

Regular contact with the dental team can provide an excellent opportunity to monitor this and most importantly permits patient education. To facilitate this guidance has been produced² with accompanying patient advice.

H. Crane, V. Toedtling, Manchester

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Regulation

Transforming the registers

Sir, the General Dental Council (GDC) closed the consultation of removal of registrants' full address from the online register on 30 June 2016.¹ Five days later, the General Medical Council (GMC) began its consultation on changes to transform the online medical register (also known as the List of Registered Medical Practitioners).²

As well as publishing mandatory information, such as a doctor's name, qualifications, gender and licence status, the GMC is consulting on adding voluntary information that doctors could choose to add to the register to make it more useful for them and their patients.

Suggestions which have been made to the GMC include:

- Higher qualifications
- Scope of practice
- Declaration of competing professional interests
- Languages spoken
- Practice location
- Photographs to demonstrate identity.

The medical register is intended to provide information about individual doctors practising in the UK. It is for patients, employers and commissioners of services and anyone with an interest in the care and treatment doctors provide. Where appropriate the information should help users make decisions about who to trust with their care or who to employ or contract with.

The proposed overhaul will trigger significant additions to the information held in the register, which remains largely unchanged

since its conception as a hardback book over 150 years ago.

Today, there is a much greater need (and demand) for information about healthcare professionals and an expectation of openness. The way healthcare is delivered and accessed will continue to change. Knowing whether or not someone is a doctor may be necessary but it is no longer sufficient. Research commissioned by the GMC found that the current register was outdated when compared to those in other countries, such as Canada, Australia and New Zealand, where such registers provide a lot more information. Their medical registers give information on a doctor's specialty, qualifications and geographical area. The register in Canada also includes information about additional practice locations and languages spoken.³

It seems that the GMC is taking a different approach from the GDC in developing the medical register by publishing extra information. It will be interesting to know the views of those registrants who are both medically and dentally qualified.

The GMC consultation – consisting of 13 questions – will remain open until 7 October 2016.

C. A. Yeung, Lanarkshire

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Oral health

Mouthwash abuse

Sir, despite case reports carrying little weight and often being overlooked or ignored, they not infrequently herald new findings. For example, a report a decade ago flagged up a potential issue with benzodiazepine abuse.¹ Benzodiazepine (commonly termed Difflam or Tantum Verde) is a topical locally acting non-steroidal anti-inflammatory agent with local anaesthetic and analgesic properties. Found in small doses in over-the-counter (OTC) products and used legally to manage sore mouths and throats from various causes as a mouthwash, spray or gel, it is familiar to most dental professionals. It is also found in some vaginal douches.

However, it has become increasingly evident over the past few years that benzodiazepine can be misused as a psychoactive

agent for recreational purposes (<https://psychonautwiki.org/wiki/Benzodiazepine>). In high doses, such abuse has been reported especially in Eastern Europeans (particularly in some Polish, Romanian and Turkish peoples),² and in Latin Americans (mainly some Brazilians).^{3,4}

There are as yet, few data on any other (such as physical) adverse effects.

N. A. Robinson, Singapore, C. Scully, London

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Mouth cancer

Extending the RULE

Sir, some years ago I suggested a RULE for mouth cancer diagnosis, which focused on the more common features of early cancers and precancers, viz chronic:

- Red or white patch,
- Ulceration,
- Lump, any
- Extending for three weeks or more.¹

However, cancer can have other and multifarious presentations and we are also intent on diagnosing any such lesion whether early or more advanced as soon as possible. Other such presentations can include tooth loosening² or cervical lymphadenopathy,^{3,4} though there can be many other causes for these, so it would seem an improvement to extend the RULE to:

- Red or white patch,
- Ulceration,
- Lump, Loose tooth or Lymphadenopathy,
- Extending for three weeks or more.

C. Scully, London

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