

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.

Readers may now comment on letters via the BDJ website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

DENTURE RECORD

Sir, a longstanding NHS patient came in for her annual check up recently. She was a little overdue as I last saw her 16 months ago. As she was settling into the chair, I asked how she was getting on with the upper partial chrome/cobalt I fitted on her last visit. Immediately she appeared a bit sheepish and we all know the symptoms: she has either never worn it or the dog has chewed it up!

On examination I was surprised to see a well fitting and highly retentive denture in place and as I removed it with some difficulty, I was struck with horror as I realised it had not been removed since I fitted it 16 months ago – the patient was apologetic.

This is a record for me after 34 years in practice but I know records are there to be broken so over to you, respected colleagues!

P. R. Williams
Lowestoft

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PRIVATE MEDICAL NOTES

Sir, I have recently incorporated my practice and as such I had to reapply to the CQC as a provider and as a manager.

One of the sections asked me to tick yes or no to the request to allow permission for the CQC or any of its 'representatives' (whoever they might be) to access my private and confidential personal medical notes from my GP.

I told them I didn't want to give this permission as I felt it was a violation of my right to have this kept confidential, and I was told that if I didn't, I wouldn't be allowed to register and therefore practise legally.

So I am being forced to give away a right that pretty much everyone else

in the country has on pain of having my livelihood of over 30 years taken away from me.

I was advised that I could take this to the European Court of Human Rights but that I was unlikely to be successful.

We as dentists have to protect patients' notes and confidential information and can only release these under very special circumstances, for instance for a serious police inquiry like a murder case.

The argument is that managers have to be medically and psychologically fit. But if the CQC suspected there to be an issue, application could be made then, and if any manager withheld this information inferences could be made.

Drivers also have to conform to certain levels of 'fitness' but I would imagine there would be an outcry if the DVLA had access to every licence holder's medical notes.

Are other colleagues aware of this – have they signed and thought 'oh well...?'

Can the BDA fight for our rights?

Can anyone advise what I should do?

D. Burton
Leatherhead

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UNFORTUNATE COMMENTS

Sir, I read the article by Patel *et al.* (BDJ 2011; 211: 133–137) with interest. As I am a non-UK EEA qualified dentist myself I would like to make the following points:

- Non-UK EEA dentists did take up NHS general dental services (to the benefit of the UK population) at a time when inadequate numbers of UK trained dentists were available. The immigration of these dentists

has also saved the UK Government a considerable amount of expenditure on training at the expense of other European governments

- It is unfortunate that Table 4 did not also include a column covering the UK trained dentist population. What proportion of UK trained dentists did VT? What proportion has experience of working with the few CDTs that are registered and even how many have extensive experience of working with a dental therapist?
- Comments on understanding of regional accents and dialects are unfortunate, first because it is only introduced in the discussion without any reference to it in either the methods or results sections and secondly because this is a problem also suffered by UK nationals if they move to parts of the country with strong regional accents and dialects.

W. Leysen
Sheffield

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FORWARD TO HARMONISATION

Sir, we wish to comment both on the paper by Patel *et al.*¹ and the comment made in the accompanying editorial.² The article provides figures on the movement of dentists qualified in member states into the UK. Unfortunately the discussion contains much in the way of anecdotal evidence, which is unfortunate, and there are other influences that the paper only mentions in passing. We would like to highlight the activities of the Association of Dental Education in Europe (ADEE) which has updated the documentation of DentEd mentioned in the article including the highly cited 'profile and competencies'