Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Dental regulation

Additional qualifications confusion

Sir, the current GDC's stance on the registration of additional qualifications (AQs) on the Dentists Register is completely unsatisfactory.

The position originates from the moratorium imposed in October 2007 on adding any further AQs to the register although those already present were left in place. The net result is a very odd situation: some dentists' AQs are listed, and yet the same qualifications from the same institutions, held by other dentists, are not. Therefore, the Register is now a strange combination of being current in terms of whose names appear on it, with the AQs frozen in time as of October 2007.

The GDC ran a consultation on this issue in 2008, so will be aware of the concerns expressed of achieving fairness towards registrants. For example, dentist X and dentist Y may have the same qualifications but one has only their BDS as an entry on the Register while the other has an additional string. This is confusing from a patient's perspective because there is a difference from the qualifications listed on the respective practice websites to those in the Register. They may reasonably regard the GDC Register as the more authoritative source and so wonder if one dentist is attempting to mislead them or if the other's qualifications are somehow 'inferior'.

This situation seems directly at odds with objectives that the GDC and its Chairman have stated. Early in his tenure, the GDC Chair said, 'So, it was, and remains, a central objective of policy that the customers for different healthcare services should be able to make rational choices, based on reliable information about the quality of performance of different providers...' The *status quo* is not 'reliable' for patients because of the

omissions. More recent GDC publications have stated the GDC's desire to make '... the system better for patients and fairer for dental professionals.'¹ The same publication picks up on the theme of public confidence, and the role of the regulator in promoting that.

Furthermore, the current situation appears to indirectly discriminate on the basis of age, since it will obviously disproportionately affect younger cohorts. The Equality Act 2010 imposes a legal requirement on public bodies to not apply a practice which creates indirect discrimination on the basis of age. A 2010 Council meeting paper hinted at recognition of this, 'The current holding position is unequal...'² The situation needs GDC review to ensure: fairness to registrants, that their actual policies and actions are in line with stated objectives, adherence to the spirit of the Equality Act, and promote public confidence by avoiding predictable misunderstandings.

R. Vasant, London, UK

References

1. General Dental Council. Shifting the balance. GDC, Jan 2017. Available at https://www.gdc-uk.org/docs/default-source/shifting-the-balance/shifting-the-balance.pdf?sfvrsn=6653e3b7_2 (accessed November 2019).
2. General Dental Council. Additional Qualifications – their presence within the register. Item 5 Enc. D, Council Paper, 18th. 2 May 2010. <https://doi.org/10.1038/s41415-019-0995-y>

OMFS

Night shifts

Sir, we read with considerable interest N. Kanoun's letter entitled *OMFS: Out of hours provision*.¹ We recently completed dental core training (DCT) posts in oral and maxillofacial surgery (OMFS), which included first on-call duties overnight. We feel this element of the role provided numerous, unique opportunities for learning and served to deliver effective and appropriate patient care.

Entering such a role obviously requires one to successfully navigate a steep learning curve. We quickly gained confidence in efficiently assessing and managing a variety of acute presentations. Night shifts afforded the opportunity to use initiative and liaise with colleagues from other specialties to instigate optimal acute management. We were able to take greater ownership of patient care and gained confidence in prioritising patients on the basis of clinical need. Senior support was readily available and learning when and how to ask for it was a valuable part of the role. Following night shifts, feedback was provided on the cases seen and through debrief and guided reflection the learning from these patient encounters was maximised. These discussions provided excellent opportunities to link learning to the DCT curriculum.

DCTs are well-placed to effectively manage traumatic dental injuries (TDIs) when they present acutely to the emergency department. Injuries such as avulsions and luxations require expedient management; having a dedicated OMFS team of DCTs, registrars and consultants permits a 24/7 service, allowing such injuries to be managed in a timely and effective manner.² TDIs demand a thorough understanding of dental hard and soft tissues and an ability to effectively manipulate dental materials. Without these skills patient outcomes are compromised and the result may be long-term disfigurement requiring prosthetic correction. All dental graduates have a sound understanding of TDIs but this is unlikely to be the case for their medical counterparts.

ENT doctors provide overnight cover for OMFS in many units; consequently, patients may not receive immediate OMFS input. It has been suggested that this is to control costs.¹ However, untimely management of TDIs may be costlier in the long-run. In an effort to deliver a more cost-efficient system, is greater

inefficiency not being created by impeding appropriate acute management? Admittedly, not all emergency departments have DCTs but this is a consequence of scarce resources and does not reflect who the most appropriate practitioner to treat such injuries is.

Removing the night on-call element of OMFS DCT posts compromises the training DCTs receive. Specialty training person specifications and the DCT curriculum mention qualities such as leadership, decision-making and coping with pressure, all of which are undoubtedly gained by holding a departmental bleep overnight. These trainees are also best placed to acutely manage TDIs and removing them from night on-call rotas appears myopic and does not serve patients well.

K. Patel, N. Adam, C. Mannion, London, UK

References

1. Kanoun N. OMFS: Out of hours provision. *Br Dent J* 2018; **224**: 665.
2. Mannion C, Tyler D. OMFS: Seven day services. *Br Dent J* 2016; **221**: 211.

<https://doi.org/10.1038/s41415-019-1013-0>

Gerodontology

Ice lolly pain relief

Sir, I work as a dental nurse in the local maxillofacial department and am writing to tell you about a novel approach to pain relief that I developed with a member of my family and to ask if there are any dentists with an interest in the care of the elderly who might be able to undertake a pilot study involving the technique.

My mother recently passed away having been nursed by myself and siblings at home after she had been discharged at our request from a nursing home.

She had severe thrush in her mouth with limited pain relief due to the fact her mouth was too sore to take her medication. One day my mother asked for an ice lolly and I came up with a plan to administer the medication for her thrush on the end of the ice lolly. From that day on she never looked back, her thrush started to clear up and she then let me put her dentures into and out of her mouth.

During the last weeks of her life she was pain free and comfortable mainly due to the fact we could give her pain relief liquids on the ice lolly. I appreciate that it was not possible to accurately measure the dose of the medication with this technique but it certainly improved the quality of her life.

The dental care of the elderly is often overlooked in hospitals and nursing homes and patients may be left in pain when a simple solution such as the one described for my mother could be easily implemented.

J. Eve, Bowness, UK

<https://doi.org/10.1038/s41415-019-1012-1>

Social media

Adapting to current trends

Sir, with the rise in social media and the variety of available networking platforms, Instagram has become an extremely popular photo and video-sharing platform with approximately one billion registered users. It is a social networking app where users can share photos and videos from a smartphone and can follow other users/pages and geotag images with the name of the location. Instagram accounts can also be linked to other websites and social networking platforms, which enables content to be shared to these sites and allows for collaborative networking.

Appropriate information sharing can be challenging within the dental profession and the current form of dissemination from East Anglia's Local Dental Network is through emails and letters. This pathway can be lengthy and an uninteresting form of communication. It also faces other issues such as failure to open letters/emails, generic email accounts, and accounts being used for purposes other than for Local Dental Network information. This may result in a lack of engagement from the target audience to events and knowledge in the region, as well as other information.

It seems there is an increase in the number of dentists using Instagram as a portfolio

platform to showcase dental cases; but also, a growing trend in dental practices using Instagram for marketing and engagement purposes. In addition to this, many NHS campaigns, Health Education Events and universities use Instagram as their information sharing platforms.

The East Anglia Local Dental Network Instagram (Fig. 1) has been created with its own personal logo and will simply provide another means to disseminate information to dental care professionals, general dental practitioners and practices within the area. We hope that by using simple picture format we would help users to rapidly understand a message rather than having to interpret and analyse large amounts of text. Due to the busy nature and stressful climate of dentistry, time as well as convenience is of the essence. We feel this method of information sharing should pique interest and attention and no matter the context, images increase exposure and engagement due to their visual appeal. It is said after all that 'a picture paints a thousand words'. How many among us would prefer a block of black and white text to a colourful and captive image?

We feel that it is important to adapt to current trends and for members of the dental community to use social media in order to achieve better engagement in our profession. It is time that the profession reunites with a collaborative working style to benefit both the members of the profession and our patients!

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<https://doi.org/10.1038/s41415-019-1011-2>

Oral health

Foetor ex ore

Sir, I write regarding the article *The link between periodontitis and erectile dysfunction [ED]: a review*.¹ This erudite article fully reviewed the academic evidence for a link between periodontal disease and male impotence (ED). However, surely in some cases, should not significant foetor ex ore secondary to poor periodontal health, not also be mentioned as a contributor to ED?

A. Flower, King's Lynn, UK

References

1. Bizzarro S, Loos B G. The link between periodontitis and erectile dysfunction: a review. *Br Dent J* 2019; **227**: 599–603.

<https://doi.org/10.1038/s41415-019-1010-3>

Fig. 1 The East Anglia Local Dental Network Instagram logo