LETTERS TO THE EDITOR

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS
Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

GUIDELINES

Insufficiency concern

Sir, we have seen the recent publication of the commissioning guides for specialist dentistry (Introductory guide and specialist pathways for orthodontics, oral surgery & oral medicine and special care dentistry). The guides are now live on NHS England's website at www.england.nhs.uk/commissioning/primary-care-comm/dental/dental-specialities/

These guides provide aspirational commissioning standard setting for the provision of specialist dental care across all healthcare settings. However, a note of caution, the commissioning based upon these guides will only be successful with local intelligent implementation and with sufficient workforce to deliver this level of care of specialist services.

I remain very concerned, with an inadequate existing workforce in many specialties, about those patients coming to harm whilst a suitable fit-for-purpose workforce to deliver this standard of care is identified and trained.

T. Renton, London
DOI: 10.1038/sj.bdj.2016.3

Oral health guidelines in humanitarian settings

Sir, the humanitarian crisis in Syria has left a high impact on the Syrian people's general health[1,2] including dire consequences to their oral health status and care,[3] and has negatively impacted what was once labelled as the best dental care system in the Arab world. In response to the ongoing crisis and as an alternative to conventional dental clinics, several refugee dental clinics have been established in border regions to provide the Syrian refugees with much needed dental care. These clinics provide the bare essentials with limited resources and are the dental equivalents of field hospitals.[3]

In light of the obviously challenging circumstances faced by ourselves and other dentists when working in the dental clinics for refugees established in the regions bordering Syria, it is evident there is a need for clinical guidelines with standardised protocols for use in areas of conflict. We would like to propose several areas of focus for immediate attention. Foremost, importance should be given to addressing each patient's chief complaint(s) and to prioritising treatment of infection and acute pain. Thereafter, a simple medical screening tool could help categorise patients in terms of suitability for dental work. For instance, one category could include patients who have immediate medical concerns needing attention before receiving any dental work, another may encompass patients having serious but controlled medical conditions who are fit for dental work, and a third category may be reserved for healthy patients with no or non-significant medical issues who are suitable for dental work.

Apart from prioritisation schemes, guidance should be provided for creating:

1. Better protocols for management of war-related maxillofacial traumatic injuries using a step-by-step approach
2. Circumstance-specific infection control strategies (eg sterilisation and disinfection techniques) with substitutes in cases of material unavailability
3. Treatment alternatives in the absence of dental equipment and radiographic X-ray
4. Mechanisms for charting which are simple yet comprehensive enough to assure adequate patient information
5. Decision tools for medication use including contingencies in circumstances where adequate medications are unavailable.

Lastly, we call for more efforts and attention to the continued suffering of Syrian refugees, and for more humanitarian aid efforts from the dental community to help in relieving the medical and dental consequences of this tragedy.

H. Saltaji and H. Alfakir, Edmonton, Canada
O. Shibly, New York, USA
DOI: 10.1038/sj.bdj.2016.4

1. Hurley R. Who cares for the nine million displaced people of Syria? *BMJ* 2013; **347**: 7374.
2. Saltaji H. 4 years of the humanitarian tragedy in Syria: who cares? *Lancet* 2015; **385:** 943.
3. Saltaji H, Alfakir H, Shibly O. Oral health consequences of the crisis in Syria. *Br Dent J* 2015; **219:** 49.

CONTRACTS

No action needed

Sir, the BDA certainly recognises and shares the concerns expressed by Dr Dawoud (*BDJ* 2015; **219:** 560) about the potential impact of changes to junior doctors' and dentists' contracts. The BDA has been feeding into the negotiating process to make sure the views of trainee dentists are heard. We have been making the very same points as those articulated by Dr Dawoud, for example, about the proposed changes to 'banding' and pay protection arrangements. The BDA also joined our medical colleagues in organising a ballot for potential industrial action.

That this is the first such ballot in the BDA's history demonstrates the importance we attach to this issue. Dentists voted overwhelmingly in favour of strike action, and following the disappointing failure in negotiations, will now stand alongside their medical colleagues in taking action. This is not a step that any healthcare professional takes lightly, but the BDA is supporting junior dentists in their fight against the threat of imposed and unwanted changes that will harm clinicians and patients.

M. Woodrow, BDA, London
DOI: 10.1038/sj.bdj.2016.2

ANTIMICROBIAL RESISTANCE

Antibiotics and consultant oral microbiologist posts

Sir, we welcome the review on dentists, antibiotics and *Clostridium difficile*–associated disease highlighting challenges in antimicrobial prescribing and the alarming rise in inappropriate prescribing patterns.[1]

The Association of Clinical Oral Microbiologists (ACOM) is concerned about this negative development and considers