and 'curriculum structure' documents.^{2,3} Both updated documents were a result of intense European discussion not only from schools but dental associations and regulatory bodies. There was strong representation from the UK in this debate. Progress of the harmonisation of standards across Europe is occurring; the pace of change is difficult to measure but it is happening.

At a recent ADEE conference we received a keynote address⁵ from Professor Lesleyanne Hawthorne, University of Melbourne, on 'The Looming War for Skills: Global Demand for Foreign-Qualified Health Professionals'. This highlighted that movement of health professionals is not just peculiar to dentistry and certainly not only a European problem. There is a global shortage of skilled professionals and it does ask the question who will be filling the void for dentists in Eastern Europe and the Indian subcontinent? How many UK dentists look towards other countries to work such as the USA, Australia and New Zealand or even Europe?

The current European professional qualifications directive for open movement of professionals is being updated and a green paper has been released.⁶ ADEE has made representation to the EU commissioner who realises that the system of automatic recognition continues to offer an effective solution for the mobility of dentists. However, the preliminary report has highlighted the need for a minimum training duration and there is broad consensus that the duration of training is sufficient. There is debate for using European Credit Transfer System (ECTS) credits instead of years or hours to define the minimum training duration. An area where further discussion is required focuses on Annex V of the directive which covers dental training subjects. Dental professional organisations and competent authorities of several Member States favour an update of the list of dental training subjects in this annex. Several stakeholders favour the inclusion of a list of achievement of generic and subject related competences in the directive (output-based training). The EU commissioner is aware that the

Council of European Dentists and ADEE have made suggestions for updating this annex, which will lead to uniformity of training.

ADEE has focused on three points of interest in the directive and these include modernisation of training requirements, continual professional development and language skills (in particular communication skills). We have forwarded our documentation to the Commission as a ready-made European framework to be used for the training of dentists.

Therefore in answer to the editorial, we refute that there has been political failure and that 'Someone should do something'. The documentation and instruments already exist and are a way forward to harmonisation of European training.

A. D. Walmsley
W. Harzer

Association for Dental Research in Europe

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PROPORTIONAL TO THE INVESTMENT

Sir, I write in response to the letter of A. Smith (*Askew advice*; *BDJ* 2011; **211**: 305) regarding the advice statement¹ from the Scottish Health Technologies Group (SHTG) on benchtop steam sterilisers, and the BDA's response to this.²

Readers will be aware that the decontamination of dental handpieces has been a contentious issue for many years. As part of its ongoing review of decontamination requirements, the

Scottish Government's Dental Decontamination Group requested SHTG to provide advice on the use of vacuum sterilisers. The Decontamination Group is chaired by the Chief Dental Officer for Scotland and its membership includes Professor Smith and BDA representatives. The Group, as a whole, accepted the conclusions of SHTG.

It is also important to remember that the SHTG advice statement changed nothing; it did not impose any additional requirement on dental practices in Scotland, nor did it alter the current position that downward displacement (non-vacuum) sterilisers are acceptable in primary care dental settings. This is consistent with existing practice in England, Wales and Northern Ireland, where the government health departments recognise the uncertainty of current decontamination techniques consistently achieving dental handpiece sterility. Consequently, the use of vacuum sterilisers in primary care dental practices is not required by any government health department in the UK.

Regarding the BDA's comment on the SHTG statement, I can see no problem in welcoming an approach as 'common sense' where it is based on the principle that if there is insufficient evidence for a change in practice, limited resources should not be wasted imposing one. As with other issues in healthcare, only when the evidence base has been established can we then consider whether the health benefits likely to be gained are proportional to the investment they will require.

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BDA

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2. BDA Press Release. BDA applauds common-sense approach to decontamination in Scotland. <http://scotland.bda.org/news-centre/press-releases/31407-bda-applauds-commonsense-approach-to-decontamination-in-scotland.aspx>.

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CULTURAL PREPARATIONS

Sir, the article *Investigation into the numbers of dentists from 19 EEA member states...* (*BDJ* 2011; **211**: 133-137)