

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto: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.

## 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.

*R. Mehdizadeh, W. Baynes, T. Aldridge,  
M. Al-Gholmy, B. Srinivasan, R. Anand,  
Portsmouth, UK*

<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.

*D. P. Landes, Durham, UK*

<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,

learn about chosen topics, and present audits or other projects. The loss of these sessions is understandable, but no less frustrating. There has been a recent rise in use of video communication. Apps like Houseparty and Zoom help us socialise from our homes and this idea inspired me to consider other means of group teaching. I therefore arranged a journal club on Microsoft Teams, which took place instead of our usual consultant-led session. We now plan to hold regular video sessions to present and discuss other papers.

The current crisis does not mean that no teaching can happen, but rather that conventional means have to be replaced. Given the severe reduction in learning opportunities for trainees, I am pleased that video meetings are a suitable alternative.

*B. Dunphy, Norwich, UK*

<https://doi.org/10.1038/s41415-020-1546-2>

## Out of our comfort zone

Sir, during the COVID-19 crisis redeployment of the dental profession is a controversial topic. With the wide variety of skillsets present within our profession, and the passion to help both our patients and the wider healthcare workforce, it is time for the dental profession to step out of our comfort zone in order to use these vital skills to aid the community and our NHS.

It was stated that over 13,000 dental professionals had signed up to volunteer for redeployment, which highlights the profession's willingness to unite with the rest of the NHS workforce to win the fight against COVID. This subject has caused many members of the profession to take to social media to express concerns over job roles, either with regards to a lack of skillset or, in contrast, to the underutilisation of skills present.

We can bring more than just teeth into the world of healthcare: from history taking, triaging, prescribing, cannulation and suturing, to the privilege of providing reassurance and support to worried families and patients. Existing hospital dentists and trainees have already been tasked with cross-cover of medical specialities and with increased training they are leading deployment to areas within their Trusts. Uncertainty and false information in relation to redeployment on social media within the dental profession will not provide the positivity needed.

With many dentists taking the Hippocratic oath upon graduation and living by a set of professional principles and values throughout their career, it is evident that

putting 'patients' interests first' will remain a guiding factor for the work that we do. The entire dental workforce should take pride in being part of the NHS healthcare system and when this crisis is over, we should be able to look back as a profession with pride in our collective and positive response.

*A. Thomson, P. Chohan, M. J. Ismail, S. Khalid, N. Patel, S. Uppal, Norwich, UK*

<https://doi.org/10.1038/s41415-020-1542-6>

## Caution with NSAIDs

Sir, as aerosol generating procedures (AGPs) are currently under a moratorium due to COVID precautions, dentists are being advised to use analgesia as a pain temporising method much more than in normal dental practice.

Ibuprofen is being recommended at doses of up to 2,400 mg/day and much more extensive use of diclofenac is being advised. Both are likely to be used for much longer periods than the 5–7 days familiar to dental practitioners.<sup>1</sup>

These are NSAID drugs which are safely used by dentists in healthy individuals, but in certain medical conditions it is important that dentists are aware of the serious adverse effects that they can cause. Patients with asthma, renal disease, liver disease, allergy/angioedema, peptic ulcer disease, acute cardiac and stroke risk and cardiac failure are all groups where special caution is required when using NSAID analgesics. They are also not recommended for use into the third trimester of pregnancy. NICE has issued guidance to medical practitioners starting these medicines for longer term or high dose use and dentists would be well advised to look at this guidance until more specific dental focussed information is available.<sup>2</sup> In many of these risk groups paracetamol is a safer alternative.

Drug interactions are important and dentists should check a patient's existing medication through the BNF/eBNF/BNFC for unfamiliar interactions when considering high dose or high potency NSAID prescribing. Warfarinised patients should not routinely be given an NSAID. New oral anticoagulants, such as apixaban and dabigatran, are more tolerant of NSAID use although some platelet effects may cause mildly prolonged bleeding. High dose ibuprofen should not be used in patients taking aspirin 75 mg/day as it reduces the cardioprotective effect.<sup>3</sup>

Dentists should remember that in these risk patients, paracetamol and codeine (co-codamol 8/500) may be preferred to a NSAID and is available over the counter at a pharmacy or

as Solpadeine Max (12.8/500). A stronger version of co-codamol (15/500) is available through a GP's prescription as are other opioid medicines. Where the dentist is unsure about providing high dose or long course analgesia, or when prescribing in the risk groups above, it is sensible to contact the patient's GP for advice before issuing the prescription.

*A. Crighton, C. McCann, E. Todd, A. Brown, Glasgow, UK*

## References

1. Scottish Dental Clinical Effectiveness Programme. Management of Acute Dental Problems During COVID-19 Pandemic. Available at: <http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/> (accessed April 2020).
2. NICE. NSAIDs - prescribing issues. Last revised August 2019. Available at: <https://cks.nice.org.uk/nsaids-prescribing-issues#scenario> (accessed April 2020).
3. Gurbel P, Tantry U, Weisman S. A narrative review of the cardiovascular risks associated with concomitant aspirin and NSAID use. *J Thromb Thrombolysis* 2019; **47**: 16-30.

<https://doi.org/10.1038/s41415-020-1543-5>

## Remain positive and proactive

Sir, at this time of global uncertainty this is a heartfelt letter to remind our dental practitioners of the ways which we can remain positive and proactive. Redeployment is a daunting prospect; however, it will offer opportunities to give back to our communities. Working in a hospital will provide an insight into the challenges faced as the NHS sustains great pressure. We imagine that dentists will take many skills back to practice, having developed their adaptability, initiative and team-working skills in a completely new environment. As a profession, we should be proud to support our hospitals through this unprecedented time.

For our fellow trainees, you may feel that you are disadvantaged with the absence or reduction in clinical activities. To keep ourselves engaged in dentistry, there are plenty of online resources, webinars and CPD to help us develop and stay connected to colleagues. It may also be a good time to review your personal development plan. Remember we are only human; whilst we strive to give to others during this period, it is important to take care of our own physical and mental wellbeing.

Last but not least, there cannot be a better time for reflection. The hustle and bustle of our daily routine has come to a stop. Sometimes this is exactly what we need to take a step back and ask ourselves key questions, pivotal to our growth as clinicians and individuals.

*P. Momin, Manchester, S. Mahmood, Bradford*

<https://doi.org/10.1038/s41415-020-1544-4>