

Letters to the editor

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Oral surgery

Professor Gordon Seward

Sir, your obituary for Gordon Seward rightly recognises his significant academic achievements and honours (*Br Dent J* 2023; 234: 83).

I was fortunate to be taught by him as an oral surgery registrar at the London Hospital whilst I was studying for my Fellowship. He was an outstanding teacher with an encyclopaedic memory but I will never forget assisting in his operating sessions. It was a case of him assisting me whilst I was being trained. He held the retractors and directed what I was doing. He never took over to finish the procedure. On one occasion, I even worked on a salivary gland for which he had a special interest. Quite remarkable.

K. Isaacson, Newbury, UK

<https://doi.org/10.1038/s41415-023-5808-7>

Dental careers

Dilemmas of a recently qualified dentist

Sir, I write with the future in mind, concerned that recently qualified dentists – keen to develop their competencies and skill-set re: their familiarity with surgical extractions or more complex treatment planning and its delivery in an NHS primary care setting vs a secondary care DCT pathway, private practice or equivalent ‘wet-fingered’ qualification – are at risk of being ‘held back’ by the pressures of a strained NHS system; a valuable but volume-heavy and often stressful first step in the career of most GDPs.

For example, where practices are under pressure to meet NHS commitments/UDAs – and where more senior members of the team are more likely to supplement their books with private income – recently qualified dentists are arguably more likely to take up this NHS ‘burden’ of ‘extra patients’.

Finding time to provide routine and urgent general dentistry within an eight-hour day can be difficult enough – noting (though anecdotally) it is not unusual for patients to be waiting 2–3 months for active treatment following an NHS examination due to waiting times. Where does this leave young professionals who are keen to build their skills in NHS practice and invest in their professional development and job satisfaction?

Do you pick up the surgical handpiece in tackling a symptomatic molar requiring sectioning with a busy waiting room?

Take an extra 15 minutes to refine your crown preparation and provisional restoration?

Take that extra ten minutes to offer more tailored lifestyle advice? Do we sacrifice these actions and the time it takes to develop skills to run ‘on time’?

Do we cancel patients at short notice, going against our want for effective time management and forward-planning?

Irritate those already in the waiting room as you invest time in developing your skills and the patient experience – running the risk of a ‘that will do’ attitude in a profession that demands the highest standards in patient care and personal integrity, and the personal medico-legal implications such an approach can precipitate?

Maybe a wider question to consider is – in its current form – how far is NHS dentistry geared to treat the individual patient vs stabilisation of the population – and if so population-focused, are we risking losing further GDPs to the private sector where time and resources are often more available and less of a premium than in the NHS – as young clinicians look for new opportunities in their self-development?

Thoughts on a postcard.

A. Farrow-Hamblen, Chester, UK

<https://doi.org/10.1038/s41415-023-5809-6>

Artificial intelligence

AI-assisted dental care

Sir, digital health assistants (DHAs) are a type of virtual health monitoring technology-based intervention designed to support individuals in managing their health and wellbeing. DHAs typically use artificial intelligence (AI) and natural language processing (NLP) to interact with users through chatbots, voice assistants, or mobile applications. These digital tools can help in improving and maintaining oral and dental health by providing personalised recommendations, tracking health behaviours, monitoring symptoms and offering guidance on self-care strategies. The technology allows patients to consult with a dentist remotely and share information and is particularly beneficial for those who live in rural areas or have mobility issues that make it difficult to travel to a dental practice.

Monitoring dental health using oral wearable sensors offers portability, universality and has great potential in maintaining oral health through early detection and prevention.¹ It would be an evolution of the current platforms that monitor longitudinal disease management, expanding them from a technology solution to providing clinical care services. The system would use analytics, AI, and wearables to remotely monitor patients. Specialty care programmes are delivered remotely by trained health navigators, who are front-line care coordinators, as well as a team of licensed clinicians, including specialists and dental hygienists.²

AI-powered dental DHAs can improve oral health through patient education, promoting behaviour change and providing accurate up-to-date oral hygiene information. By analysing patient data such as brushing, dietary habits, and other health factors, they can identify areas for patient changes