of '25.0 to 29.9' is described as 'overweight'.[4] It's interesting, therefore, that this article describes those with a BMI of >25 as 'obese' and makes its conclusion based on this.

The British Dietetic Association's page on BMI makes mention of 'weight stigma' which it says 'can be unhelpful in supporting people to better manage their weight'.[5]

We welcome the new evidence but are hopeful that the British Dietetic Association's opinion and NHS guidelines can be more considered to avoid confusion in future.

J. Bryman, L. O' Callaghan, A. Daghem, Plymouth, UK

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Outreach dentistry

Mobile dental units

Sir, we applaud Carly Marples and Judith Wright for their recent paper[1] highlighting the benefits of Mobile Dental Units (MDUs).

Since 2015, Dentaid has used an MDU to provide dental care to vulnerable communities and our activities have expanded, particularly since the pandemic, so that by the end of the year we will have six MDUs in operation. Similar to Marples and Wright, we find that certain populations suit outreach, or 'on-site' dental care, such as people who experience homelessness, asylum seekers and substance misusers. Additionally, we see other patient groups such as looked after children, head and neck cancer patients, fishing communities, ex-military personnel and victims of modern slavery. We have also been asked in recent times to provide public access clinics in so-called 'dental deserts'. Using this model of care increases engagement and breaks down barriers where vulnerable populations are seen on their own terms and in their own environment. We partner with other charitable organisations and stakeholders to co-design the service and build trust which can ultimately lead to patients choosing to engage with mainstream dental services.

We were interested to compare our activity as a dental charity with the data reported in this paper where the MDU was based in a Community Dental Service (CDS). Similar to Marples and Wright, we looked at a 12-week period, between February–May 2022, and analysed our activity. This activity was performed across our southern projects which included the use of two of our MDUs (Table 1).

Over this period, we provided 82 clinics and saw 622 patients, compared to the 100 patients seen in the MDU based in the CDS. Because we only provide this type of clinical care, we can provide 30–35 clinics a month, compared to a CDS which will need to balance its priorities with the running of its other services – this is likely to account for the lower number of clinics provided.

As our UK activities continue to grow, this activity will increase. We expect to provide 350 clinics this year with projects commissioned in partnership with not only charitable organisations, but also local authorities, the Home Office, Health Education England, and CCGs. We aim to provide full UK coverage with our additional vehicles and be a complementary service working in partnership with the NHS and governmental organisations. This demonstrates our expertise and dedication as a charity to be a credible dental service provider in the UK for vulnerable and socially excluded groups.

N. Bradley, A. Evans, Totton, UK

Table 1 Dentaid activity (February–May 2022)

Site	Looked after children	Head and neck cancer patients	Asylum seekers	Homeless	Public access	Fishing communities	Total
Examination	56	35	37	329	143	22	**622**
Scale and polish	2	2	7	153	1	3	**168**
Fillings	7	20	30	112	57	7	**233**
Extractions	13	2	8	56	106	2	**187**
Dentures (fit)	0	2	0	1	0	0	**3**

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Systematic reviews

Checklist tool

Sir, I read with interest a recent letter in the *BDJ* by E. McColl.[1] To appraise the clinical and non-clinical research conducted, I would like to draw readers' attention to an assessment tool called the Quality Output Checklist and Content Assessment (QuOCCA). Due to the increasing emphasis on transparent, well-reported, open, and reproducible science, this checklist can assist researchers in evaluating published literature, notably original research papers. Besides being applicable to various academic fields, it also encourages discussion about research reporting practices based on the gathered evidence within the specific discipline.[2] This can aid in developing targeted educational initiatives conducive to conducting high-quality research; however, as it is rather recent, its impact on improving research practices is yet to be determined.

A. Kaushik, Chandigarh, India

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