Oral surgery

Referral standardisation

Sir, I read with interest a recent paper looking at the appropriateness of referrals to intermediate minor oral surgery practices that reflected on some of the findings from work that was undertaken within our region.[1] The paper highlighted a wide variation being observed between the GDP's reason for referral and the subsequent complexity of treatment that was provided. Our main aim was to assess whether referrals to an intermediate minor oral surgery practice in South Yorkshire was adherent to the NHS commissioning guidance, to ensure that patients were receiving the highest quality of care in the most appropriate setting.[2]

At present within our region, referrals to intermediate minor oral surgery practices have been through a paper-based proforma. Limitations within this format include less information available such as calculation of anxiety scores together with selection of alternative treatment options required for anxiety. There was a direct referral to practices, which also had the potential to exclude those with sedation services as part of their contract. Our results showed that nearly a third of patients referred to the practice were subsequently forwarded on to a secondary care setting due to requiring further patient anxiety strategies such as intravenous sedation or general anaesthesia for treatment to be completed. This was as a result of the lack of objective assessment of anxiety levels in the referral pathway.

Within many areas in the country, there has been the transition to a dental electronic referral system (RMS) with structured triaging pathway. This has the additional advantage of including mandatory fields as outlined in the guidance that require completion prior to the referral being processed. The most common reasons for referral have been shown to be the anticipated difficulty of surgery and patient medical compromise.[3] Our findings confirmed that more thorough assessment of anxiety was required by the GDPs to ensure accurate triaging, enabling patients to be treated in the correct setting. The work highlighted the importance of a standardised electronic referral system to be used in intermediate minor oral surgery practices as is currently in place in various other regions.

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Dental education

Flexible training agenda

Sir, your article on the need to consider ways in which training might adapt to requirements of newer graduates[1] is a core focus of Health Education England's Advancing Dental Care (ADC) Education & Training Review.

The Review was commissioned to develop a dental education and training infrastructure that supplies a dental workforce with the skills to respond to the changing oral health needs of patients and services.

The first phase of the ADC Review received a wealth of feedback on the possible future structure of dental training, receiving support in principle from many organisations and individuals. This included a call for flexibility in pre- and post-registration training pathways to facilitate workforce training adjustments, alongside more opportunities for part-time training and lifelong career development to improve job satisfaction and encourage retention in the later stages of their careers.

The flexible training agenda remains central to HEE's work to support trainees. As we plan for the future workforce, we are hearing from trainees across many professions on the need for training structures to support non-linear careers, flexible working and career breaks. Recent initiatives for junior doctors in training have successfully demonstrated the popularity of less than full time and flexible training models and we need to build on that experience to the benefit of dental trainees. Phase II of the ADC Review is exploring how the dental training infrastructure can enable a flexible and adaptable workforce through our investment in educating and training new and current staff.

The ADC Review is currently undertaking an engagement phase with a broad range of stakeholders to gather views and ideas on models for education and training of dental teams in the future. This includes local engagement events which will be taking place through HEE Local Offices over the next few months. There is also an email address (advancingdentistry@hee.nhs.uk) for those wishing to give individual feedback.

From January 2020, HEE will be piloting a number of training models to strengthen the flexibility and appropriateness of education and training that enables dentists and DCPs to refresh and gain specific skills linked to identified priorities.

The piloting phase will be evaluated in 2021 to understand what type of models support flexible training models and portfolio careers. Updates on HEE's ADC Review programme can be found on the ADC webpage at: https://www.hee.nhs.uk/our-work/advancing-dental-care/advancing-dental-care-phase-ii.

Malcolm Smith, Chair of the Advancing Dental Care Review, Postgraduate Dental Dean for HEE North East, Newcastle upon Tyne, UK

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Learning through gaming

Sir, I read with interest the article authored by A. C. Pereira and A. D. Walmsley on games in dental education. Using gaming as an alternative to traditional textbook learning may greatly appeal to students at undergraduate and postgraduate levels. Examples were given in the text of game ideas aimed at topics such as dental anaesthesia.[1] I would propose an alternative utilisation of this concept in the preparation for dental interviews, eg dental core training posts and higher specialty training.

There are several books available for dental interview preparation but feedback is often generic. Although interview courses enable more tailored feedback, time-constraints and number of individuals enrolled in one may not allow 'weaknesses' to be identified in a single session or course.

I would suggest instead a game-centred concept around dental interviews with the option of electronically submitting answers for feedback – this may be more time consuming for the assessors and carry a fee but allows the student to practise for an

interview themselves before carrying out group work.

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Oral health

Sodium lauryl sulphate

Sir, sodium lauryl sulphate (SLS) is a synthetic product that is broadly utilised in toothpaste. Recently, a systematic review reported on SLS based dentifrices and their influence on recurrent aphthous stomatitis. The results also mentioned that SLS-free dentifrices showed significant reduction on number, duration, episodes and pain among recurrent aphthous ulceration (Sutton's disease) patients.[1] In addition, SLS has been linked with other adverse effects likely to compromise oral health such as local irritation of mucosa leading to desquamation.[2] Due to desquamation the integrity of the oral mucosa is compromised, thus initiating aphthous stomatitis. Globally, aphthous stomatitis is reported as being among the most common oral mucosal pathologies.

There is a need for the search of natural and innovative substances that can fill the role provided by SLS in toothpastes, with less or no potential for harm. Plant-derived saponin may prove beneficial as it is likely to be relatively harmless when taken orally, and toxicity is minimised during ingestion by low absorption and hydrolysis.[3,4] While the foaming properties of saponin might be inferior to SLS, it may still produce a substantial effect that is visible and favourable to consumers. Limitations on plant sources may also be adjusted by seeking yield from frequently discarded plant material; and a potential reserve of such material is the Jamaican ackee (*Blighia sapida*).

Being a natural source, it is biodegradable and less likely to bioaccumulate and cause toxicity and disease. Currently, there are no studies that show the occurrence of recurrent aphthous ulcers from the use of ackee-derived saponin. Confirmation of the benefits of ackee-derived toothpaste could boost its production and contribute to a better use of the enormous quantity of seeds and pods that are often discarded annually in Jamaica. Given the popularity and acceptance of ackee in Jamaica, toothpaste derived with ingredients from the ackee plant is likely to find high acceptability. This innovation would also expand the economic impact of ackee farming for the country and the wider world.

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