other parents at dental school interviews confirms that this is a common experience.

If this is a such a challenge for a middle-class family with lots of useful contacts, a parent who is prepared to be pushy, and a student with access to a car, what hope is there for a sixth-former whose parents did not go to university, and/or are less supportive, and/or do not have appropriate contacts/travel options? These students must be seriously disadvantaged in the application process.

In the large district general hospital where I work, all of the many sixth-formers who enquire about work experience for medicine are offered a week's placement if they attend a local school and the headteacher confirms that medicine is a realistic option for them. Surely there is some way that work experience for dentistry could have a similar system?

In the meantime, could I ask that the dental community is a little more open to being observed by your future colleagues?

R. Walpole, by email

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Paediatrics

Breastfeeding and dental health

Sir, I note with interest of the news that the British Society of Paediatric Dentistry (BSPD) produced a position statement on infant feeding in early 2018.[1] One of the recommendations arising out of the position statement is that 'Consideration should be given to reducing on-demand and night-time feeds in light of the emerging evidence-base suggesting a potential link between these practices and complementary feeding after 12 months of age and dental decay'.[2]

Currently, the World Health Organization (WHO) recommends exclusive breastfeeding for six months and continued breastfeeding along with appropriate complementary foods up to two years or beyond.[3] This BSPD position statement seems to undermine the WHO guidelines and may cause confusion to health professionals and mothers. To clarify the position, the UNICEF UK Baby Friendly Initiative issued a statement in March 2018.[4]

This is followed by another statement issued by Public Health England in April 2018. Public Health England believes that there is no evidence that from 12 months of age reducing breastfeeding on demand and at night time will result in the prevention of tooth decay.[5]

C. A. Yeung, Lanarkshire

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Hall technique reviewed

Sir, we read with interest the recent publication by Roberts *et al.*[1] We recently surveyed a group of dentists to establish what experience they had in using Hall Technique preformed metal crowns (HTPMC) and any perceived barriers to their use. Of the 90 respondents (70 foundation/core training dentists [DFT/DCT]; 20 GDPs, 3–44 years post-qualification), over 80% had been trained in the use of HTPMC; however, only 16% had placed one in the previous 12 months. Emerging themes regarding limited use related to limited availability of crowns/funding and limited level of confidence/experience with the technique. Roberts *et al.*,[1] also cited this latter factor.

In our study only 40% of DFT/DCTs reported they had access to PMCs. This is disheartening given PMC placement is part of the foundation training curriculum and a requirement for completion of foundation training.[2] HTPMC call upon practitioners to seal in caries where traditionally it was removed,[3] a concept that requires confidence and skill in a different approach. In our survey, some were unclear about 'how much decay to remove' which demonstrated a lack of familiarity with HTPMC.

Cost was another barrier that emerged from our survey. Respondents felt that the current Units of Dental Activity at Band 2 in England and Wales did little to encourage use of the technique. In Scotland, where a fee-per-item system remains, the number of PMCs placed almost quadrupled between 2005-6 and 2015-16, rising from 2,746 to 10,711.[4] A recent study indicated a mean positive cost difference of £45.20 in favour of HTPMC when compared to conventional caries management.[5]

In conclusion, both Roberts *et al.*[1] and our survey, in different practitioner groups, suggest similar barriers to HTPMC use across the dental fraternity. Issues relating to further training, PMC availability and funding need to be addressed to ensure that patients can receive evidence-based management for carious primary molars in all settings.

K. O'Donnell, G. Yesudian, F. Soldani, by email

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