

Please note that all letters must be typed. Priority will be given to those that are less than 500 words long. All authors must sign the letter, which may be shortened or edited for reasons of space or clarity. All letters received are acknowledged.

Special care dentistry

Sir, — We read the comments in relation to services for people with disabilities from M.Griffiths (*BDJ* 2000; 189: 183) with interest.

We share his concern that oral care should be available to all those people needing special care and that it should be provided by well trained individuals who are empathic to the needs and desires of people with disabilities.

We are pleased to report that because of these concerns there are now many more opportunities for dentists interested in careers in Special Care Dentistry. For some time Community Dental Services have been developing services for people with special needs within their remit to provide for those who might not seek care within the General Dental Service (HC (97)2). In many parts of the country these services are comprehensive.

Secondary care services have also developed. In this instance it has usually been around individual clinicians and departments with a commitment to providing care for people with disabilities.

There has been much discussion in recent years regarding the development of a Specialty in Special Care Dentistry. Following wide consultation by the Faculty Development Group for Community Dental Practice, the Royal College of Surgeons of England established a working party to consider the way forward and as a result of the deliberations of that group there is now a Joint Advisory Committee for Special Care Dentistry. It has been in existence for only a few months. Its remit is to consider specialist training and career pathways in this field.

There are a growing number of MSc courses being offered in this field e.g. Disability and Oral Health (Newcastle Dental School), Sedation and Special Care Dentistry (GKT Dental Institute of King's college London), and Special Needs Dentistry (Eastman Dental Institute). The first candidates for the new Membership exam in Special Needs Dentistry being offered by the Royal College of Surgeons of Edinburgh, will sit the exam in November, and the Royal College of Surgeons of England is presently considering a Diploma in Special Care Dentistry.

There are also distance learning courses being developed for those looking for mod-

ular training, as well as the courses run by the British Society for Disability and Oral Health and other similar organisations. Also, the British Society for Disability and Oral Health launches its new *Journal of Disability and Oral Health* in October.

We are therefore optimistic about the future of care for people with disabilities and hope that our response to Mr Griffiths' letter will allow him a happy retirement in the knowledge that there are others carrying on his crusade!

J. Fiske and S. Greening
London

Editor's note: This letter is a corrected version of the letter that appeared in BDJ 2000; 189: 466 which contained some editing errors.

Communication gaps

Sir, — I could not agree more that communication between dentist and dental technician is vital in the successful provision of registered dental technicians (RPD's). Unfortunately, the article in November (*BDJ* 2000; 189: 471) did little to encourage this.

While I accept that the patient must be examined by the dentist and a decision in principle to supply a RPD must be made by the dentist, I cannot accept that all dentures designed by the technician do not take account of clinical and biological circumstances. All RPD's should have a thorough understanding of the design principles involved in the construction of all prostheses, indeed our qualifications demands it.

The medical devices guidance notes referred to in the article also states:

"The above mentioned prescription may also be made out by any other person authorised by virtue of his professional qualifications to do so." I refer this to include a fully qualified RPD.

Finally any young dentist, and some not so young, would be well advised to seek the advice of their technician and not merely dictate to them. Communication is, after all, a two way thing.

A. Harris
Leicester

Author John Davenport responds:

We agree wholeheartedly with Mr Harris about the importance of two-way communication between the dentist and dental technician when designing RPDs.

We are therefore disappointed that our intention of making this the central theme of our article was not recognised by Mr Harris.

We emphasise throughout the article that the dentist and dental technician should work together as a team. We refer to effective collaboration, mutual understanding and the importance of a dialogue so that the expertise

of both can be combined to ensure that the required outcome is achieved.

Nowhere do we imply that the dentist should merely dictate to the dental technician. Indeed we are puzzled why Mr Harris raises this possibility when the reality in most cases, as we point out in the article, is quite the reverse with the majority of dentists delegating the responsibility of designing RPDs to dental technicians.

Certainly, all registered dental technicians should have a thorough understanding of RPD design principles and the related clinical and biological factors. However they, unlike the dentist, do not know the detailed clinical and social circumstances of the individual patient being treated. These aspects should influence the detail of the ideal design for the patient concerned. They do not, as Mr Harris implies, simply contribute to a decision in principle as to whether an RPD should be provided. We therefore strongly maintain that the ideal is for the dentist to produce a design.

The proposed design by the dentist may indeed be revised in the light of a dialogue with the dental technician.

Cycling capers

Sir, — Reading the correspondence on travel claims by cyclists 'Cycling Capers' (*BDJ* 2000; 189: 288/469) one might be forgiven for missing the presumed point that this is not about penny pinching but all in a spirit of 'running about playfully, fantastic proceeding' as *caper* can be defined.

I sincerely hope that your lay readers will not be led to wonder whether dentistry isn't just another caper (any activity or occupation) after all, rather than the calling of people worthy of being professional — even if they are pranksters!

A. J. Hawkes
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