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.

Antibiotic prescribing

No room for complacency

Sir, I share Professor Martin Thornhill's relief (Research Insights: Author Q&A) that dental prescribing in England has significantly fallen since 2017,¹ and congratulate Public Health England and related organisations for their dental antibiotic stewardship campaign.² There is, however, no room for complacency and there needs to be sustained pressure on the government to provide properly funded, urgent treatment slots which allow time to appropriately treat dental infections. Writing a prescription for antibiotics and giving advice about analgesia is less time-consuming than providing operative treatment but in most cases is not in the best interests of the patient and will result in unnecessary antibiotic prescribing.

E. A. Field, Wirral, UK

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2. Public Health England. Guidance: Dental antimicrobial stewardship: toolkit. 9 November 2016, last updated 16 July 2019. Available at: <https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit> (accessed 24 February 2020).

<https://doi.org/10.1038/s41415-020-1330-3>

Dental publishing

Beware predatory journals

Sir, following several months of arduous editing I recently had the pleasure of having my research published in the *BDJ*.¹ Since publication, I have received upwards of a dozen emails from various journals and organisations asking me to chair their conferences and publish my work in their online journals for a waived fee. Upon receiving the first email I was elated, by the third suspicious and by the seventh utterly dismayed. A points race is

rapidly developing between young dentists with ambitions of pursuing specialty training, with a publication now a 'must'. Online journals are preying on these individuals who are desperate to tick the box. A recent review by *Nature* has revealed that up to 60% of published articles have never been cited.² I would urge young dentists to resist the temptation of publishing with these predatory journals. Peer review can be a tumultuous process, but will result in your work being robust, rigorous and worthy of dissemination amongst colleagues. Alas, most things worth having are not easy.

A. Keogh, London, UK

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1. Keogh A, Chadwick B. Health food blogger: friend or foe? *Br Dent J* 2019; **227**: 1051-1057.
2. Chawla D. Predatory-journal papers have little scientific impact. *Nature* 2020. Available at <https://www.nature.com/articles/d41586-020-00031-6> (accessed 24 February 2020).

<https://doi.org/10.1038/s41415-020-1374-4>

How to get published

Sir, I am currently a DCT2 and am hoping to be accepted for a formal StR training programme in the next two years.

My colleagues and I have welcomed the changes to the specialty recruitment process and feel that it is very transparent and fair. The application criteria are clearly outlined on the person specifications, along with the points gained by meeting these criteria.¹ The process is highly competitive - in one specialty last year there were 120 applications for eight posts.

To stand out from the rest of the equally qualified dentists applying for further special training is near impossible, as the majority will have completed either the MFDS or MJDF, completed multiple audits and have several poster presentations. Hence, the difference between getting shortlisted or not heavily relies on points gained from publications and research.

It is very unlikely that any Foundation Dentist or DCT will be able to become actively involved in a research project as there are very limited opportunities, and the duration of most posts (6 to 12 months) precludes satisfactory completion to the level of publication. The main opportunities for publication arise from book reviews, letters and case reports and most journals now are very unwilling to publish case reports.

I would request that the *BDJ* would consider having a special section within the journal to include case reports to help and support young dentists who are wishing to undertake specialty training. I understand from discussions with colleagues that all dentists like reading case reports and gain valuable knowledge from them so I do not understand why journals do not feel they are beneficial and would welcome any comments.

There are lots of committed individuals who would excel in a multitude of different specialities who have been put off furthering their careers due to the difficulties of meeting an often unachievable application process.

M. Jackson, Liverpool, UK

The Editor-in-Chief responds: I thank Maria Jackson for her letter. We do publish case reports in the BDJ as case report letters and occasionally as items in their own right but on their merits rather than because they are from any particular cohort of authors. The main criterion we use in deciding is how valuable the cases might be to the readership. Many such submissions are either repetitive, and are already included in the dental literature (even if they seem 'unique' to the author), or the covering email begins with text such as '...this very rare case...' If it is a very rare then our viewpoint is that few readers are ever likely to be presented with such a case, and in that event they are likely to refer it for specialist advice and care.

A further reason that journals are reluctant to publish case reports is that they do not rate highly in the hierarchy of evidence-base. Thus some publications are full of cases but to what extent are they robust and the advice generalisable and sound?

In recent years the BDJ Portfolio, recognising young writing talent, has deliberately invested considerable time and resources in providing encouragement, training courses, lectures and mentoring for students and young dentists in writing and publishing. This has resulted in our having many regular contributions from these cohorts in the form of papers, articles, research insights, commentaries, letters and opinions that enhance our publications as well as, hopefully, their CVs. We will continue in these efforts to serve newly qualified colleagues while also providing support and education for all dental professionals at all stages of their careers.

Reference

1. NHS Person specification 2020. Special care dentistry ST1. Available at: <https://www.nwpgmd.nhs.uk/sites/default/files/2020-Person-Specification-Special-Care-Dentistry-ST1.pdf> (accessed 24 February 2020).
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Paediatric dentistry

Abscess to care

Sir, it was interesting to see Dr Mills' map denoting the percentage of NHS dental attendance in 0–<2-year-olds in England.¹ Having worked around the South coast my first two years post-qualifying, it was helpful to see that what I have experienced corresponds with the map.

During my dental foundation training on the Isle of Wight in 2017–2018, there were large numbers of new patients seeking NHS dentists who had attended merely as emergency patients. Some conversations would lead to their family members and naturally children were included – of which I advised them to register with us. Multiple referrals to the community dental services (CDS) at the time for young children to have dental extractions under sedation or general anaesthetic required lengthy waiting times as the demand outweighed the supply. Chasing up referrals, the local CDS services on the Isle of Wight explained they were understaffed and dramatically backlogged at the time – waiting times were almost one year. As a GDP, I couldn't help but feel like my hands were tied behind

my back. As much as I would have loved to attempt extractions in these children, multiple extractions and clearances are unquestionably wiser dealt under general anaesthetic, particularly in those below the age of eight years.

I subsequently worked at the Queen Alexandra Hospital in Portsmouth as a dental core trainee. We would see patients who were referred in from the Isle of Wight as there was no maxillofacial team out of hours in St Mary's Hospital on the island. Throughout the year, there was a steady stream of paediatric patients referred for facial swellings secondary to a dental abscess. This was initially a shock but unsurprising, working in secondary care. Complaints about not being able to find a NHS dentist was a recurrent theme. Prior to discharge, I would just redirect them to 111 to seek a NHS dentist – this was akin to a postcode lottery. I am not writing merely to lament. However, whilst there is still such a prominent issue of lack of knowledge in parents and limited service providers, secondary care is increasingly being put under pressure and paediatric wards are frequented by children for what should not be part of their dental experience – extractions and incision and drainage under general anaesthetic. A side note is that this struggle is also shared by our adult cohort of patients as well.

A. Yoong, Bath, UK

Reference

1. News. Starting Well campaign is delivering on its commitment. *Br Dent J* 2020; **228**: 12.
<https://doi.org/10.1038/s41415-020-1376-2>

Promoting change, for life

Sir, children's oral health has been a hot topic in the media for many years, with reports that children in the UK are consuming sugar at levels above the recommended intake.¹

It has been reported that caries affects 46% of 8-year-olds,² with dental extractions under general anaesthetic (DGA) being the leading cause for hospital admission for children aged 5–9 years.³

There are many initiatives across the UK that aim to reduce children's sugar intake. One such initiative is from Public Health England (PHE), with its Change4Life Food Scanner app; it helps to support families in

making healthier choices for overall health and wellbeing, as well as oral health. This easy-to-use tool aims to encourage parents to reduce their children's sugar consumption by scanning foods to display their sugar content; it even prompts food swaps for 'tooth-friendly' snacks!

This app regularly features within the diet advice I provide to families who are referred to the Community Dental Service. I have found that most children are very receptive to using this and implementing changes, allowing them to become engaged and active participants in their health.

Schools promote the concepts shared by PHE, however as dental professionals, how often do we encourage tools like this with our patients?

In my opinion, tools such as the Change4Life Food Scanner app are useful in the dental prevention armamentarium within primary and secondary care. With repeat DGA rates reported to be between 4.2% and 17%,³ there should not be a missed opportunity for disease prevention.

A. Adatia, London, UK

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2. NHS Digital. Child Dental Health Survey 2013, England, Wales and Northern Ireland. 19 March 2015. Available at: <http://content.digital.nhs.uk/catalogue/PUB17137> (accessed 12 January 2020).
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Ancestry

Dental DNA

Sir, is there a DNA for dentistry embedded in a familial inheritance pattern? With a history of a family of dental practitioners stretching over a century, I relate my odontological relationships over three continents. My father graduated with a LDS, University of London in 1924. I graduated with a BDS, University of the Witwatersrand in 1956; my son-in-law graduated with a BChD from the University of Stellenbosch, South Africa in 1985. His daughter (my granddaughter) is a dental student at McGill University, Montreal, Canada due to graduate DDS in 2022.

G. H. Sperber, Edmonton, Canada
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