inpatients to reduce the burden on the NHS and in this recovery period, provision must be made to ensure these patients do not fall through the gaps. The dental profession has an important part to play in this, continuing to show that oral health is an important part of general health and wellbeing.

N. Bradley, M. Doshi, East Surrey, UK

References

1. NHS England and NHS Improvement. Commissioning Standard for Urgent Dental Care 2019. July 2019. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/07/commissioning-standard-for-urgent-dental-care.pdf (accessed March 2021).
2. Scottish Government. National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless 2012. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2012/05/national-oral-health-improvment-strategy-priority-groups-frail-older-people-people-special-care-needs-those-homeless/documents/national-oral-health-improvement-strategy-priority-groups-frail-older-people-people-special-care-needs-those-homeless/national-oral-health-improvement-strategy-priority-groups-frail-older-people-people-special-care-needs-those-homeless/govscot%3Adocument/00394171.pdf (accessed March 2021).
3. Abertawe Bro Morgannwg Health Board (ABMUHB) Community Dental Service Specification 2012. Available at: http://www.wales.nhs.uk/documents/ABMUHB%20CDS%20Service%20Specification%202012.doc (accessed March 2021).

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Dental emergencies

Tooth avulsion: does the milk matter?

Sir, a recent study found that almost a quarter of the UK population now use dairy free milks such as soy, oat, almond, coconut.[1] Avulsion injuries are one of the most serious dental emergencies, accounting for 0.5–16% of dental injuries and the actions undertaken after this injury are key to tooth prognosis.[2] The International Association of Dental Traumatology consider immediate reimplantation of the avulsed tooth to be the best treatment. If not possible, the tooth should be placed in a physiologic storage medium. Cow's milk is advocated as this medium because of its physiological pH, lack of added sugar and the assumption that it's readily available, cheap and convenient.[2]

A suitable storage medium can increase the viability time of an avulsed tooth and its survival and this may be especially important during the pandemic where patients may face delays seeking emergency dental care. It is difficult to know if these dairy-free alternatives provide the tooth with such ideal storage conditions. Some contain added sugar for taste and the pH can be variable.[3]

This has led to the question of whether the type of milk used as a storage medium has an impact on outcomes to the avulsed tooth and can be recommended as an alternative. A literature search revealed minimal research with the majority of studies investigating pasteurised dairy milk. Limited studies, including a systematic review, demonstrate conflicting results around the suitability of soy and almond milks as storage media.[4,5] One paper revealed soy milk to show significantly higher ankylosis than the control group.[4] Should the situation occur that people refuse to use dairy milk for storage, it would be prudent for dentists to be able to advise whether storage in other media could be recommended, or whether it would be unsafe, incur damage to the tissues and impact outcomes. Further research, expert advice or open discussion would be welcome to ensure safe dental care.

A. Hamid, A. Carter, West Yorkshire, UK

References

1. Horton H. Vegan milk no longer just a trend with millennials as third of Britons buy non-dairy alternatives. *The Telegraph,* 21 August 2020. Available at: https://www.telegraph.co.uk/news/2020/08/21/vegan-milk-no-longer-just-trend-millennials-third-britons-buy/ (accessed March 2021).
2. Fouad A F, Abbott P V, Tsilingaridis G *et al.* International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 2. Avulsion of permanent teeth. *Dent Traumatol* 2020; **36:** 331-342.
3. Aydar E F, Tutuncu S, Ozcelik B. Plant-based milk substitutes: Bioactive compounds, conventional and novel processes, bioavailability studies, and health effects. *J Functional Foods* 2020; **70:** 103975. 10.1016/j.jff.2020.103975.
4. de Paula Reis M V, Gomes Moura C C, Ferreira Soares P B *et al.* Histologic and micro-computed tomographic analyses of replanted teeth stored in different kind of media. *J Endod* 2014; **40:** 665-669.
5. Adnan S, Lone M M, Khan F R, Hussain S M, Nagi S E. Which is the most recommended medium for the storage and transport of avulsed teeth? A systematic review. *Dent Traumatol* 2018; **34:** 59–70.

https://doi.org/10.1038/s41415-021-2859-5

Communication

Phone call success

Sir, we write further to the recent paper on the evaluation of a dental nurse-led triage system in a private dental practice.[1] During the first UK national lockdown a method of communication was established with patients with special needs through means of welfare telephone calls. This telephone call reviewed their dental and overall wellbeing. A total of 2,269 telephone calls and outcomes were recorded on an Excel spreadsheet with a ranking of 'how well received was the call?' using a five point Likert Scale. Further information included telephone location, patient demographics and whether the patient was signposted to appropriate services or otherwise.

An enthusiastic response with an agreement for the clinician to call back again at a later date was reported from 778 patients with 58 signposted to other services such as NHS Stop Smoking and 1,688 receiving oral prevention advice. There is perhaps further scope in the future to continue this means of communication.

M. Loh, R. Smith, Liverpool; M. Forde, D. Mills, St Helens, UK

Reference

1. Cowell A, Goodwin L, Hare K, Campbell C. Evaluation of a dental nurse-led triage system in a private dental practice during the COVID-19 pandemic. *Br Dent J* 2020; https://doi.org/10.1038/s41415-020-2177-3.

https://doi.org/10.1038/s41415-021-2860-z

Reduced digital access

Sir, the pandemic has brought to light the extent of the digital divide in the UK with 11.9 million (22%) adults lacking basic digital skills.[1] Data published by the Office for National Statistics show that 4% of households do not have internet access; this is most prevalent in households comprising of a single adult aged 65 or older.[2] Furthermore, only 20% of people aged 65 and over had used an electronic device for making telephone or video calls over the internet.[3]

Arguably, patients over the age of 65 who live alone are some of the most vulnerable patients; furthermore, it is important to also consider patients from social or religious backgrounds where the use of technology may be limited, one example being the Orthodox Jewish community, but there are many other categories of vulnerable patients to be considered, each with their own circumstances.

The approach taken should be tailored to what is known of the individual's circumstances. This may involve giving priority for face-to-face appointments over remote assessments for patients identified to be high-risk or with reduced digital access. For patients who have reduced access due to religious or cultural reasons it may be helpful to liaise with community or religious leaders regarding the provision of webcam-enabled devices.

As virtual dentistry becomes a more commonplace part of the dental assessment, new approaches should be introduced to

ensure that vulnerable patients are not disadvantaged and are able to access the services they need.

H. Muhsin, London, UK

References

1. Lloyds Bank. UK Consumer Digital Index 2019. p 4. Available at: https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/lb-consumer-digital-index-2019-report.pdf (accessed March 2021).
2. Office for National Statistics. Internet access – households and individuals, Great Britain: 2020. 7 August 2020. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2020 (accessed 7 January 2021).
3. Office for National Statistics. Internet access – households and individuals, Great Britain: 2017. 7 August 2018. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2017 (accessed 14 March 2021).

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CPD

RCUK certificates

Sir, I recently contacted the Resuscitation Council UK (RCUK) and would like to share some information that will benefit GDC registrants who receive certificates from their course centre that do not fulfil the CPD documentary evidence required by the GDC. For example, not incorporating the aims, objectives, number of CPD hours.

I used to complete the GDC 'Mapping document for verifiable CPD'[1] and obtain a signature from the course provider. This accompanied with the course centre certificate meant I felt confident I could prove that I had met the GDC's CPD criteria. You can imagine the disappointment after forgetting the mapping document meaning the course provider's certificate could not be used independently to evidence my CPD.

Following contact with the RCUK they have updated their website to include appropriate certificates that were created following their prior work with the GDC. Five separate certificates are available – PILS, PILS recertification, ILS, ILS recertification and ALS.[2] These can be completed by the GDC registrant themselves by adding their name, GDC number and course date, to accompany the certificate provided by the course centre. Together they include evidence that the CPD met the GDC's criteria; this eliminates the need to remember to take and complete the mapping document on the training day.

L. Rollings, Birmingham, UK

References

1. General Dental Council. Enhanced CPD supporting documents. Available at: https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents (accessed January 2021).
2. Resuscitation Council UK. Dental Professionals. Continuing Professional Development for Dental Professionals. Available at: https://www.resus.org.uk/training-courses/dentalprofessionals (accessed January 2021).

https://doi.org/10.1038/s41415-021-2861-y

Dental education

Virtual interviews

Sir, in the current pandemic situation many universities are preparing for virtual panel or multiple mini interviews and virtual interviews are being used for the recruitment of dental staff and in training posts.

Benefits include cost reductions with the decrease of hiring interview rooms, catering, paper consumption, travel and accommodation as well as carbon footprint reduction and fewer missed clinical or teaching sessions.[1] A study comparing virtual and face-to-face interviews for anaesthesiology noted the former 'met or exceeded the expectations of candidates'.[2]

Drawbacks include university applicants are unable to visit the campus (although universities have worked hard to provide a virtual experience through online open days), difficulty in building personal rapport and assessment of non-verbal communication skills.[2] Technical challenges can include poor internet connection, no or poor quality webcams or microphones. Digital inequality is a risk for university applicants from deprived or remote backgrounds who may not have access to a laptop or have poor connectivity.

One study noted unconscious bias can exist in virtual interviews in relation to the candidate's IT ability and their background setting during the interview as 'religious symbols, evidence of family structure, or the physical state of their environment may reflect socioeconomic status'.[3] It is recommended candidates should use a blurred or neutral background and training should be provided for the interviewers.[4]

L. Maybin, Leeds, UK

References

1. Huppert L A, Hsiao E C, Cho K C *et al.* Virtual interviews at graduate medical education training programs determining evidence-based best practices. *Acad Med* 2020. doi: 10.1097/ACM.0000000000003868.
2. Vadi M, Malkin M, Lenart J *et al.* Comparison of web-based and face-to-face interviews for application to an anesthesiology training program: a pilot study. *Int J Med Educ* 2016; **7:** 102-108.
3. Davis M, Haas M, Gottlieb M *et al.* Zooming In Versus Flying Out: Virtual Residency Interviews in the Era of COVID-19. *AEM Educ Train* 2020; **4:** 443-446.
4. Patel T, Bedi H, Deitte L, Lewis P *et al.* Brave New World: Challenges and Opportunities in the COVID-19 virtual interview season. *Acad Radiol* 2020; **27:** 1456-1460.

https://doi.org/10.1038/s41415-021-2862-x