

arthritis. There has also been some evidence to associate tocilizumab with medication-related osteonecrosis of the jaw (MRONJ).^{3,4} While other monoclonal antibodies such as denosumab have been proven to be truly associated with MRONJ, we must take into account the potential effects in relation to oral health. In light of this, readers should be aware of the increased use of tocilizumab and sarilumab, as they may encounter a higher number of patients requiring dental extractions with an increased risk of MRONJ in the future. Even though further studies are required, it is worth keeping this in mind as a possible impact of the pandemic.

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Public vaccine distrust

Sir, I am surprised and concerned that, according to a report on the behavioural aspects of vaccine update and misinformation, published by the British Academy and Royal Society, around 36% of the UK population are either uncertain or unlikely to be vaccinated against COVID-19.¹

Vaccinations are one of the most successful public health measures in history, preventing multiple diseases, hence saving millions of lives and also bringing about large-scale societal and economic benefits. For this to be successful, a community-level vaccine coverage of 80%+ for COVID-19 will be required.¹ Misinformation regarding the vaccine is driven by five key factors: distrust of science and selective use of expert authority, distrust in pharmaceutical companies and government, simplistic explanations, use of emotion and anecdotes to impact rational decision-making, and development of information bubbles and echo chambers. Behavioural factors include

complacency (perception of risk, severity of disease), trust and confidence (efficacy, safety), convenience (barriers, access), sources of information and socio-demographic characteristics (eg education, sex, ethnicity, religion, post-vaccination behaviour).²

As healthcare professionals, our patients may come to us with questions regarding this new vaccine, and we must equip ourselves with the knowledge to answer these queries and put their minds at ease. We are trained to interpret scientific information, follow evidence-based research, and portray this information in an accessible and comprehensible way. Directing patients to reliable sources of information, such as the WHO website, which provides a 'mythbusters' page collating the main misinformation coronavirus messages, could be useful.² While personal opinion and choices cannot be overlooked, collectively, we can work towards dismantling misinformation and protecting public health.

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Nominations sought

Sir, since last March, I know that so many dentists are stepping up and doing truly extraordinary things to ensure our patients receive the best possible care, and the profession is represented and supported during this COVID-19 pandemic. Over the last few months, I have also seen colleagues working long hours to give consistent evidence-based advice at this time of uncertainty, so we can protect our patients, staff, families and ourselves. These are truly unprecedented times for dentistry. In my long career, I have never seen our profession put under such unrelenting pressure for such a sustained period of time. I am proud of how brilliantly our profession has responded.

The BDA would like to ensure those dentists who are going above and beyond are recognised by their peers and by our Association, so I urge you to consider if you know of anyone, through your Branch or Section, your LDC or another professional group, to please nominate them for our BDA Honours and Awards this year.

The deadline for this year's round is 28 May. We are also keen to ensure younger dentists are recognised and our Joy Harrild Award seeks nominations for dentists up to ten years post-qualified; the deadline for this is 30 April. Details of how to nominate are on our website at bda.org/honours-awards. Please note that self-nominations are not accepted. I would like to thank all those who have worked so hard during these difficult times and also to let you know we are there to support you if you need us – find out how we can help at bda.org/stress.

R. McMullan, Chair, BDA Honours and Awards Committee, UK

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DHSC is not listening

Sir, on 8 June 2020, practices in the UK reopened after the lockdown precipitated by the pandemic. Since then, dentists have rejigged their practices at some expense to maintain full cross-infection control and social distancing in line with a series of standard operating procedure guidelines issued by the Department of Health and Social Care (DHSC). In time, output ramped up so that most practices are currently working at what they consider to be a safe speed commensurate with a safe environment, something around 20% of pre-COVID levels.

The profession was dismayed to learn in December 2020 that, as of 1 January 2021 and with only a few days' notice, the DHSC was demanding that output was to be increased to 45%. This figure would be accompanied by a return to the invidious UDA as a measure of output along with a complex set of bands which determined levels of clawback if targets were not reached.

Regrettably, the Department has not listened to and, in reality, has completely ignored the arguments of the GDPC that this target was untenable for a number of reasons, these being:

- Practices are currently working to capacity, taking into account high levels