

# Letters to the editor

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## Oral health

### Flossing has to be taught well

Sir, in spite of recent US health official's pronouncements and those of the scientific advisers of the BDA that flossing is ineffective, I would offer a word of caution before 'banning' patients from flossing their teeth. I am a retired specialist periodontologist and a past Director of the Army School of Dental Hygiene, Aldershot.

When teaching hygienist students I felt it incumbent upon myself to 'practise what I preached'. I started to floss my teeth daily and have done so religiously every day since over the last 46 years. I have no gingivitis, no periodontal diseases and have not required any restorative work for the same period of time.

Flossing has to be taught well. It is not an easy task to master but it does work when patients are taught how to floss effectively on a daily basis. I accept there are other equally effective and perhaps easier to use interdental tooth cleaning aids now available, ie interdental brushes etc, but floss will still continue to have its uses in places where mini brushes cannot go and is performed correctly on a daily basis.

*J. Hardy, Farnham*

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## Orthodontics

### Irresponsible articles

Sir, looking through the dental press over the last few months I have come across some irresponsible articles on quick forms of orthodontics – irresponsible claims and treatment by the authors and irresponsible editors for publishing them. Free speech is one thing but we do live in a world of evidence-based dentistry, never mind integrity.

In the letter section of the *BDJ* Volume 220 issue 9 (13 May 2016) Nicky Stanford gave a very good reply to the spurious claims made

by Fastbraces. I can align the labial segment for most of these cases in three months whilst ignoring all of the other orthodontic considerations. My patients are not in pain and I use gentle forces whichever bracket system I use. Do I now have to call this treatment modality 'Super Quick 90 Day Tooth Straightener' to keep up with the marketing roundabout?

*R. Abrahams, Rickmansworth*

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## Dental education

### Reviewing the situation

Sir, we would like to respond to the Taylor *et al.* paper on situational judgement tests (SJT).<sup>1</sup> There is a great deal in the paper which we agree with and we particularly welcome the proposal to create an SJT practice paper. We believe, however, that there are areas that warrant further consideration.

In our original paper we questioned what SJTs are actually assessing.<sup>2</sup> Taylor *et al.* have clarified that they are assessing 'non-academic attributes' and also tell us these inter- and intra-personal attributes, such as integrity, teamworking and resilience, are professional ones.<sup>1</sup> This is plausible, but, as we cover in our paper, such attributes are only professional when they are directed by the right ethical concerns. It would be possible to show excellent teamworking (say, directed at defrauding a patient) where it is anything but professional.

It could be argued that the expert panel that reviews SJTs ensures that it is the options driven by the correct ethical concerns which are selected. Taylor *et al.* tell us the panel includes training programme directors, educational supervisors and postgraduate dental deans. These professionals will bring a great wealth of practical experience but it is not mentioned if they have specifically ethical expertise. We agree with the authors that ethical and moral judgement are appropriate

attributes to work in healthcare, in fact we would say they are essential, but they are only indirectly assessed by SJTs.

We would also agree that a single interview station is unlikely to accurately capture all the professional attributes that SJTs aim to assess. However, we reiterate our belief that Dental Foundation Training (DFT) selection should explicitly assess ethical reasoning and that a third face-to-face station is a plausible way to do so. SJTs do check whether applicants are aware of what sorts of behaviour are expected of a newly qualified dentist. However, we are still concerned that giving 50% of DFT assessment to SJTs gives applicants the impression that they simply need to undertake a set of behaviours without understanding why those behaviours matter.

*P. Affleck, M. Wardman, S. Sinclair,  
R. Adams, Leeds*

1. Taylor N, Mehra S, Elley K, Patterson F, Cousans F. The value of situational judgement tests for assessing non-academic attributes in dental selection. *Br Dent J* 2016; **220**: 565–566.
2. Affleck P, Bowman M, Wardman M, Sinclair S, Adams R. Can we improve on situational judgement tests? *Br Dent J* 2016; **220**: 9–10.

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## Antibiotic resistance

### Correct dosage

Sir, increasing problems with antibiotic resistance mean that doses required to kill bacteria are rising. The most recent impact of this for dental professionals is that the dose of metronidazole recommended for treatment of oral infections has increased to 400 mg three times a day for up to five days, with review at three days. This dose increase follows advice from Public Health England (PHE).<sup>1</sup> The rationale for change and supporting references can be found at the end of the document. Doses for children have also increased. Following publication of PHE advice the Faculty of