

I have been subjected to such behaviour over several years which has impacted greatly on my health and wellbeing with regards to deterioration of a chronic health condition and the psychological impact of going through years of trying to have my genuine concerns heard, and acted upon appropriately. I eventually have had no choice but to leave the dental profession due to isolation, incivility, disrespect, harassment and bullying from colleagues, management and human resources.

Additionally, despite asking for assistance through several avenues, there seems to be widespread lack of support available for those who take the courage to stand up and speak out in order to bring changes to improve staff and health wellbeing. Such courage is for the benefit of being able to provide safe and effective care for those to whom we have a responsibility and duty as dental professionals.

The Royal College of Surgeons of Edinburgh and the CQC have started the #LetsRemoveIt<sup>3</sup> and Freedom to Speak Up<sup>4</sup> national campaigns respectively. The GMC recently announced that they are proud members of the Anti-Bullying Alliance,<sup>5</sup> and are piloting a professional behaviours and patient safety training programme.<sup>6</sup> I am wondering when the GDC and the relevant trade unions representing all members of the dental team will also put their collective efforts into addressing, challenging, changing and preventing such behaviours from persisting, which are sadly still prevalent and inherent within the professions.<sup>7</sup>

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## Orthodontics

### Great minds think alike!

Sir, it was with great interest we read the article *An email triage model for personalising paediatric permanent tooth extractions under general anaesthetic* (BDJ 2019; **226**: 979-984) by my colleagues in Dorset. Here in Stoke-On-Trent we set up a similar service in 2014 with exactly the same remit. We too would encourage other consultant orthodontic teams to look at email triage particularly for this patient group. This is not just a useful service for scattered rural populations; many of the patients requiring these assessments are from poorer socio-economic backgrounds and have to use public transport and struggle to get from one side of the city to another. They frequently are already poor attenders with a history of failures to attend. Others may have learning difficulties and do not respond well to new environments and strangers directly assessing them. Crucially many patients are in pain and require an urgent opinion to expedite their care and the reassurance from orthodontic team helps both the community practitioners and anxious parents worried about the long term effects of extractions.

To ensure high quality of clinical records and encourage interaction between the teams we undertook some local teaching of the practitioners working in the community service, including basic orthodontic assessment and, crucially, high quality clinical photographs. The latter has meant our requests for face to face assessment are below 10% and the teaching has fostered close working relationships with our community colleagues who know that the team is always available to help.

This model supports the community team in making important extraction decisions which, despite the guidelines, are not always clear cut, and reduces the burden on patients, parents and appointments with busy local consultant orthodontic services.

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## Water fluoridation

### Climate emergency

Sir, the Editor's reminder of the absurdity that is the lack of universal water fluoridation<sup>1</sup> is timely given the current climate emergency. With UK hospitals carrying out approximately 44,000 general anaesthetics a year for tooth decay in children alone,<sup>2</sup> it is noteworthy that some general anaesthetic agents have a global warming potential over 2,000 times that of CO<sub>2</sub><sup>3</sup> with most operating theatres venting these gases straight into the atmosphere. Fluoridation could reduce the need for general anaesthesia for dental caries by 40-50%.<sup>4</sup> Combined with the high carbon footprint of general practice, fluoridation is a means by which the dental profession could make a significant reduction in greenhouse gas emissions.

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## Convincing the public

Sir, I was delighted to learn of the unanimous approval of Local Dental Committees (LDCs) for fluoridation of local water supplies. This is definitely a step in the right direction in the long-drawn-out debate over the safety and acceptability of artificial water fluoridation. However, securing the support of our dentally educated and engaged colleagues is, I feel, a baby step compared to our next challenge: gaining the support of the public.

Working in a tertiary care paediatric dental centre and in a high-needs primary care NHS practice, I sadly witness the devastating effects of early childhood caries on a regular basis. The fact that dental caries remains the most common chronic disease of childhood in the UK<sup>1</sup> is appalling, and warrants a great deal more attention and resources for effective public health initiatives.

The recent Public Health England report stated that the risk of caries experience could be reduced in five-year-olds living in deprived areas by 52% by increasing water fluoride concentration from <0.1 mg/l