Understanding how important outbreaks like SARS, Zika and most recently COVID-19, can spread so rapidly and their transmission curtailed should be of increasing concern for dental providers. In order to have comprehensive discussions with their patients about how infections can be transmitted in an epidemic, dental care providers need to be properly educated. However, very little time is allotted to instructing dental and dental hygiene students on public health approaches to interrupting disease transmission. Given these changes, dental educators should also focus on educating students on the most effective responses and interventions in controlling the spread of infectious disease. This could include an introduction to public health control measures such as environmental disinfection, facility closure, isolation of symptomatic cases, social distancing and health education, along with other approaches. Dental educators need to consider ways to formally incorporate instruction in best practices to prevent disease transmission and control of outbreaks into the dental curricula. In addition, we should also include online content that can provide the needed education to dental providers already in private practice. We have already started on developing these programmes.

B. Laurence, Washington, D.C., USA
<https://doi.org/10.1038/s41415-020-1488-8>

#BeKind

Sir, with a heavy heart I write to you to express how saddened and disappointed I am by the behaviour of some members of our profession. The COVID-19 pandemic has undoubtedly shaken and unsettled us all in every aspect of our lives. We are facing a global crisis unlike anything many of us will have ever faced before, and hopefully will never have to face again. Arguably, the pressure on our NHS has never been greater. These are truly difficult times for all. It is for that reason, that, for a moment, I felt ashamed to be part of what I considered to be an honourable profession, when I saw my fellow colleagues posting derogatory, defamatory and disparaging comments about our senior leaders on various online platforms.

COVID-19 is not only threatening our physical health but our mental health and livelihoods too, and naturally during such

unprecedented times the profession will look to our senior leaders for guidance and reassurance. It is not for me to comment on the timeliness or effectiveness of such guidance, but I must say I find it appalling that we can call ourselves professionals, regulated and governed by professional standards of practice and behaviour, but participate in what is essentially 'internet trolling' or an online 'witch hunt' the moment uncertainty arises.

My call to arms for the profession is this: let this be the time that dentists and DCPs come together for the NHS to fight this battle with our medical and nursing colleagues. Let us use this opportunity to show just how powerful, committed and skilled we are as a profession. Do what you can in your regular clinical setting, and when you can no longer do that, do what you can in your community. Let's use this as an opportunity for NHS dentists and dentistry to be seen and treasured for the value it truly holds.

We are all under immense pressure, our leaders included, so let's do what we can, and above all #BeKind.

F. Oluwajana, Manchester, UK
<https://doi.org/10.1038/s41415-020-1489-7>

NHS recruitment

Contract reform and funding

Sir, the letter from Hussain, Thomson and Norfolk¹ about recruitment and retention was an interesting read. For the past four years I have presented oral evidence to DDRB on this very concern, only to be faced with evidence submitted by NHS England and others that there is no problem, with 'dentists willing to tender for contracts'.

I agree with their summary that the worst problems in rural areas are extending across every English region, but the major reasons are not addressed in the letter. It is not that certain areas cannot encourage local school and college students into dentistry – indeed we have the highest number of dentists on the register perhaps of all time. The problems lie with the failing 2006 contract, the lack of flexibility within NHS England to adapt to support contractors and dentists struggling with the system, and the fact that my younger colleagues are no longer wedded to supporting a failing NHS dental service.

The applications at dental school remain remarkably buoyant and whilst it's always a good idea to go into educational

establishments and encourage the potential dentists of the future, that alone will not resolve the recruitment and retention issues we see worsening.

East Anglia like the rest of England needs contract reform and a well-funded service for patients; that might solve the issues of recruitment and retention.

E. Crouch, Birmingham, UK

Reference

1. Hussain I, Thomson A, Norfolk T. Recruitment and retention. *Br Dent J* 2020; **228**: 59.

<https://doi.org/10.1038/s41415-020-1490-1>

Occupational health

Survival of the fittest

Sir, overwhelming evidence, both clinical and anecdotal, affirms that dental professionals are especially vulnerable to musculoskeletal disorders (MSD), particularly those that affect the neck and back region. Literature continues to confirm that repetitive and prolonged actions, whilst employing a static, seated position, prove to be conducive to experiencing joint fatigue, stiffness or definitive pain.¹ Such experiences are a universal concern for dental professionals and are greatly emphasised during undergraduate training.

Whilst undergraduate dental education involves learning about the complexities of the human body, seldom attention is placed on the complex interaction between our anatomy, mental state, and pain perception. Although 90% of back pain has a non-specific cause, high rates are experienced amongst those with high stress levels or mental health concerns.² Therefore, more attention needs to be given to the fact that such psychosocial factors can severely affect the risk of developing MSDs.

Indeed, the evolution of dental technologies has enhanced the practising experience for the dentist. Optimally fitted loupes in conjunction with the use of a saddle chair allows professionals to adopt a certain posture that allegedly reduces the risk of back pain. However, emerging evidence stipulates that the 'perfect posture' fails to actually exist.³ Therefore, it is critical that attention is directed towards various other strategies.

Weight management, improved mental state, and immune function are all beneficial consequences of regular physical activity. Therefore, physical exercise, particularly