

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto:bdj@bda.org). Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

## Vocational training

### DCT vacancies

Sir, I would like bring readers' attention to the numerous vacant dental core training (DCT) posts across the UK and the impact this is having on training and secondary care services. These posts are highly desirable for career development but are limited in number (around 700 across DCT1, 2 and 3). I was surprised that 61 posts lay vacant (September 2021), a vast majority of these within maxillofacial units. There may be several reasons for these vacancies.

Unfortunately, the pandemic has negatively affected oral and maxillofacial units, which comprise a majority of DCT posts. The reduction in face-to-face assessments and in operating time has led to reduced surgical experience for trainees, particularly at the height of the pandemic. DFTs may have had very limited dental experience during the pandemic, with the reduced ability to see patients due to AGPs and fallow periods, and re-deployment to other sectors. Some may wish to stay in general practice to gain further experience in general dentistry, which had been reduced due to the pandemic.

There has been a change in the shortlisting policy for application for a DCT post. Following the Situational Judgement Test (SJT), 282 candidates were not invited to interview, when in previous years all candidates were interviewed. Following post releases, Health Education England (HEE) had reduced the number of candidates in reserve which unfortunately has backfired. Posts lay vacant, which has increased the demand on existing staff but ultimately this is likely to affect waiting lists for patients. Interestingly, HEE has changed their policy for 2022 with all candidates who sit the SJT being asked to interview.

DCT has been a national recruitment process for several years. A high-ranking DCT will be more likely to receive a desired post while the reverse is true for candidates who rank less well. DCTs are advised to only rank posts they will consider accepting, but it is commonplace to rank all. By doing this, candidates who do not rank as well may still be offered a job. Candidates should be pushed on their commitment to a role and, ultimately, not enough committed candidates were interviewed leading to a shortfall.

Solutions for these issues are hard to address, but as someone who has gone through the DCT recruitment process, my experiences could help instigate change. We cannot change the impact of a global pandemic on healthcare but MDRS (medical and dental recruitment services) have now changed their policy on recruitment, which may be due to these significant shortfalls. More care and attention has to be taken to interview the right candidates who are willing to support the NHS at its time of need. One must wonder if this shortfall could have been prevented.

*D. Jones, Wakefield, UK*

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## Artificial intelligence

### Do AI reports protect GDPs?

Sir, as a British dentist, maxillofacial radiologist and researcher since 1980 in artificial intelligence (AI) applied to dentistry, I was asked recently if AI-generated dental radiography reports protect general dentists from failure to diagnose litigation. Currently, 89% of general dentists report their own CBCT images.<sup>1</sup> Unless they have had special training, they are at risk of failing to diagnose oral and maxillofacial diseases, and vascular disease of the carotid arteries.

AI programmes are being designed to perform tasks normally carried out by human specialists such as medical and dental radiologists. As a peer reviewer for the journal *Oral Surgery Oral Medicine Oral Pathology Oral Radiology*, I see a lot of manuscripts from researchers who seek to publish their work in the field of AI and oral and maxillofacial radiology. The current state of the art is that some programmes are being used for the automatic generation of reports limited to caries, periodontal bone levels and endodontic treatment/apical radiolucencies from dental panoramic and CBCT images.

For an AI program to be equivalent to a dental radiologist, it must perform to an equal standard of diagnostic accuracy for the full range of expected pathologies, such as caries, the periodontal diseases, impacted teeth with proximity to the mandibular canal/maxillary sinuses, cysts of all types, benign and malignant tumours, infections such as osteomyelitis and sinusitis, bone dysplasias and degenerative diseases of the temporomandibular joints. In addition, vascular calcified atherosclerotic degenerative changes of the external and internal carotid arteries are often seen in panoramic and CBCT images much more frequently than malignant tumours.<sup>2</sup>

Randomised blinded clinical trials published in peer-reviewed journals are required to prove the accuracy and efficacy for reporting oral and maxillofacial diseases by AI programmes. To my knowledge, there are no AI programmes currently available which can perform these difficult diagnostic challenges equivalent to a dental radiologist. An AI report that says: 'This report was produced by an Artificial Intelligence program and then checked by a person' is not equivalent to a report produced by a GDC-registered dental

radiologist.<sup>3,4</sup> Any dentist who believes that a current AI dental radiology report will protect them from liability of failure to diagnose, is wrong. The dentist has the responsibility to either interpret the radiographs themselves or request a dental radiologist to provide it for them.

*D. Benn, Atenas, Costa Rica*

## References

1. Andraws Yalda F, Holroyd J. Current practice in the use of cone beam computed tomography: a survey of UK dental practices. *Br Dent J* 2019; doi: 10.1038/sj.bdj.2019.49.
2. Gustafsson N, Ahlqvist J B, Näslund U *et al*. Calcified carotid artery atheromas in panoramic radiographs are associated with a first myocardial infarction: a case-control study. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2018; **125**: 199–204.
3. Harvey S. Teleradiology services. *Br Dent J* 2018; **225**: 684–685.
4. Mahmood A, Shah J, Majumdar A. Governance concerns in CBCT interpretation and reporting. *Br Dent J* 2019; **226**: 470.

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## Ethics

### A dilemma in food advertising

Sir, the Christmas advert from McDonald's featured a friendly blue monster named 'Imaginary Iggy' who feeds off reindeer treats (McDonald's carrot sticks in disguise). The advert is described by its parent company as a 'touching tale of childhood wonder', which is difficult to argue after viewing.

McDonald's are well known for their unhealthy menus and strong advertising campaigns, often aimed at children, a clearly unacceptable strategy when we are all witness to increasing levels of adult and childhood obesity, even type II diabetes in under-tens.<sup>1</sup> Over one-third of children leaving primary school are obese<sup>2</sup> and we know that advertising of unhealthy foods leads to increased intake by children.<sup>3</sup>

In response to the worsening obesity crisis, new laws are to be introduced banning the advertisement of unhealthy foods high in fat, sugar and salt (HFSS) after 9 pm.<sup>4</sup> Such advertising is already banned on all children's media yet manages to secure prime position between popular family shows such as 'Gogglebox' – hence calls for tighter regulations from the World Health Organisation. The emotive advertising strategies of these companies will surely continue to succeed, winning the hearts of the nation and claiming to advocate healthy eating by showing only their healthiest

menu items, despite intention to promote seasonal menus that consist primarily of HFSS items. With a proportion of the profits generated from downloads of the soundtrack to the new Christmas advertisement being donated to a charity dedicated to supporting vulnerable families at Christmas, this advert becomes increasingly difficult to criticise.

With the evolution of advertising methods overtaking the implementation of regulations against that of junk foods, do we need to adopt a more creative approach to combatting obesity via this method?

*E. Morphet, Leeds, UK*

## References

1. Abbasi A, Juszczak D, van Jaarsveld C H M, Gulliford M C. Body mass index and incident type 1 and type 2 diabetes in children and young adults: a retrospective cohort study. *J Endocr Soc* 2017; **1**: 524–537.
2. Office for National Statistics. National Child Measurement Programme (NCMP) for England, 2019/20 school year for children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) in state schools. 29 October 2020. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2019-20-school-year> (accessed November 2021).
3. Russell S J, Croker H, Viner R M. The effect of screen advertising on children's dietary intake: A systematic review and meta-analysis. *Obes Rev* 2019; **20**: 554–568.
4. Department of Health and Social Care. New advertising rules to help tackle childhood obesity – New rules on advertising unhealthy foods online and before 9pm on TV across the UK after public consultation. 24 June 2021. Available at: <https://www.gov.uk/government/news/new-advertising-rules-to-help-tackle-childhood-obesity> (accessed November 2021).

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## Pharmaceuticals

### Bruising

Sir, we would like to remind clinicians to be mindful of drug interactions when prescribing common anti-infective medications. A warfarinised patient in the 65+ age group was prescribed a course of Daktarin (miconazole nitrate 2% topical gel) for oral candidiasis by their general practitioner, subsequently developing spontaneous bruising on the upper and lower limbs, with the INR increased to 10.

The patient was brought into the Acute Medical Unit for vitamin K therapy to bring the INR back into the targeted range of 2–4 and their warfarin was withheld. The interaction was addressed and promptly managed, avoiding any significant complications. However, the patient did require hospitalisation which should not be taken lightly, especially given the risks of COVID-19 transmission.

Miconazole and other -azole antifungal medications (including topical form) greatly potentiate the anti-coagulant effect of warfarin and can have fatal consequences if bleeding occurs. The interaction is graded as severe and clinicians should avoid prescribing unless essential, with close INR monitoring.

We kindly remind all clinicians to double check interactions for drugs when prescribing, even if they are in topical form, and to continue to use the BNF for reference.

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## OMFS

### Novel use of Coe-Pak

Sir, although Coe-Pak is primarily a periodontal dressing, I wanted to share with your readers a use that I have found for the material in haemostasis. It is useful in patients who suffer from post-extraction bleeding due to contributing factors (eg anticoagulants), bleeding disorders and those who are not responding to local haemostatic measures; eg pressure, packing, suturing, tranexaemic acid, being shown to protect the clot from forces applied during speaking, drinking or chewing.<sup>1</sup>

It consists of two pastes: a base and a catalyst, which are mixed in equal portions until a thick and uniform consistency is achieved.<sup>2</sup> Warm water can also be used to alter the setting time. This can then be easily manipulated and moulded with gloves lubricated with water and petroleum. Pencil-sized rolls are then shaped which can be placed over the bleeding socket, while interlocking this with the interproximal areas to reduce the risk of swallowing. When haemostasis is achieved, this can be easily removed in a few days.

I hope that this may be a useful tip to other oral and maxillofacial colleagues when faced with a similar situation with patients who present in the Emergency Department.

*Y. Lin, Plymouth, UK*

## References

1. Baghani Z, Kadkhodazadeh M. Periodontal dressing: a review article. *J Dent Res Dent Clin Dent Prospects* 2013; **7**: 183–191.
2. Kathariya R, Jain H, Jadhav T. To pack or not to pack: the current status of periodontal dressings. *J Appl Biomater Funct Mater* 2015; **13**: 73–86.

<https://doi.org/10.1038/s41415-022-3835-4>