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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