

I would also contend that professionalism is embodying a set of values, not managing your public image.

P. Affleck, by email

1. Kenny P, Johnson I G. Social media use, attitudes, behaviours and perceptions of online professionalism amongst dental students. *Br Dent J* 2016; **221**: 651–655.

Dr Ilona Johnson responds: We welcome the comments from P. Affleck regarding our recommendations for social media training and the interpretation of acceptable online behaviour. In response: our paper advocated training for all students because of the widespread use of social media and the associated risks involved. These risks include personal safety as well as reputational risk therefore training to raise awareness is relevant to modern day practice. We appreciate that existing training may be considered sufficient or even excessive; however, our findings highlighted a gap between the recognition and management of these risks by students. It is evident that some students may, at times, choose to take more risks than others.

Our paper did not explore the appropriateness of student drinking or intoxication. While we asked about posting different types of images online, we did not ask when or how many images had been posted or if images had subsequently been removed. Our study identified professional risks but not evidence of poor behaviour. We also reported that many students intended to review or change their profiles to manage these risks. As a result of these findings we recommended additional training in managing these risks, as this is where most benefit could be achieved. This was not a recommendation for more training overall, but a shift in delivery towards a practical, solution focused approach that would benefit all students.

We agree that professionalism is about recognising the issues in a given situation and then doing the right thing. The General Dental Council Standards state that, 'You should not publish anything that could affect patients' and the public's confidence in you, or the dental profession, in any public media, unless this is done as part of raising a concern'.¹ These standards apply to all dental students. Furthermore, it has been reported that the term 'professional, is not a label that you give to yourself – it is a description you hope others will apply to you'.² With the advent of social media, many qualified and

student dental professionals are now sharing a part of their life with the public to a greater or lesser extent. The information provided (intentionally or unintentionally) to the public can influence trust in us as professionals and as a profession. Therefore, while we agree that professionalism is about personal choices, we would argue that, for professionals, there are responsibilities that come with using social media. This includes managing your public image and taking responsibility for protecting others, in order to engender and maintain trust in our profession.

1. General Dental Council. Standards for the dental team. 2013. Available at: <http://www.gdc-uk.org/Dental-professionals/Standards/Documents/Standards for the Dental Team.pdf>.
2. Maister D H. *True professionalism : the courage to care about your people, your clients, and your career*. Simon & Schuster, 2000.

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Law and ethics

Out of context

Sir, in relation to the letter by S. Thackeray (*BDJ* 221: 598), I wish to thank the writer for having read my article *Orthodontic allegations raised against registrants by the GDC* (*BDJ* 221: 291–294). However, I wish to clarify some misunderstandings in the letter.

The author of the letter appears dismayed at the emphasis the opinion piece places on the role of the 'Expert Witness for the GDC'. The phrase 'Expert Witness for the GDC' appears to have been taken out of context here. The original article clearly states 'Clinical advisors and experts assist the GDC with these investigations by providing independent clinical advice and opinion'. At no point was it suggested that the expert witness is being an advocate for the GDC or being partial in any way.

All expert witnesses will be aware that in many cases appearing before the GDC there will be an expert witness from the prosecution side and another from the defence side and these would be completely impartial irrespective of the side that had instructed them.

The author of the letter also states that expert bias can be displayed in many forms, not least the dogmatic adherence to 'Gold' or aspirational standards. I agree that I have, at times felt this has manifested itself when I have read previous transcripts by other expert witnesses. For this very reason, in the original article I say 'I felt the clinical

advice and opinion I would provide would be realistic rather than idealistic'.

Finally, the author of the letter indicates that some experts may have demonstrated bias and as a result, certain allegations end up appearing on the GDC charge sheet. I wish to clarify that it is not the expert witness who devises the GDC charge sheet but the legal team at the GDC. The role of the expert witness is to provide independent, impartial advice on the allegations in the GDC charge sheet.

P. Singh, London

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Dental education

Unimaginable opportunities

Sir, I had thought that I would have left the dental profession long before ever having to read the word 'anilingus' in the previously very unsaucy *British Dental Journal*. However, it was not to be (*BDJ* 221: 603 *Workshop examines fourth function of the mouth*) and thus I feel moved to put fingers to keyboard.

A quick visit to the Science Gallery London website made me discard my initial thought that 'student prank' would explain all, so my problem is where to start. The possibilities for comment on this article, comic and otherwise, are extensive.

I will restrain myself and merely comment that a report of the involvement of King's dental students (Carly Billing and Anisha Gupta), in a workshop which, and I quote directly, 'created a prototype for a disposable wearable device to be used to increase sexual pleasure for women', indicates that the undergraduate dental curriculum is evidently packed with opportunities unimaginable 30 years ago.

I am already eagerly anticipating the publication of the clinical trial of this appliance in your august *Journal*, while wondering how they will first get it past the University Ethics Committee. The questions mount: will the study be randomised fairly and controlled adequately and will the lucky participants be blindfolded?

Unfortunately, I cannot guarantee that other readers may not be thinking instead, that these students would be better off spending their spare time down in oral surgery watching a few teeth being extracted, or dare I say it, actually pulling on a few themselves!

J. Sellers, Rochester

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