wide reach of oral health care professionals, we have an emerging role in advocating for the vaccine and educating patients about the spread of HPV, which can help boost vaccination rates and ultimately protect the health of our patients and the wider community.

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## Pharmaceuticals

### Awaiting remimazolam guidance

Sir, intravenous (IV) sedation is frequently used in dentistry for treating adult patients with dental phobia or conditions which are aggravated by stress. Midazolam is currently the drug of choice in the UK for this procedure but recently remimazolam (Byfavo, Paion) following its approval by the UK Medicines & Healthcare products Regulatory Agency (MHRA) in June 2021 is being considered by clinicians as a more effective alternative pending the establishment of official guidance.

Remimazolam is an ultra-short-acting benzodiazepine with approved use in the US, China and the EU for procedural sedation. Unlike midazolam, remimazolam is metabolised by non-specific tissue esterases so does not rely on the cytochrome-dependent pathways of the liver meaning dose adjustments are not required in patients with either hepatic or renal impairment.[1,2] Remimazolam can, like midazolam, be reversed with flumazenil, but its onset and offset is more rapid, offering faster induction and recovery times for patients as well as a more predictable duration of action and a superior safety profile to midazolam.[3]

The Society for the Advancement of Anaesthesia in Dentistry (SAAD) has called on the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) to issue updated guidance to include remimazolam.[4] Its last guidance was in 2020 which predates the approval of remimazolam use in the UK and without this specific guidance its use is yet to be implemented into clinical settings. We look forward to clearer guidance being provided and the implementation of remimazolam into routine IV dental sedation.

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## Dental education

### Teaching research methodology

Sir, I regularly give lectures on periodontology and implant dentistry and have noticed that dental students often have poor knowledge of research methodology and evidence-based dentistry. They then have difficulty interpreting evidence reported in scientific articles. My teaching approach integrates the concepts of teaching and research and can improve the research methodological background of dental students.

My research focuses on systematic reviews and meta-research, and I guide candidates in their first research project as they aim for a German doctoral title (Dr.med.dent). I initially make a personal one-to-one appointment with candidates, where I explain to them the aim of the project and provide them with comprehensive literature on the topic to be researched. During a second meeting, candidates can clarify any questions they have and further meetings are scheduled if required to allow familiarity with the methodological concepts that are pivotal to the development of the project. In the second phase, I explain in detail the different steps of a systematic review/meta-research study. This procedure is divided into several weeks/sessions by piloting small samples of data. For example, for the data selection, the students choose articles based on the eligibility criteria described in the research protocol, and I check my selections with them for inter-rater agreement. We repeat this approach until we have a minimum acceptable agreement. We then progress to the next phase (data extraction) and use a similar approach for this and the following phases of the project. In the final stage, the candidates will draft the first version of the manuscript under my guidance. The input of other co-authors will then lead to a final version to be submitted. Depending on the complexity of the research project, we may also involve the work of other colleagues, statisticians, methodologists etc, and the candidates will also be able to profit by learning how a research team works. The candidates are stimulated throughout to learn methodological concepts by themselves from different sources.

In the last three years, this approach has demonstrated positive results: eight candidates had their research projects published as scientific articles in highly ranked academic journals. Although some of the candidates intend to follow a clinical practice path, they informed me that they feel more prepared to assess and interpret evidence to apply in clinical practice. There were no failures in this process, although some students needed more time than others. This could be further tested in robust studies but I anticipate that this one-to-one approach can boost the development of a self-study learning process that may have positive consequences for the rest of a candidate's professional life.

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## Restorative dentistry

### Composite revisited

Sir, as someone who has not felt the need to use amalgam in my clinical practice since the early noughties, I read with interest the three related articles in BDJ Perspectives (25 November 2022). I wholeheartedly agree with the conclusion made by Professors Wilson and Lynch, namely 'time to move on [from amalgam],'[1] and while Sara Hurley[2] is slightly less forthright, she still advises that