Letters to the Editor

Dear Editor

I am becoming increasingly concerned with the lack of direction and availability to qualify as a Level 1, 2 or 3 skilled practitioner in NHS dentistry. Clinical pathways are being developed and implemented requiring these skills, yet not enough is being done by the Department of Health, the GDC or the Royal Colleges to facilitate it.

The NHS states that 'there is no more money' so presumably any further training will have to be self-funded, making a nice sinecure for academic institutions and yet again increasing the cost of education to our young graduates.

This is at one end of the scale.

At the other end is a cohort of very experienced practitioners who have no actual postgraduate certification but are very skilled in certain disciplines, particularly orthodontics and oral surgery, but may not wish to invest the time at their stage in life to obtaining the paperwork.

I would have thought it would be sensible – and cost-effective – to have some sort of 'grand-parenting' scheme whereby GDPs such as these could qualify as a Level 2 with submission of a portfolio of evidence which could include a consultant recommendation, reflective learning and case studies.

As in many aspects of education, it is useful to have parallel routes through which the same end can be achieved. It is important that we all start out with a BDS but, whilst I understand the need for proof of expert knowledge, I also know that, in such a practical skill as ours, the practitioner who has had years of experience in a specific discipline will be very skilled, regardless of the lack of certificates.

It would be a travesty to waste this talent; it could be a cost-saver to commissioners and patient care could be the better for it.

There must be a way forward; it just requires some lateral thinking. Surely the profession is up for this?

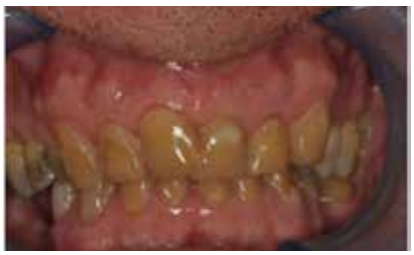
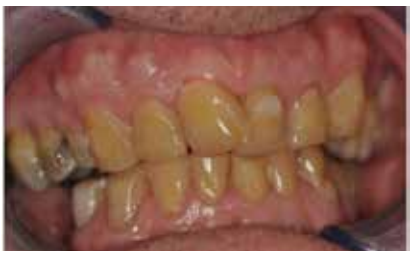
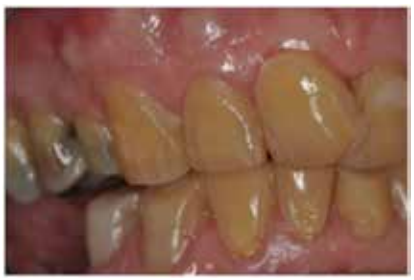
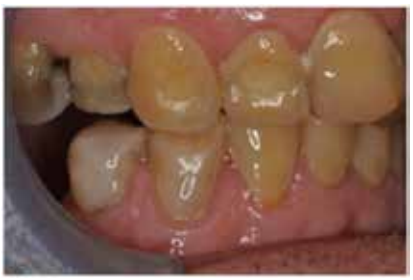
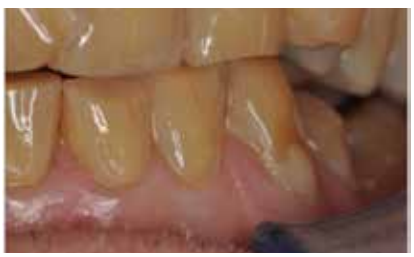
Claudia Peace
Winchester

Dear Editor

I have a male patient, aged 71 on no medication, a bruxer, suffering from unexplained, continued enamel erosion/wear. He has had considerable incisal edge wear and more loss of buccal enamel on the lower canines and premolars. Four years ago I opened the vertical dimension, with composite additions, to make up for wear and to leave sufficient room for restorative material.

We have explored acid food and drink issues, with the patient keeping a diary. He has sought medical advice and treatment for potential GORD, OH methods have been explained over a number of years and the use of fluoride toothpastes, enamel repair pastes and high fluoride treatments have been discussed in detail.

Unfortunately, there has been a

Baseline excessive wear	Six months later
	
	
	

Below showing composite additions to increase vertical component to make up for locked occlusion and excessive palatal wear