

informed decision-making that prioritises patient care and NHS interests.

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Dental careers

Highly recommended programme

Sir, we were pleased to read the letter regarding the DCT 2 equivalency published in your journal.¹ We would like to share our experience as new dental graduates. We are part of the Joint Dental Foundation Core Training programme (JDFCT) initiated by Health Education England which combines the primary (DFT) and secondary care placements (DCT Year 1), starting immediately after graduation.²

As final year students, we aspired to achieve experience in both primary and secondary care in our careers. We were fortunate to select this two-year programme which involves alternate week placements in hospital and dental practice. Although this was initially a steep learning curve, the past few months have vastly and rapidly increased our scope of knowledge and practical skills. We have been provided with ample opportunities to proceed with dental procedures under supervision, including biopsies, surgical extractions and assisting in more complex head and neck surgeries such as free flap cases. Additionally, we've been fortunate to actively contribute to and engage in daily ward rounds, allowing us to assess patients both before and after surgical procedures. Furthermore, we have been able to assist with consultant-led clinics, giving us an appreciation of how referrals are handled in secondary care; this has provided us with a better understanding of the different stages of hospital-based patient management. The primary setting involves working in a

dental practice as a GDP, performing most procedures such as RCTs, crowns, restorations, periodontal treatment and more.

In spite of the interruption in the continuity of our experience due to alternation of general and hospital practice, we still have the same targets as general yearly cohorts over our two years of training. These include supervised learning events (direct observation of procedural skills, case-based discussions and more), reflections and a logbook of our clinical experience, which makes the training optimal and adequate.

Despite the challenges, we highly recommend this to anyone looking to do a joint training programme as we believe this comprehensive approach ensures skill development takes precedence without any compromise on our existing clinical abilities within general dentistry.

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Dental implants

CGF-induced implant osteogenesis

Sir, I read the article by Kandhari *et al.*¹ with interest: bone quality, volume, height and width all play a pivotal role in dental implant stability, success and survival. Most young dentists are unable to determine whether the implant area has sufficient bone mass during the implantation process. Meanwhile, selecting the right type of bone grafting material is also extremely challenging. A lack of adequate bone can be overcome with various bone grafting procedures. Long-term and stable implants depend on many factors including the amount of bone required, the site of implant placement, patient preferences and clinician factors. The authors provided an overview of bone grafting indications, materials and types of bone grafting techniques, while discussing the properties needed to ensure optimal success of guided bone regeneration techniques.

Recently, one clinical study evaluated the combined use of concentrated growth factors

(CGFs) and adipose-derived stem cells (ADSCs) as cytokines and seed cells for bone regeneration in patients with immediate dental implants. Shubham *et al.*² showed that although there was no significant difference in results between groups at all time points, the application of concentrated platelets unexpectedly improved the stability of implants after surgery. When comparing the quantity and quality of bone regeneration for data statistics and measurements, the difference between the three groups was not statistically significant. Another clinical study by Andrea *et al.*³ found that data obtained from surgical interventions with CGF-permeated dental implants presented better results in terms of optimal osseointegration and reduced post-surgical complications. These data, taken together, highlight new and interesting perspectives in the use of CGF in the dental implantology field to improve osseointegration and promote the healing process.

CGF, as a healing biomaterial, has been routinely applied in dental implant surgery to accelerate healing and reduce post-operative discomfort, which has a positive impact on the success of dental implantation. In order to increase the long-term stability of implants, we need to explore more effective methods, and the use of growth factors is one of them.

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Paediatric dentistry

Sodium hypochlorite and paediatric patients

Sir, sodium hypochlorite (NaClO) is an effective intracanal irrigant used widely in restorative and paediatric dentistry which although generally considered safe, has cytotoxic effects that can result in soft tissue necrosis if extruded beyond the root canal system.¹ Whilst the consequence of extrusion is well recognised, there is limited literature