

improving oral hygiene is unlikely to be detrimental, it has never been more important to uphold scientific rigour in the interpretation and reporting of research findings to help build our collective understanding of the aetiology and prevention of disease.

*S. Byrne, Melbourne, Australia*

## References

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## Emergency dentistry

### Surviving on call

Sir, having completed a year as an OMFS DCT in a major trauma unit, I thought it would be useful for fellow colleagues to have some know-how of how to survive on a call:

- If in doubt, ask: senior colleagues will know you haven't done the job before. They have experience of training DCTs and will be more than happy to assist you
- Get to know the paperwork. As laborious as it may be, paperwork is extremely important, and the more you are aware of what needs to be filled in, the smoother the process will be
- Prioritise your jobs. You will have calls coming from multiple different places at the same time, so you need to know which jobs need to be finished urgently, and which jobs can be completed later
- Keep a logbook – preferably electronic but if it is in paper form, make sure there is no patient information which will make them identifiable, and make sure to get it verified by your consultant
- Practise suturing at home. I know it sounds simple, but practising a little can go a long way! You will come across as more confident in front of the patient and will feel less fazed
- Watch videos on how to cannulate – once again, it will be unlikely you will have

done many cannulations, so it can be useful to know the exact process of how to place a cannula successfully

- Know the basics about bloods. Having a basic knowledge about what all the blood results mean will be useful when handing information over to senior colleagues, and will help you to know what to look out for
- Get the information – sometimes when you get a bleep from A&E, they may not have completed all the tasks required from them at the time of referral. For example, if there is a mention of head injury, make sure they have assessed and cleared the patient of any head injuries otherwise you will have to sort this out, and it can be daunting
- Know what needs to be on the consent form – you will be admitting and clerking in many patients, so if you know exactly what needs to be on the consent form, it will speed up the process
- When handing over use SBAR – Situation, Background, Assessment, Recommendation. This will make handovers concise and easy to follow
- Make sure to rest properly in your spare time – the job can be demanding so this is vital to stay alert.

And lastly, enjoy this time! You will see extremely interesting cases through to the weird and wonderful; you have an amazing opportunity to learn new things in a supported environment so take advantage of it!

*A. Kazmi, Liverpool, UK*

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## Dental regulation

### Keeping up the fight

Sir, thank you for publishing Martin Kelleher's article (*BDJ* 2020; **229**: 225-229). Martin has long been highly respected as an excellent teacher and communicator, and a voice of reason in our profession.

The first part is a truly appalling account of just one problem at the GDC. The second is an excellent reminder that we must not let lawyers overrule common sense in the way we practise. The profession needs a regulator (note not plural) with an understanding of what comprises good dental practice. In the meantime we look to the BDA and its esteemed Journal to continue the fight on behalf of our profession.

*P. S. Nayler, Brighton, UK*

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## Pharmaceuticals

### Directions for use

Sir, I write further to the letter of Kalsi *et al.*<sup>1</sup> in which they described that the product Alvogyl (Septodont, Cedex, France) used in the management of acute fibrinolytic alveolar osteitis had been superseded by a chemically different product Alveogyl (Septodont) with potentially significant clinical ramifications.

These colleagues make a very valuable and important point in that the formulations of not only pharmaceuticals but also dental materials and biomaterials may be changed by manufacturers surreptitiously. This may be necessary due to product development, regulatory demands and ongoing product safety. Whilst this is both laudable and proper, the clinician should be mindful of potential changes in product formulation as this may have a significant bearing on how the product is mixed and/or handled clinically. It therefore follows that the failure of the dental team to fastidiously use the material as intended may result in inferior clinical performance.

One way of ensuring best practice would be that the directions for use of each new batch of product are read carefully and then stored in a centrally placed file in the clinic, easily accessible to all members of the dental team. A ring binder folder containing punched pockets is ideal and the responsibility of keeping the file contemporaneous should lie with the member of staff responsible for stock management.<sup>2</sup> Furthermore, dissemination of any change in handling protocol etc should also be communicated to all appropriate clinical staff. Such a measure will ensure that all products intended for clinical use are used correctly to ensure the best outcome for the patient.

*S. J. Bonsor, Aberdeen, UK*

## References

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## Dermatology

### Skin care doubts

Sir, there is an increasing number of dentists who have started to provide specialist skin care. May I emphasise, I do not mean facial aesthetics courses (botulinum toxin and fillers). This is after they have gone to a