

General Dental Council, and we do carry out procedures to ensure they receive sufficient support. However, we do not have the resource to extract the requested information accurately.³

It is disappointing that the GDC currently do not have the resource to undertake this level of analysis of its fitness to practise data. We take this opportunity to call upon the GDC to redirect resource into this worthy and important endeavour. Suicide statistics are an indicator of mental health and failing to collect and report on suicide rates of those under GDC investigation means that the profession is not recognising or supporting its members at a time when they are at risk of stress and poor mental health.

F. Parvizi, Bath; F. Ahmed, London; T. Ireland, P. Neville, Bristol, UK

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OMFS

Could Alveogyl cause nerve injury?

Sir, socket medicaments may be utilised following exodontia to promote haemostasis or to prevent or manage post-extraction complications; however, there are potential disadvantages to their use. Surgicel (Ethicon, Neuchâtel, Switzerland), for example, has been demonstrated to cause temporary anaesthesia or paraesthesia when placed close to peripheral nerves¹ such as in mandibular third molar sockets. It has been proposed that this nerve injury may be due to the potent acidity of the medicament or expansion of the material resulting in direct compression of the nerve.² In our experience, most secondary care oral surgeons avoid the use of Surgicel in lower third molar sockets with a known or suspected intimate relationship with the inferior dental canal.

Alveogyl (Septodont, Saint-Maur-des-Fossés, France) is another socket medicament

and is commonly used in the treatment of alveolar osteitis. It self-eliminates from the socket, and its retention can lead to foreign body reactions.³ As with many medicaments, the acidity or alkalinity of Alveogyl is not known,⁴ and the potential risk of nerve injury resulting from its placement has not been researched. Curiously, the manufacturer's safety data sheet for Alveogyl does not state the material's pH.⁵

We therefore undertook a benchtop experiment to investigate the pH of Alveogyl, mixing 1 g of the medicament in 10 ml normal saline, and measuring the pH using indicator paper (Johnson Test Papers, UK) according to the manufacturer's instructions. For comparison, pH testing was also undertaken on Surgicel mixed in 10 ml normal saline, and normal saline with no medicament.

Our results are shown in Figure 1. The Surgicel mixture was clearly acidic, with a pH of around 3. The Alveogyl mixture had a pH in the region of around 7–8, which is not significantly different to saline (pH 6–7 in our experiment), blood or tissue fluid.

We therefore suggest that Alveogyl is unlikely to cause a nerve injury following its placement into third molar sockets by virtue of its pH alone. However, the potential for a compressive injury to the nerve resulting from overzealous packing of the material deep into the socket still remains. We would advocate for more robust laboratory-based research to better understand the risks of using socket medicaments following lower third molar surgery. If practitioners do wish to use Alveogyl, then our recommendation would be that it is placed sparingly and superficially to prevent compressive nerve injury, and to encourage self-elimination of

the material in order to prevent foreign body reaction from its retention.

C. Simpson, S. Taylor, Edinburgh, UK

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<https://doi.org/10.1038/s41415-022-4930-2>

Professional development

Portfolios and careers

Sir, as a Foundation Dentist and Dental Core Trainee, the importance of building a strong portfolio has been brought up time and time again. However, throughout my undergraduate training, there was very little teaching about what a portfolio was or how to start creating one. The ability to build a strong portfolio should be facilitated first by learning opportunities at a university level, where there is increased access to academic support to develop these skills.

A 'good' portfolio consists of extracurricular posters, presentations, audits and publications, as well as academic achievements. Trying to understand how to carry out an audit worthy of publication and knowing how to get it published can be complicated, and young dentists will inevitably miss out on opportunities as a result of not knowing where to look for them. Talks and webinars about building portfolios and careers always have strong attendance from young dentists, demonstrating their lack of confidence in this area.

Being able to carry out high-standard research and quality improvement projects undeniably contributes to the development of knowledge and skills within dental specialties as a whole, and in providing guidance about this at an early stage, both progression within the field and personal careers are given more space to improve effectively. The understanding gained from early training regarding research methods, dissemination and real-life examples of the results of this contribution will help

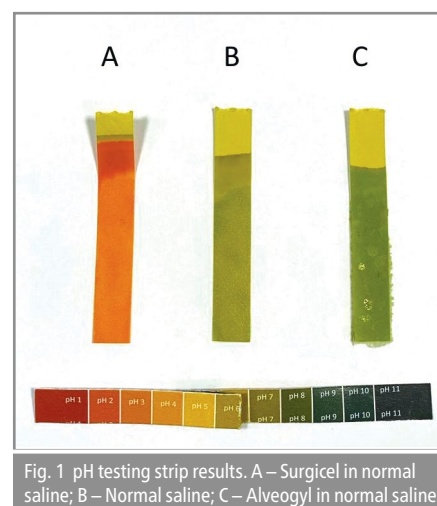


Fig. 1 pH testing strip results. A – Surgicel in normal saline; B – Normal saline; C – Alveogyl in normal saline

to prevent these pursuits from feeling like a 'tick-box exercise', and rather a way to develop as professionals.

I believe we should incorporate teaching about career progression into the dental curriculum, in order for there to be greater transparency around what this means and how you can try to pursue opportunities for growth. After graduating, most young dentists are encouraged to involve themselves in research and try to get published, especially if they are hoping to pursue specialty training. However, they are never taught how to collect data for an audit, or how to carry out a research project. There is an expectation for new graduates to have skills in this area, yet their undergraduate teaching is currently leaving them underprepared.

By providing guidance and teaching to our prospective dentists in how to carry out sound research, we will strengthen the skill set of our future graduates, contributing towards working as well-informed, evidence-based dentists.

R. Barrow, Manchester, UK

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Oral health

School inspections

Sir, it is disappointing to note that the expert commentary on the 1885 article by William Fisher stated that 'regular school inspections in the UK (have) ceased'.¹ This is manifestly not the case. The statement is particularly ironic when appended to an article relating to the oral health status of young people in Dundee as the University of Dundee was integral to the transition from the Scottish Health Boards Dental Epidemiological Programme to the National Dental Inspection Programme in Scotland (NDIP) at the turn of the century.

This programme offers dental inspection to every child in their first and last years of local authority primary schools throughout Scotland. The purpose of the inspection is to assess the oral health status of each child examined under standardised conditions, report the findings to parents and support children in need of intervention into dental care. The epidemiological data generated are a fortuitous and highly regarded by-product

of what remains a national dental inspection programme.

M. Curnow, Perth, UK

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Correction to: Author-level Altmetrics?

The original article can be found online at <https://doi.org/10.1038/s41415-022-4558-2>

Journal's correction note:

Letter *Br Dent J* 2022; **233**: 169.

When this letter was originally published, the author was incorrectly referred to as R. Umer. The correct author name is F. Umer.

The journal apologises for any inconvenience caused.

<https://doi.org/10.1038/s41415-022-4932-0>

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