

could be employed for managing pulp involvement.⁵ Orthodontic treatments are mostly aerosol free procedures and can be carried out as normal or with modifications as appropriate. Manual debridement can achieve similar clinical outcomes compared to aerosol generating ultrasonic instrumentation.⁶ Rubber-dam should be used where possible. Cotton pellets can be used for drying teeth instead of 3-in-1 air spray.

As governments prepare for a staged return to a new normal, it is imperative that dental societies join forces to develop clear protocols and pathways for evidence-based alternative temporary or definitive treatments with no or reduced risk of viral spread to help manage oral diseases.

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Beards and masks

Sir, there may be some colleagues who may be slightly more worried than others about PPE in the era of COVID-19: those of us with facial hair for religious/cultural reasons.

Fit testing of FFP3/FFP2 masks with facial hair has been largely unsuccessful with colleagues failing fit testing. Where facial hair was maintained for reasons other than religious or cultural it was advised that removal would help with the seal of the FFP3/FFP2 masks. Whilst some of our medical colleagues have suggested ways in which an adequate seal can be achieved by using a thin cloth tied over a beard for example, currently the efficacy of this method has not been proven widely. Increasingly, it seems that one of the plausible ways to achieve satisfactory

protection is to use a respirator hood device, however, with the proviso that not only do respirator hoods make the use of loupes/ powered light source challenging, but given the weight of the attached power pack, it can lead to postural discomfort as well as an inability to sit on stools with a back rest.

As the profession begins its preparations to re-open practices, it certainly will be interesting to see how we overcome this and many other unique hurdles.

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Incredulity and disappointment

Sir, it was with incredulity and disappointment I read the article entitled *Why re-invent the wheel if you've run out of road?* by the Chief Dental Officer for England (CDO).¹

The CDO references a 30-year-old book by my 'cons' Professor 'Dick' Elderton on the merits of minimally invasive dentistry as if it were some new concept in dentistry.² Where has Dr Hurley been for the past 30 years? Many current dental procedures utilise some of the most cutting-edge and non-invasive techniques available today. Guided implant procedures provide the most obvious example, with CT guided placement reducing surgery time, increasing long-term success, and significantly reducing levels of post-operative morbidity.

There is clearly a desperate need for the reorganisation of NHS dentistry into a basic, core service, free of charge, in line with the rest of the NHS service. All other services could then be delivered via private dental practices, eliminating the often confusing and litigious mixing of 'private' and NHS dentistry. A move that would surely be welcomed by regulators and indemnifiers alike.

Over the past weeks we have seen many well-researched and practical standard operating procedures (SOPs) published by various dental associations,³ corporate dental bodies,⁴ and devolved government.⁵ Even with the release of the CDO's 'Prompt to Prepare' and 'Resumption of Dental Services' letters published on 28 May, why are we still waiting for detailed guidance, SOPs and strong leadership? Perhaps the CDO should recall the often-used phrase from our alma mater Professor Crispian Scully: 'when the going gets tough, the tough get going.' The CDO rightfully recognises the leadership that many dentists have shown in England during the

COVID-19 pandemic. It is a shame that the profession has not witnessed the same trait in the current CDO.

In a recent poll of dentists in the British Association of Private Dentistry, 97% of its members called for the resignation of the CDO. Clearly, the profession feels totally let down at this unprecedented time. The CDO's commentary merely serves to underline how out of touch the CDO is with the level of skill, expertise, knowledge, and fortitude that GDPs possess to safely care for their patients and dental teams.

M. Cox, Devizes, UK

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Is amalgam more suitable?

Sir, prior to the cessation of routine dentistry due to the COVID-19 pandemic, the UK was trying to actively reduce the amount of waste mercury disposal. Regulations were introduced in 2018 to advise on the management and use of dental amalgam as a restorative material. It was advised that amalgam should not be used in children under the age of 15 or women that are breastfeeding or pregnant, unless deemed strictly necessary by the practitioner on the grounds of specific medical needs of the patient.¹

These are unprecedented times in dentistry. Waiting times and the number of patients that require to be seen has grown exponentially, carious lesions may have increased in size due to delays in follow up, cooperation from children may have decreased as desensitisation from regular dental exposure has reduced, and the NHS has come under intensive financial strain. One would ask the question, would composite still be a viable restorative material for this subgroup in these circumstances? Or