numbers coloured red from other numbers to create a PIN!)

Most of this debate may soon be moot, as about 80% of CPI cases can have their colour vision corrected by a new invention of CPI-correcting glasses.⁶ It will take time for them to become mainstream, but seeing is believing.

To find really useful, detailed thinking on the subject of equality and diversity in the medical profession, including CPI, I recommend the various guidance documents and information pieces provided by the BMA (I declare a past interest). The resources provide appropriate, concrete help and, most importantly of all, are written with a great deal of humanity.^{7,8}

C. Seddon, Cardiff

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Are dentists avoiding their metaphorical vegetables?

Sir, I read with interest the results of a survey of dentists in the UK regarding perceived deficiencies in their dental school education.¹

'Soft skills' such as communication, ethics and professionalism were not seen as deficient, and only 10% regarded communication skills to be an important addition. Communication is recognised as a vital aspect of patient centred care. It plays an essential role in patient risk assessment, behaviour modification and integration with the rest of the healthcare team. A large proportion of patient complaints relate to these skills, including a lack of consultation in treatment planning and absence of informed

consent. This indicates there is likely a gap between the level of communication skills thought necessary by the public and the dental profession. This is reflective of the growing tension between professionalism and commercial survival. As such, a picture of potentially imbalanced priorities emerges between the wishes of patients and dentists.

In contrast, there is a growing understanding within the academic sphere of the role of universities in nurturing an ethical, socially responsible profession through curricula design. Dental school directors are in a position to question their role balancing the development of training quality healthcare professionals and the wishes of students. When considering an addition to the curricula a question needs to be asked: should students be given vegetables or dessert?

It is this reader's opinion that the time where schools have students effectively held hostage is better served by promoting the skills which will best improve the quality of care received by patients. Whilst I recognise the important role business skills will have in dentists' workplace quality of life, development of these skills may be better suited to CPD post-graduation. In a time of heavily congested dental curricula it is important for those involved in the education of new dental professionals not to be swayed by the desires of their student consumers, but to keep focused on the wider social picture.

S. Lew, Melbourne, Australia

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Local area inspection

Arbitrary administrative rules

Sir, I was recently inspected by the Buckinghamshire Local Area Team (LAT) during which a patient's records were examined including a root canal treatment before and after radiographs. The patient had initially presented with pain and there was a draining sinus. The treatment I provided successfully resolved the pain and the sinus healed. Therefore, I was surprised when the LAT inspector informed me that this treatment was 'negligent' because I had not recorded any justification for proceeding to crown the tooth. Crowning a root filled molar tooth is simply following a well-established treatment pathway, and as such is no different to, say, filling a prepared cavity or suturing a surgical incision.

I wondered if this strange finding was a misguided attempt by the LAT to save money (a crown attracts a greater number of UDAs than a root filling alone), but seemingly not, because the other 'misdemeanour' they picked up on involved a check-up and scale and polish provided for a young teenage girl. The scale and polish was not justified in terms of periodontal disease and therefore – according to the LAT inspector – was 'negligently provided'.

This patient does not have periodontal disease but she likes the feel and appearance of having cleaned teeth. Surely this is something we should encourage patients to appreciate for bringing long term personal and health benefits. Cleaning this young lady's teeth brought no additional payment whatsoever; I would have been paid exactly the same if I had not bothered. I went to the trouble of cleaning her teeth because she wanted them cleaned, and because I believed it was the right thing to do: I was just doing my job.

These two matters (and possibly others that were not discussed at the time) are now to be considered by a disciplinary committee who will decide what action is to be taken against me. This encounter with authority highlights some very worrying issues, which should be of the gravest concern to anybody concerned with the quality of dental services provided in this country. It seems that dentists are no longer judged by what really matters: honesty, competence and personal standards. Instead we are judged according to our compliance with arbitrary administrative rules, and the truly important is ignored.

R. Mackay, by email

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Dental patients

The true value of every appointment

Sir, I'm currently a third year dental student at Peninsula. During my second year of dental school I was given a community engagement project involving young mums. During a dental school visit, I was involved in a simulated dental appointment that was being watched by a young mum who was very anxious of the dentist. The simulated appointment was 10-15 minutes long and was regarding what a normal check-up entails and what instruments are commonly used. We later found out that this individual signed up to see a dentist based upon what they saw at the dental school. This opened my eyes to how much of an impact we can have on a person's life and dental health