(DFT) application process would be altered. Whilst previously the ranking for DFT placements was based on face-to-face assessment centre interviews and a situational judgement test (SJT), it will now be based solely on the SJT in order to reduce social contact during interviews. Naturally, applicants are under an increased amount of pressure, given that they will no longer have an interview to support their application or an outlet to present their personalities and enthusiasm to potential trainers.

Expectation for the future

Despite the efforts made by universities to continue teaching during the pandemic, students will be graduating having partaken in less clinical time at university. Furthermore, in the event of a second wave of the virus, there are likely to be further disruptions. Due to the lack of clinical time, it is probable that newly qualified dentists will require more support from their dental trainers. In addition, with video and phone consultations becoming more routine, learning to conduct these effectively may become essential to training. With diligent planning and preparation, there is hope that the next cohort of dental foundation trainees will also have a constructive training experience and ultimately be able to provide optimal care to their patients.

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BDS5 Student at King's College London

COVID-19 educational resource

COVID has had an unsettling impact on dental education. The team at **revisedental.com** have produced an evidence-based educational resource, providing the student and young professional with a 'go to', reliable platform that helps guide self-directed learning. Moreover, the site donates all its contributions, supporting: the BDA Benevolent Fund and the Motor Neurone Disease Association.

The site has attracted a vast amount of specialist help, supporting the growth of the premium content; advancing student learning. This area continues to expand and, if you wish to help and support, please don't hesitate to contact the team. The impact of the site so far has received wonderful feedback, with numerous students already visiting and interacting with the content.

The site also offers student collaborations, through interprofessional teamwork, which is essential during these times more than ever. The team has brought together medics, pharmacists and other dental professionals. This has been on both a national and an international scale (eg Australia), boosting the quality of the lesson content.

In addition to the charitable donations and the site itself, the team's efficiency, motivation and dedication to producing the wonderful content has been incredible. Each member brings his/her unique attributes, all with the aim to help colleagues, both during these strange times, and for the future.

We hope you enjoy visiting **www.revisedental.com** Now is the time to pull together and support our own education, going forward, to adapt for the new normal.

Mike Daldry, Sumeet Sandhu, Leah Webb and Jaimi Shah

Time to rethink, reconsider and reinvite case reports!

We, as clinicians come across interesting, or challenging clinical cases in our everyday practice. Few of these cases stand apart, as they may be combined with an interesting observation, a rare clinical sign, unexplored association of various clinical manifestations, etc.[1] Unfortunately, case reports are not being accepted by many reputed journals and are tagged as the lowest level of research.[2] Many journals flatly refuse to accept case reports and consider them as beyond the scope of publishing. Sadly, some journals, which do accept them, quote exorbitant article processing charges, which demotivates the authors further. Most indexed journals do not support publishing case reports, which has paved the way for predatory and dubious journals to fill this void, publishing case reports while charging the fees. This is one of the known barriers, preventing competent clinicians from sharing their experiences in the form of case reports and series.

The current medical literature primarily focuses on evidence-based practice which has led to the notable decline in the publishing of clinical case reports,[2] possibly due to the inability of scrutinizing the originality of the case, with an inherent risk of fraudulent information being incorporated to make it more appealing. Furthermore, the lesser number of citations received for case reports compared to original research, meta-analysis and reviews, which indirectly hampers the overall journal performance assessment and impact factor, further discourages the publishing of case reports.[3]

Case reports can still serve as a useful platform to share our unique and interesting experiences and to reinforce certain overlooked clinical diagnostic clues. They serve as teaching aids for educating healthcare students.[4] Moreover, the novel management strategies or follow-up protocols adopted in specific disorders, and its response, could help us to think beyond the traditional options and seed research ideas. Thus, case reports contribute to a modest but significant role in knowledge dissemination.

To ensure completeness and transparency of published case reports, a consensus-based clinical case reporting guideline, termed 'CARE' (CAse REport) has been formulated.[1] A CARE guidelines checklist helps the author to document the clinical case reports accurately and this checklist has become an integral part of the manuscript submission platform in recognized journals. On the other hand, PROCESS (Preferred Reporting Of CasE Series in Surgery) guidelines are recommended while documenting surgical case reports, and this has improved reporting transparency of case series across several surgical specialties.[5]

It is time to realize that case reports contain a small but significant piece of disrupted information, unlike original research articles, which may have technical and processing errors inherent to the study design. However, shouldn't we reconsider and reinvite case reports and