

drop of NaOCl into the pulp chamber and then to allow capillary action to move this into the canal. Further drops can be added until the paper point is soaked and the pulp chamber full. To remove – yet further paper points until dry – then it's probably safe to use any water irrigation for debris removal, but I favour ultrasonic irrigation.

I don't know if this has been tested in the lab, but intuitively it seems to be as effective as any for introducing NaOCl and again intuitively seems to be a lot safer.

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## Digital dentistry

### Maxillofacial app

Sir, I read with interest the recent publication in the *BDJ* entitled 'Mobile apps for oral healthcare: recommendations for navigating uncharted terrain' by C. Seeballuck *et al.* in which the authors mention that apps need to be accountable, reputable, evidence-based as well as contemporaneous.<sup>1</sup>

Although there might be 'several' apps available which fit the bill as far as oral healthcare is concerned, there remains a lacuna in terms of one catering to maxillofacial injuries. The ZS score, a maxillofacial trauma scoring system, developed by Z. Ahmad *et al.* is available as an elegant and user-friendly app which is composed of the ZS score, the science behind it, as well as a guide on using it.<sup>2,3,4</sup>

The ZS score is based on scientific evidence and translates this into quite a user-friendly experience by way of an interactive facial skeletal map (including teeth), which dentists and medical professionals can utilise to indicate injury patterns which are subjected to varying levels of severity.<sup>2,4</sup> The result of this apparently effortless experience is the determination of the score which is basically a summation of the individual scores selected by touching the injured elements of the facial skeleton on the screen. The app allows for the user to add notes and obtain a printable version of the report which can be emailed as well.

Such apps, or certainly some elements of these, should be utilised to act as potential

blueprints for development of others in the same direction.

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## Dental education

### Liverpool admissions

Sir, we read with interest the recent article entitled 'The current dental school applicant: an overview of the admission process for UK dental schools and the sociodemographic status of applicants'.<sup>1</sup>

As BDS and BSc Programme Directors, and the Admissions Tutor, in the School of Dentistry at the University of Liverpool, we would like to correct an inaccuracy within the information provided. The authors state: 'Liverpool University provides a foundation year with the aim of consolidating the acquired skills and knowledge to study dentistry. The applicants are required to reapply to the undergraduate dentistry course, following completion of the one-year course, separately'.

The University of Liverpool does offer a year zero foundation programme for dentistry. This allows mature applicants, or those who have undertaken qualifications that do not traditionally facilitate entry to dentistry, the opportunity for an alternative route to a dental career. Interviews to determine the suitability of candidates for entry to either the BDS or BSc Dental Therapy programme take place before admission to the foundation programme. Places on the foundation programme are offered to those who meet the academic requirements for that programme, but who are also judged at interview to be suitable for admission to the BDS or BSc programmes. Students who successfully complete the year zero foundation programme commence directly onto the BDS or the BSc Dental Therapy programme without the requirement for another application or another interview.

A number of schools accept students from the national Realising Opportunities

programme<sup>2</sup> and offer contextual admissions.<sup>3</sup> These measures aim to widen participation and broaden the sociodemographic status of dental applicants.

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## Oral health

### Refugee oral health

Sir, according to the United Nations High Commissioner for Refugees (UNHCR), by the end of the year 2017, 68.5 million individuals had been forcibly displaced worldwide.<sup>1</sup> Refugees have limited access to both therapeutic dental care and preventive services. The Refugee Oral Health Promotion and Care Project was launched in 2018. Refugees remain vulnerable to acute food insecurity, malnutrition, and their inadequate food and nutrient intake after migration. This is regardless of the economic level of the host country.<sup>2</sup> The common dietary risk factor for caries and other chronic diseases is the high and frequent consumption of fermentable carbohydrates (ultra-processed foods), which have high amounts of refined starches and free sugars.<sup>3</sup> The important effect of nutrition on teeth is the local action of diet in the mouth on the development of dental caries and enamel erosion.<sup>4</sup> Dentists can help in improving oral health of affected people.

*S. M. Math, Carmarthen, UK*

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