

critical care medicine are essential in this context. A further fundamental point of change needed is the establishment of greater integration between doctors and dentists during both undergraduate and postgraduate training, via the implementation of hospital placements for dentistry students, mainly in ICUs. It is our belief that this would open the door to closer interdisciplinary work between medicine and dentistry, both with a renewed appreciation for the other, ultimately leading to patient health benefit.

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## Occupational health

### Dental workers' vaccination

Sir, I was surprised reading in *The Times* (17 December) that a survey had reported that many dental workers, particularly dental nurses, were unvaccinated against COVID-19. The requirement for frontline health staff to be fully vaccinated by 1 April 2022 could indeed see an exodus of staff which will exacerbate difficulties providing dental care during the pandemic.

Patients are already having access problems and will not appreciate having the additional worry of wondering whether their dentist or dental nurse is vaccinated. We can all take a lateral flow test at home but that is not the answer. Vaccination for

COVID-19 has been available for a year and it is not unreasonable for the profession to ensure that all personnel are fully vaccinated, unless there are valid medical reasons to the contrary, by 1 April. No one objects to vaccination against hepatitis B. I would not knowingly want to be treated by a team where one or more members were deliberately putting patients and themselves at unnecessary risks.

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## NHS dentistry

### Moaning Minnies

Sir, I am getting sick of reading how my 'NHS dentist' colleagues are moaning about their burden of work. They need to remember two facts about the last two years: they have effectively had massive pay rises since the pandemic started; they are independent contractors who have chosen to take out a contract with the NHS.

During 2020, my 'NHS' colleagues had months when they were paid their full contract value while providing no patient care. They then had to only provide 20% of their contracted UDAs and then a bit more. That effectively increased the value of each UDA by about 500% at a time when those working on the frontline of the pandemic were offered a paltry 1%. How dare those dentists, and the BDA, moan about the unfairness of their supposed plight when they had had a 500% pay rise! In the meantime, some of us were continuing to care for patients, as best we could, and ended up being investigated by the CQC for daring to provide the emergency services that my 'NHS' colleagues had failed to provide. At the same time, I was hearing from my youngest colleagues that their practice principals were refusing to pay them anything, while the practices/principals pocketed the lot.

Last year, those same dentists had to fulfil 65% of their contracted work, which

is still the equivalent of a 53% rise in the value of each UDA. Despite that, I have read much whingeing about not being able to afford this or that. This is where they need to remember that they are independent contractors and it is therefore their responsibility to ensure that their premises are adequately equipped, at their expense.

There is an alternative view. Back in the 1960s, the then Health Secretary, Sir Keith Joseph, declared that the country could not afford to continue funding both the Armed Forces and the NHS dental services. Ever since then, successive governments, regardless of their political persuasion, have made it increasingly difficult for dentists to provide a decent level of patient care while maintaining profitability for their practices. After each new contract, there would be a golden couple of years before 'clawback' would happen, and the metaphorical thumbscrews would be applied.

These last two years have been a financially golden period for my 'NHS' colleagues and I dread to think what pressures will be applied to them in the next few years, in order for the Treasury to recoup its vast overspend on the dental sector of the NHS.

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### Correction to: Further filler complication

The original article can be found online at <https://doi.org/10.1038/s41415-021-3785-2>.

Journal's correction note: *Letter Br Dent J* 2021; **231**: 726.

When this letter was originally published, the second author's name was omitted. The authors of this letter are A. Al-Najjar and R. Graham.

The journal apologises for any inconvenience caused.

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