reduces cariogenic potential.

Toothpaste tablets, in glass jars, boxes or biodegradable bags, are available with certain lines containing 1,350 ppmF and above. This may be a happy medium to recommend to patients looking for plastic free alternatives. It may also be a more recognised form of toothpaste in the years to come.

F. Chasma, Liverpool, G. Cousin, Blackburn

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https://doi.org/10.1038/s41415-020-2243-x

Paediatric dentistry

SDF to the rescue

Sir, we agree wholeheartedly with the letter from A. Remtulla, *SDF - a game changer?*,[1] which describes the potential of silver diamine fluoride (SDF) within community dentistry and general dental practice as a treatment to arrest carious lesions and reduce the number of children requiring GA for extractions. The British Society of Paediatric Dentistry (BSPD) is campaigning for the technique to be licensed for the treatment of caries in addition to dentine hypersensitivity. We have created resources for colleagues to include a standard operating procedure, a consent form, a patient information leaflet, an explanatory PowerPoint and demonstration video, all of which can be found in the resources area of our website.[2] We believe that the widespread use of SDF is part of the solution to improving children's oral health.

C. Stevens, Manchester, UK

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https://doi.org/10.1038/s41415-020-2244-9

Endodontics

FDs' competence

Sir, a survey was sent to foundation dentists (FDs) across South Yorkshire on endodontic working length determination (EWLD). Despite only recently graduating, 41% of the 29 FDs in the survey had already changed their approach to WLD; 31% always obtained a working length radiograph, while 69% always obtained a master GP radiograph.

Despite electronic apex locators (EAL) being considered by many to be an essential part of the modern endodontic armamentarium, providing greater accuracies, only 21 foundation dentists always used one.[1] Factors limiting EAL performance include the type and amount of irrigant,[2] file size[3] and apical foramen size.[4] Respondents indicated a lack of awareness regarding these factors: 34.5% were not aware of the influence of file size; 44.8% did not understand the influence of the type and amount of irrigant; and 55.2% were not aware of how apical foramen size can affect EAL performance.

Mixed responses concerned how the FDs portrayed their experiences regarding teaching/training on how to use EALs. Thirteen (44.8%) considered their education as average, ten (34.5%) above average, four (13.8%) below average and just two (6.9%) as excellent. In support of the above results, a large majority (79.3%) felt further teaching on EAL use would be very beneficial; 17.2% of limited benefit; 3.4% of no benefit.

It appears that FDs would embrace further education on the general topic of EWLD, with the majority (79.3%) finding this proposition very beneficial and the remaining 20.7% suggesting additional teaching to be of limited benefit. My results highlight that FDs clearly appreciate the deficiencies in their knowledge and appear open to the idea of additional endodontic teaching. However, we must pinpoint why many (58.6%) regarded their previous teaching/training as average or below average. In doing so we can prevent recurrence, guaranteeing both a better use of resources and maximising the learning potential for our young dental professionals.

W. Thorley, Sheffield, UK

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Mouth cancer

Online mouth cancer module

Sir, the paper by Araghi *et al.* (*BDJ* 2020; **228:** 693) reminds us all that we need to remain vigilant for any changes that should raise our index of suspicion for cancer of the mouth. Greater awareness through use of the various toolkits designed to educate doctors and dentists about 'the correct lesions' to be sent in on the two-week referral system should also include mention of the *BMJ* online learning module for oral cancer. This was originally sponsored by the Ben Walton Trust (BWT), and is available online.[1] Readers may be interested to know that the BWT funds were transferred to the Royal College of Physicians & Surgeons of Glasgow in 2017 where this resource is still available to support the original ethos of the Trust (to raise both public and professional awareness of mouth cancer).

The results of Araghi *et al.*'s audit would seem to suggest the need for this is as great as ever.

G. Ogden, Dundee, UK

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https://doi.org/10.1038/s41415-020-2246-7

Correction to: Nursing oral care

The original article can be found online at https://doi.org/10.1038/s41415-020-1901-3

Author's correction note:
Letter *Br Dent J* 2020; **229:** 3.

When this article was published R. Suffern was omitted from the author list. The author list should have read:

R. Smith, A. Panchal, R. Suffern, I. Politi, M. Barker, T. Pepper, and F. Ryba.

This has been corrected online.

The authors apologise for any inconvenience caused.

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