We can confirm that an error was introduced to Figures 4–15 by the publisher. We note that the print version of the journal reversed the Likert scale on the y-axis of these figures. Fortunately, this detail was picked up timeously and corrected on the online version which correlates with the prose within the results and discussion. As such, based on these corrected figures and as published online, we stand by our conclusions in this study.

Editor’s note: the correction relating to this error can be found here: https://www.nature.com/articles/s41415-020-2021-9.

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Dental careers
Female career progression
Sir, you recently published an interesting research article regarding the career aspirations of female dental students and trainees.1 It is well documented that there are increasing numbers of females entering the profession but this study further showed that more young female dentists are considering specialties that were traditionally male dominated. However, leadership positions are still disproportionately filled by males. This highlights the need for more female role models and mentors to be present in these positions. It is also important that dental institutions play an increasing role in educating their students regarding the career options available to them, including those that may allow them to continue working or continue specialty training pathways whilst affording them the flexibility that they may want.

The results from this study showed that 63% of respondents, of which 70% were females, wanted to work part-time 15 years post-qualification. This decision may play a role in hindering their progression to more senior roles. Therefore, there should be provisions in place to improve chances of career progression for those working part-time. The decisions regarding an individual’s career flexibility are personal and everyone is entitled to make these according to their own priorities. However, if their progression is being affected due to a lack of accommodation for those females who want to take career breaks or work part-time then, as a profession, we are failing 50.4% of our colleagues.

A. A. Zaki, Liverpool, UK

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Oral health
Eponym confusion
Sir, many clinical signs and syndromes in medicine are named eponymously after the person who supposedly originally described them. In dentistry a common example is Sjögren syndrome.

These eponyms can be stated in the possessive, ie Sjögren’s syndrome or non-possessive, ie Sjögren syndrome. Whilst this distinction may appear overly pedantic it does have importance and has been debated since the 1970s. Possessive eponyms have been argued as incorrect since the discoverers generally neither had nor owned the disorders, and having the two forms can generate confusion and problems with databases and literature searches.1

The World Health Organisation actively discourages use of eponymous terms in medicine.2 Furthermore, along with other bodies such as the American Medical Association and US National Institutes of Health, they specifically advocate that the possessive form is not used. However, there is no overall consensus, particularly among editors of medical journals where both forms continue. For example, in this journal’s ten most recent papers mentioning the above example, seven state Sjögren’s, two Sjögren and one uses both terms. Use of the possessive is now much less common in American than European journals.3

Therefore the current state of affairs is of mixed and arbitrary usage of possessive and non-possessive forms of eponyms throughout medicine. The main practical implication here, beyond being merely a technical point, is that literature searches using either form will yield different results.1 Standardisation could solve this, however, is acknowledged