

and ensure their objectives are achievable within a set timeframe. Whilst CPD cycles are five years, the need to complete certain key foundation skills to ensure adequate competence and baseline knowledge to facilitate progression through postgraduate training pathways will result in trainees having to meet such objectives sooner. This will likely need to be achieved in liaison with their next training scheme.

There are multitudes of factors to think about during this COVID-19 pandemic and the personal development plan may be easily and understandably missed, however, its importance should not be underestimated. Early planning will help trainees of all levels overcome the challenges of disruptions and mitigate adverse effects on their training progression.

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Oral cancer patients

Sir, at the time of writing, UK wide guidance for surgical prioritisation during this pandemic indicates that resection of low-grade salivary gland tumours can be delayed for up to three months; oropharyngeal, tonsillar and tongue cancer resection and reconstruction for up to four weeks; post-cancer facial reconstruction for at least three months.¹ Consequently, cancers diagnosed may necessarily be subject to a delay in treatment with likely adverse impact on patient outcomes. Furthermore, many patients who undergo resection of oral cancer require post-operative intensive treatment unit (ITU) beds.² With approximately 8,000 more hospital deaths to date in 2020 than is routine, elective surgery poses stress on a healthcare system already experiencing unprecedented pressures in ITU, and perhaps, a redeployed staff.³

Dilemmas arise in terms of delaying or proceeding with surgery. Further useful information can be found at <https://globalsurg.org> and <https://www.rcseng.ac.uk/coronavirus/rcs-covid-research-group/>.

We admire the epic efforts of our surgical and maxillofacial colleagues in juggling these competing demands in the best interests of the population.

What can *BDJ* readers do to help? We can make at-risk patients we triage, and patients who access our practice websites, aware of the Mouth Cancer Foundation symptom checker (www.mouthcancerfoundation.org).⁴ Video consultation also offers a solution and practice websites and social media threads can include oral health advice. National Smile Month started on 18 May offering digital engagement (www.nationalsmilemonth.org/). Mouth Cancer Action Month is in November; the infamous #BlueLipSelfie might help raise awareness (www.bluelipsefie.co.uk/). We can continue to signpost smoking cessation advice online too – perhaps this new remote practice offers an opportunity to support patients who are interested in quitting smoking and the Smokefree service allows patient to access advice and support from experts: quitnow.smokefree.nhs.uk/. We need to remember those patients who have previously received a cancer diagnosis who would usually be accessing our care to receive support and preventive dental care. Many charities such as The Throat Cancer Foundation and The Mouth Cancer Foundation are continuing to provide support to affected patients (www.throatcancerfoundation.org, mouthcancerfoundation.org/).

The primary care dental team has an important role in raising awareness and trying to mitigate where possible a post-pandemic spike in oral cancers with poor prognoses.

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Another way for fractured jaws

Sir, I write further to the letter by Holmes *et al.*¹ with regard to management of broken jaws in the wake of the COVID pandemic using closed reduction protocols such as intermaxillary fixation with the post-operative follow up of patients by GDPs.

I would, respectfully, like to add that as far as facial trauma is concerned we are fortunate to have a generous evidence base. In certain situations such as uncontrollable haemorrhage, infected injuries posing a threat for further spread, orbital trauma with progressively reduced visual acuity and any injury posing a threat to the airway must and should be addressed.² Also, while we might be deferring cases to be dealt with at a later date, the patient should, at this very stage be counselled regarding any functional impairment which might be experienced in due course of time and a possibility of performing deformity correction at a later date.

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Redeployment to research?

Sir, in relation to redeployment we write to encourage individuals to consider the full range of skills at their disposal during this crisis, particularly in support of areas that do not involve direct patient care, such as research.

Research and Innovation departments around the UK are cooperating at unprecedented speed and scale to deliver COVID-19 related projects, such as ISARIC¹ and the RECOVERY² trial. Dentists are well placed to fulfil roles in research teams, for example, making use of excellent communication skills or applying expertise in consent to complex circumstances. Other non-patient-facing roles such as applying clinical knowledge to eligibility screening,