

surrounding career opportunities like funding and hiring decisions. The recommendations given are for funding agencies, institutions, publishers, organisations that supply metrics, and researchers globally. Interested parties can add their names to this Declaration.²

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Teledentistry

Forestalling collateral damage

Sir, I read with interest the recent publication entitled 'Head and neck cancer presentations in the emergency department during the COVID-19 pandemic'.¹ The collateral damage due to the COVID-19 pandemic due to neglect and delayed diagnosis of concurrent oral and other systemic diseases is now well known. This article clearly illustrates the case in point, and highlights a mere sliver of the UK population where such neglect led to increased severity of their disease, occasionally with deadly outcomes. The profession should now learn from this experience and appraise how such pandemic-induced collateral damage could be forestalled in the future.

One approach that could lead to significant remediation of this situation is the wider use and popularisation of teledentistry, defined as 'the remote facilitating of dental treatment, guidance, and education via the use of information technology instead of direct face-to-face contact with patients'.² This is particularly true when viral diseases such as monkeypox are re-surfacing,³ and COVID-19 is declared an endemic infection with its variant viral subpopulations.⁴

Currently, there appear to be several challenges in adopting teledentistry as a care management tool, such as its novelty and the resulting reluctance among both dentists and patients to accept it. These concerns need to be allayed to popularise its utility, which will undoubtedly come of age as a robust diagnostic and patient care management tool owing to the increasing use of cloud-based data services, artificial intelligence (AI), and big data resolution through bioinformatics.⁵

It is time that authoritative professional bodies promulgate guidelines on the use and utility of teledentistry, and universities include it in their curricula as an integral health management tool. Further, teledentistry can also complement the current compromised dental health management systems in the UK.

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NHS dentistry

Post-Brexit NHS money?

Sir, the recent BBC reports on 'dental deserts', where NHS dental practices are unable to accept new patients, have opened a fresh, public debate on our profession's heroic efforts to provide a viable service to our patients.

The Brexit campaigners promised the electorate that leaving the EU would repatriate £350 million per week for spending on the NHS, making £18.2 billion per year. There would have been many demands on that money although even a portion of that would have covered the costs of many courses of dental work, but where has that money gone? Was the electorate sold a lie?

There is a catastrophic lack of staff across the NHS, including dental practices, and we certainly know where many of the NHS staff have gone: post-Brexit working conditions made them so unwelcome here that they have gone home to their EU countries. I have always been impressed by how my NHS colleagues have worked ridiculously hard in order to balance the conflicting demands of providing a professional level of dental care, within the draconian constraints of the 2006 contract, and keeping their practices financially viable. My respect for my NHS colleagues is huge.

An alarmingly dystopian vision has recently been added to the mix by the recent *BDJ* articles which encourage dentists to question the 'strategic importance' of a tooth before deciding which treatment to provide, on account of the restricted NHS funding. I am sure that we all can think of other aspects of NHS work which are of less strategic importance than enabling people to have a healthy, functioning mouth, but the money can be found for those services. Again, where is the promised Brexit money for funding the NHS?

Not only is the whole of the NHS falling apart, due to its lack of funds and staff, but my work as a magistrate has shown that the same is happening within the judicial system. Southampton's court house, where I sit, has six available courts but we regularly have only one of those courts in action, leading to a vast backlog of cases and a lack of justice for the victims of crime. Our probation colleagues have ridiculously high targets to meet, without being given the funding and resources to make those targets remotely achievable. Does that problem sound familiar? In the meantime, work has been proceeding on enabling people to travel between Birmingham and London in 20 fewer minutes, at a cost of at least £110 billion. Who really wants to be able to do that, at a cost of £5.5 billion per minute, especially now that so many meetings can be equally effective when conducted remotely? Who can doubt that the obscene amount of money needed for this vanity project would have brought so many benefits to the NHS? Where is our promised, post-Brexit NHS money?

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Dental care professionals

A forgotten workforce?

Sir, the UK has invested heavily in the education and training of dental hygienists and dental therapists but has never established appropriate conditions to allow them to exercise their skills fully.

Oral healthcare professionals with qualifications in both dental hygiene and dental therapy are able to undertake approximately 70% of primary care dentistry. In the UK, almost all education in this field is offered as a three- or four-year Bachelor of Science (BSc) programme in Oral Health Sciences. The standard of education is robust,