *A risky business* (BDJ 2010; 209: 483) was no exception. The letter from Professor Pankhurst and from D. Andrew, same issue but different issues, serve to illustrate that the greatest risk today to dental professionals in the UK comes not from *Legionella* contaminated DUWLs but from HTM 01-05, PCTs, the CQC, the HSE and a plague of other regulations and regulatory bodies.

Cynical? Perhaps. Overwhelmed? Maybe. Cornered? Definitely!

However, when my grandson told me recently that he'd like to become a dentist, I told him that there was no finer profession to be in.

Retired? Nearly. Dead? Not quite yet. Given up? Never!

M. de Mendonca, Brighton

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STRESS MODIFIED SWALLOWING

Sir, I write in reference to the article *Risk management in clinical practice. Part 8. Temporomandibular disorders* (BDJ 2010; 209: 443-449).

I was interested to see in Figure 10 and Figures 11a-b and to read the description

of firstly 'Scalloping of the lateral border of the tongue' and secondly 'Ridging of the buccal mucosa on the inside of the cheeks'. The use of these descriptive terms, firstly, 'a bivalve mollusc, or a dress making or a pastry making term' and secondly 'a geographic term', does not lead us to a physiological understanding as to how these conditions have arisen.

It is the neglect of studying of how our patients swallow, in my opinion, that has resulted in the plethora of so called cures for TMD. As we all know, many of these patients get better on their own accord!

However, these three illustrations show the results of 'subconscious habitual clenched swallowing'. These habitually repeated excessive muscular swallowing pressures of the tongue and the swallowing muscles attached to the mandible against the 'dentition' produce 'indentations of the tongue' and 'indentations of the buccal and labial mucosa'.

Further a symptom of this para-function, not mentioned, is hypersensitive gagging. This occurs where excessive stress associated repeated clenched swallowing results in the patient's inability to swallow with their teeth apart. Simple exercises after analysis of the patient's swallowing pattern will restore a normal adaptive swallowing behaviour.^{1,2}

Excessive stress leads to a lack of adaptability. The TMD syndrome is a classical illustration of the failure of patients and our profession to cope with the hazards, difficulties and stresses we go through.

Unfortunately a whole industry has developed around TMD. The reduction of excessive stress modified swallowing to adaptable swallowing would make many of these procedures unnecessary. I was often reminded of the fairy tale of the 'Princess and the Pea' when I came across a particularly hypersensitive TMD patient; the encouragement of patients to understand and to help themselves is an invaluable aid!

For a suggested swallowing classification see *Classifications* (BDJ 2005; 198: 561).

C. G. W. Wilks, Billesdon

1. Wilks C G W. The Hidden Fear (Video). Dept Radiol, King's College Hospital Dental School.
2. Wilks C G W. Treatment of a dental phobic with pronounced aversion to rubber gloves by swallowing relaxation in two appointments. *Br Dent J* 1993; 175: 88-89.

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