

Letters to the editor

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Coronavirus

Initial experience of DCTs

Sir, across the country there are approximately 600 dental core trainees (DCTs) working predominately in OMFS units in secondary care. The mounting pressure on the NHS, alongside the reduction in elective work, poses the question as to what role is best for the DCTs at this time.

To this end, we have surveyed DCTs nationally in order to assess their preparedness for potential redeployment and the current situation regarding additional training and use of PPE. Voluntary responses were collected via a survey shared through social media and represent regions from across the UK.

We received 56 responses in less than 48 hours, highlighting the importance of this issue amongst the cohort. At this time, only two DCTs reported being redeployed, both within a different role in their current trust; 82% felt concerned about potential redeployment. Regarding clinical activities, four DCTs stated they are currently carrying out aerosol generating procedures. The majority have not received any additional training; however, some trusts have instigated this, covering areas such as practical skills and the specific management of COVID-19 patients. One individual noted: 'I am happy to be redeployed if that is where I am needed ... I am worried that if my redeployment comes later on we won't get the training and be stuck in a role where I am out of my competence.'

Most felt well-supported within their units, with another commenting: 'My unit's consultants have become very supportive during this time... They have also heavily emphasised that no emergency is more important than our own health and wellbeing.'

Regarding PPE, 67% report they have fit-tested FFP3 masks readily available, although some report these masks are only available without fit testing, and others do not have

ready access to them at all. Ten respondents felt unsure about when to use specific PPE, while many other units appear to be in line with recently issued BAOMS guidance.

Overall, the concern amongst DCTs reflects the general level of apprehension amongst all healthcare professionals, with the appreciation that it is an uncertain time and a rapidly developing situation. Whilst few have been redeployed, the broad consensus is that the DCTs would like more training to feel prepared for a new role and few have received this thus far. Reassuringly, an overwhelming majority feel well-supported within their units. Human factor principles indicate it is important that we look out for each other through training and support to ensure the best teamworking and patient safety. DCTs wish to play a meaningful part in this pandemic, with the aid of appropriate training and practical application of the BAOMS PPE guidance. We hope that there will be continued efforts to clarify the role of DCTs, to maximise the use of their relevant skills and ongoing commitment to the NHS.

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<https://doi.org/10.1038/s41415-020-1537-3>

Young colleagues need support

Sir, the recent guidance from government in all administrations, to suspend routine dental care until the emergency measures can be lifted, has the potential to have a seriously detrimental effect on many dentists just starting out in their careers. I have no doubt that this emergency will be overcome, but we should start thinking now about how we may need to support all those junior members of the profession who could end up being permanently disadvantaged by the short-term need to suspend all clinical work, professional meetings and conferences.

We must consider how we can help dentists in all training grades, to ensure that they can gain all the necessary clinical and other

experience, that they will lose because of the emergency, where they are in fixed term posts. This will include foundation dentists and those in core training posts. I know this has already started for dentists in specialist training, where consideration of additional time for training is being considered.

For those of our young colleagues who aspire to specialist training and have now lost the opportunity to present at regional, national, international meetings and at conferences, how can they be helped to build their portfolios so they can compete effectively for specialist training posts in the future? Should conference organisers who have had to cancel events, formally acknowledge all submissions they receive, have them as citations in a virtual programme and be willing to run virtual poster competitions?

I am writing as a consultant rapidly approaching the twilight of my career and feel that my generation need to make sure that we work to support, help and are understanding of the concerns, distress and unfairness of the current emergency on this COVID-19 generation. The profession will need them to be the leaders in the 2060s.

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<https://doi.org/10.1038/s41415-020-1541-7>

Alternative teaching aids

Sir, during the current coronavirus pandemic trainee education has come to a stop. For DCTs in OMFS posts the opportunities normally afforded by elective operations and outpatient interactions have disappeared. Many of our colleagues have been redeployed to other hospitals or fields of practice. Trainees like myself have few opportunities to learn as part of our normal post.

Social distancing measures mean that formalised group teaching sessions must be suspended for the foreseeable future. For the duration of my post this has been an enjoyable weekly opportunity to discuss our training,