

We can confirm that an error was introduced to Figures 4–15 by the publisher. We note that the print version of the journal reversed the Likert scale on the y-axis of these figures. Fortunately, this detail was picked up timeously and corrected on the online version which correlates with the prose within the results and discussion. As such, based on these corrected figures and as published online, we stand by our conclusions in this study.

Editor's note: the correction relating to this error can be found here: <https://www.nature.com/articles/s41415-020-2021-9>.

References

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Dental records

Photos please

Sir, photography can be used to accurately record the appearance of the oral cavity as well as following specific clinical conditions over time. With observance to current legislation,¹ photography can facilitate diagnosis, treatment planning and surgical procedures.^{1,2} It is also useful both as a medicolegal tool and treatment goal conformational record.³ Historically artists were used to produce illustrations from the descriptions of surgeons and physicians, which were highly influenced by their interpretation.

I carried out an audit to determine how often clinical photographs were present with a referral or taken at initial consultation in our department before biopsy of a suspected squamous cell or basal cell carcinoma. Photos were only present in 25% of cases, yet 85% of clinicians responded that they would have benefited from one. A diagram was present in 85% of cases, but this returns us to the same difficulty of subjectivity that was present in the late nineteenth century where the artist's illustration was influenced by the interpretation of the clinician.

In conclusion, clinical photos should become a standard part of the initial referral. Most referrers (GPs or GDPs) have access to a camera and with the implementation of e-referral systems across most UK Trusts, uncomplicated image acquisition and uploading should become standard. This is even more vital in this unprecedented time due to the risk posed by COVID-19 and will ultimately grant clinicians the ability to triage more effectively, improve patients' standard of care and prevent suspected cancer lesions being missed.

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References

1. UK Government. *Data protection*. 2020. Available at: <https://www.gov.uk/data-protection> (accessed April 2020).
2. Peres M. *The focal encyclopedia of photography*. 4th ed. Amsterdam: Elsevier, 2007.
3. Leathers R, Gowans R. Office-based management of dental alveolar trauma. *Atlas Oral Maxillofac Surg Clin North Am* 2013; **21**: 185–197. <https://doi.org/10.1038/s41415-020-2186-2>

Dental careers

Female career progression

Sir, you recently published an interesting research article regarding the career aspirations of female dental students and trainees.¹ It is well documented that there are increasing numbers of females entering the profession but this study further showed that more young female dentists are considering specialties that were traditionally male dominated. However, leadership positions are still disproportionately filled by males. This highlights the need for more female role models and mentors to be present in these positions. It is also important that dental institutions play an increasing role in educating their students regarding the career options available to them, including those that may allow them to continue working or continue specialty training pathways whilst affording them the flexibility that they may want.

The results from this study showed that 63% of respondents, of which 70% were females, wanted to work part-time 15 years post-qualification. This decision may play a role in hindering their progression to more senior roles. Therefore, there should be provisions in place to improve chances of career progression for those working part-time. The decisions regarding an individual's career flexibility are personal and

everyone is entitled to make these according to their own priorities. However, if their progression is being affected due to a lack of accommodation for those females who want to take career breaks or work part-time then, as a profession, we are failing 50.4% of our colleagues.

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Reference

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Oral health

Eponym confusion

Sir, many clinical signs and syndromes in medicine are named eponymously after the person who supposedly originally described them. In dentistry a common example is Sjögren syndrome.

These eponyms can be stated in the possessive, ie Sjögren's syndrome or non-possessive, ie Sjögren syndrome. Whilst this distinction may appear overly pedantic it does have importance and has been debated since the 1970s. Possessive eponyms have been argued as incorrect since the discoverers generally neither had nor owned the disorders, and having the two forms can generate confusion and problems with databases and literature searches.¹

The World Health Organisation actively discourages use of eponymous terms in medicine.² Furthermore, along with other bodies such as the American Medical Association and US National Institutes of Health, they specifically advocate that the possessive form is not used. However, there is no overall consensus, particularly among editors of medical journals where both forms continue. For example, in this journal's ten most recent papers mentioning the above example, seven state Sjögren's, two Sjögren and one uses both terms. Use of the possessive is now much less common in American than European journals.³

Therefore the current state of affairs is of mixed and arbitrary usage of possessive and non-possessive forms of eponyms throughout medicine. The main practical implication here, beyond being merely a technical point, is that literature searches using either form will yield different results.¹ Standardisation could solve this, however, is acknowledged