

LETTERS TO THE EDITOR

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MENTAL HEALTH

Would you choose a dental degree?

Sir, a recently conducted poll on the GDPUK online forum asked the question 'Would you consider a dental degree now?' Responses were made by 148 dentists (who validate their forum membership with a GDC number); 67% would now not consider a career in dentistry if they were starting over, and only 18% of respondents would consider a career in general practice.

Dentistry is still a very popular degree course, but the day to day job is changing rapidly. With a new NHS contract on the way and many more dental therapists qualifying, the dental workforce will have a very different look in a few years.

Dentists also face challenges with ever escalating NHS regulations, possibly reduced NHS dental funding, regulators (CQC and GDC), multiple inspections of practices, tiering leading to deskilling of non-specialists, corporate practices, increased litigation, high patient expectations and decreasing disease.

Dental students are now leaving university with massive debts (course fees alone are £45,000), lower earning power to repay those debts and with dental unemployment becoming a real issue along with possible further government spending cuts, it may take a long time to just break even. Dentistry is still a very rewarding career, but we believe the mood of the profession has changed markedly, and we call for potential applicants to dental school to be given these facts, and the results of this survey, before embarking on a dental degree course.

M. P. O'Reilly, Prestbury, Cheshire
A. V. Jacobs, Prestwich, Manchester
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Avoidable student suicides

Sir, cases of students committing suicide in dental institutions in India are now being reported. An unprecedented increase in the number of dental schools in India has resulted in competition among dental schools to recruit students.¹ However, employment opportunities

FEW LOUPES IN INDIA

Sir, I have been associated with undergraduate and postgraduate teaching in dental schools for five years now. As expressed by K. F. Marshall in his letter to the editor entitled *Galactic microscopes*, the same situation exists in India where magnification is unheard of in the undergraduate curriculum and not completely mastered by postgraduates either who later hold teaching positions in dental schools.¹ When students don't see their teachers using magnification routinely, they also do not find it imperative to do so. The dental schools need to make it mandatory for students to work with standard loupes right from the start of their preclinical training. The cost of good quality loupes is, however, a limiting factor. As students do not learn the use of loupes in preclinical training they are unable to use it during treatment procedures. When these students enter

postgraduate training they need time to learn their speciality-related work as well as to master the use of magnification. Most schools do not provide operating microscopes or loupes to each student. Such expensive equipment is available in limited numbers in each department which makes it difficult for a student to meet his learning curve before leaving dental school. This situation is unlikely to change until such time as the dental schools make changes in their infrastructure.

Over time for the staff and students the use of magnification will become habitual. It is when magnification becomes a habit rather than a novelty that things will change.

Neha Juneja, New Delhi

1. Marshall K. Dental education: Galactic microscopes. *Br Dent J* 2015; 218: 369.

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for new graduates are decreasing and dentistry is no longer a preferred course among students after pre-university. Thus, students joining dentistry are not necessarily the best of those coming from pre-university. Dentistry is regarded as a complex, demanding and stressful course and, apart from a routine orientation day for students, interviews and mental assessment of prospective students are not conducted.

Teaching in higher educational institutes is unrelated to the clinical skills and theoretical knowledge of a dentist. Dental teachers are basically clinicians or researchers; they are not specifically trained in the art and science of teaching and are not conversant with the principles of educational methods.² In order to modernise dental education and make it more objective and effective, there is a need to train dental teachers and for reputable higher educational institutes to conduct teachers' training programmes for staff members. The Indian Society of Periodontology, for example, has been regularly conducting

teacher training courses for its members wherein learner-centred, self-directed teaching methods like problem-based learning, microteaching, role play and reliable assessment methods are explained.

Students, especially in pre-clinical years, benefit from mentoring.³ Parents of students who consistently perform poorly in exams are informed at regular intervals which means that parents are also involved in improving the performance of the students. Since mentor-mentee evaluation forms are official documents, these are used to protect innocent staff members from false accusations in cases of litigation.

Incidences of suicide by young people are horrifying experiences for parents, while teachers facing legal allegations in relation to suicide are also put under extreme stress. Implementation of student interviews and assessment before admission, teacher training programmes and initiation of mentoring would lessen the likelihood of suicide among dental students in India.

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