If the GDC's premise is 'protecting patients', then they are not doing a very good job at it.

The GDC has created a culture of fear amongst dentists which has impacted on how dentistry is practised and delivered. This together with an extremely flawed and unfair UDA system has led to many patients not receiving the standard of care they need.

I believe these times call for a change of culture in the GDC and an urgent revision of the NHS UDA system imposed by the Government.

M. Cabral, by email

1. Kelleher M. State-sponsored dental terrorism? *Br Dent J* 2017; **223**: 759–764.

DOI: 10.1038/sj.bdj.2018.233

Dental volunteering

An invaluable experience

Sir, I am a recently qualified dentist (graduated June 2016) and have participated in a dental volunteer programme (DVP) with the charity, Bridge2Aid. Bridge2Aid has been providing dental training since 2004 allowing over 4 million people in Tanzania access to safe emergency dental treatment. My foundation training educational supervisor is a keen supporter of the charity and after hearing all of her stories I jumped at the opportunity to volunteer.

The aim of the programme is to train six Tanzanian clinical officers in simple, safe tooth extraction. Clinical officers have undergone higher education and have a community clinic for which they are responsible. Their day-to-day activities range from first aid, setting fractures, working a HIV clinic to delivering babies. However, there is no dental training. Many patients attend with dental pain and traditionally, out of necessity, this has been managed with antibiotics. We all are acutely aware of the problems arising from this. Following completion of the Bridge2Aid programme, they should be able to identify sources of dental pain, manage simple cases and know when to refer.

We travelled to the most rural aspects of Tanzania and every day there were 100+ patients waiting, desperate for care. Some of them had walked for hours and older patients would wear their best clothes as a sign of respect. I was astounded at the amount of caries I encountered. Children

aged eight years left with only the roots of their first permanent molars was not an uncommon sight. The clinical officers are trained in oral health promotion and dietary advice and must demonstrate their ability to communicate this to their patients as part of the programme.

Teaching is always something that I have considered as part of my dental career pathway and I have been extremely lucky to be able to gain some invaluable teaching experience in such a unique manner so early in my career. This is also something very appropriate for a DCT portfolio. I have also gained a lot of experience and confidence with extractions from this trip. My DVP team were from all backgrounds: young and retiring associates, former lecturers, private dentists, nurses and therapists with a fantastic team spirit. I would strongly urge any new graduates to get involved. More information can be found via: <https://bridge2aid.org/> or their Facebook page.

R. Crozier, by email

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Workforce planning

Meeting future needs

Sir, Health Education England (HEE) would like to clarify its position on the Advancing Dental Care: Education and Training Review following the editorial written by Peter Ward, Chief Executive of the BDA (*Dentistry Jim: But not as we know it!* published on 12 January, Volume 224, No. 1, page 1).

HEE has a statutory duty to support the delivery of excellent healthcare and health improvement in England through the education, training and development of the current and future healthcare workforce. This is reflected in our recently published draft workforce strategy *Facing the facts, shaping the future*. It is therefore appropriate that we consider what the dental team should look like to meet future needs, and whether existing training structures and funding models should be adapted to deliver that quality workforce more effectively – indeed we would be failing in our duty if we did not consider such issues.

At the same time, we acknowledge that this is not straightforward; the issues are complex, multifactorial and dependent upon a wide range of variables. There are also different perspectives and views to

consider. For these reasons we can say unequivocally HEE's review has no pre-set agenda or pre-determined outcomes.

The intention is to appraise the composition of the dental team, with a view to making best use of the full range of clinicians' scope of practice, whilst recognising any model should recognise the dentist as a highly skilled diagnostician and team leader.

But we also believe we should be creative and consider new and radical ideas – innovative solutions may be required to address the issues of tomorrow. It may transpire these ideas are not workable and will not be progressed – but the aim of our review is to get such ideas 'on the table' and give them due consideration.

It is right that the full dental workforce is consulted and their opinions considered. We, of course, include the BDA in that, and welcome constructive arguments and robust evidence from all stakeholders in order to formulate the best recommendations for the future of the dental professions.

We are part way through the review and our soundings to date suggest there is a strong case for change; however, to reiterate, no decisions will be taken without exploring a range of options and consulting widely. On completion of the review, we will submit a report with recommendations to HEE's Executive Team. The next steps beyond that cannot be predicted at this stage.

However, our aim is to future-proof the workforce – delivering flexibility and sustainability in the context of demographic and technological change within the available funding envelope. We strongly believe that quality patient experience and outcomes, and positive public perception can only be delivered by a satisfied and motivated workforce. We want to provide the next generation of dentists and DCPs with careers that are intellectually stimulating, professionally rewarding and offer financial stability.

We hope our colleagues in the dental professions will contribute and support this important review to meet that ambition and help develop the workforce best placed to meet future needs.

N. Taylor,

*Dean of Postgraduate Dental Education,
Health Education North West,
Chairman of English Dental Deans,
Chairman of COPDEND, Manchester*

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