

Are graduates as good as they used to be?

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A theme runs through discussions on dental undergraduate education, that 'they are not as good as they used to be'. Based largely on anecdotal evidence, we question whether this is true. Dentistry is changing. Today's graduates are different, but not worse. Graduates must qualify with basic competencies — agreed between all those responsible for their education. We maintain that vocational trainers are teachers, just as we are, and as such they have similar responsibilities. Close liaison between training practices and dental schools is essential.

In recent months, the *BDJ* has looked at the issue of dental undergraduate education in some depth. A message or theme that seems to be percolating through the discussion is that the graduates that we are qualifying today are not as good as they used to be. In a leader in this journal, the editor himself revealed that he had 'heard talk of VDPs not being able to tell upper molar forceps from lower molar forceps, not sure how to take a medical history, and never having prepared an upper incisor crown prior to qualification'.¹ These quite damning comments on dental school education would seem to be based primarily on anecdotal evidence provided by vocational trainers — and others who remember how new graduates 'used to be'. Naturally as clinical teachers we are particularly concerned about such accusations. Certainly, the General Dental Council's document, *The first five years*, provides the profession with an excellent blueprint around which dental educational programmes can be structured, enabling dental school teachers to address these problems and preventing complacency. If it is indeed the case that we are producing less competent or ill-prepared graduates then something needs to be done about it and quickly.

The modern graduate

To this end, it would seem sensible to find out exactly what vocational trainers and

experienced practitioners think about 'the modern graduate', because we question whether these claims are true, as indeed the editor does in his leader. He asks, 'Is this just selective recall?' Long before vocational training (VT) became mandatory in 1993, experienced general practitioners and raw graduates alike were concerned about how poorly dental schools prepared their students for life post qualification.^{2,3} Hobson suggests that there is simply no evidence to support the idea that graduates are not as good as they used to be.⁴ The graduates of today are different from those of 10 or 20 years ago, but dentistry is changing and those that we are now qualifying face a very different world. The newly qualified are not what they used to be, nor we suggest, should they be. They are different, but that does not mean worse.

Subject areas

We certainly do not have a rose tinted view of our students. Indeed, we have previously recorded in these pages our concerns about the 'modern' student's attitude toward the dental course and how this seems to have changed.⁵ But these are attitudes, not competences. We are both clinical teachers, so naturally we want our students to qualify with generous levels of clinical experience, but we are very much aware that there are more and more calls on their time. In his leader, Hobson highlights how the undergraduate experience reflects the changing pattern of dental disease.⁴ He says that there has been a reduction in the undergraduates' experience in some areas, but an increase in others. Subject areas which did not exist in our time now take up a significant portion

of the course. For example, a sound knowledge of 'new generation' materials is absolutely essential. Today the range of restorative materials available to the practitioner is vast, certainly compared with what was on offer when we qualified. Perhaps there are occasions where practical experience with amalgam is lacking but balanced against this we have a graduate who sees beyond amalgam and is able to make a valid judgement concerning appropriate alternatives. Furthermore, with a sound understanding of behavioural science linked with well developed communication skills, from day one, the new graduate should be able to inform and converse with patients in a competent manner. We had to teach ourselves these skills as we went along. Yes, new graduates might need guidance in some areas but we think that there is the potential for them to actually contribute significantly to a training practice. Some of the subjects that are now in the undergraduate curriculum, such as molecular biology may not be directly relevant to general practice dentistry but that certainly does not mean that they are not relevant to the study of dentistry.⁶ The aim of dental schools is to train dentists; the aim of vocational trainers is to turn those dental graduates into successful general dental practitioners.

Entrance requirements

There is no doubt that the academic achievement of the average entrant into dental school is at a higher level than it was 25 years ago. In 1972 and 1977, we were made offers of three 'D's and three 'C's respectively. In 1990, A-Level scores of students entering dental school averaged BBC.⁷ Today our School requires ABB from prospective students. The merits of choosing dental students primarily on high A-Level scores is of course a significant and contentious issue, but dentistry is an exceptionally popular course and we are fortunate that we can attract entrants of this calibre. We both interview candidates for the dental course and we are invariably overawed by the ability and maturity of those applying to our school. The *raison d'être* of dental schools, and of us as university teachers is to transform these bright and interested 19-

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year-olds into dental professionals still with the brightness and interest intact — professionals capable not only of treating patients successfully, but also of shaping our profession for the next century.

That said, they still have to make a living. Surely we owe it to the patients to make sure that these high achievers have a basic level of competence. We also owe it to the graduates. They have a right to demand an education which is fit for the purpose of making them a dentist. But, that does not finish at dental school. What level of competency do vocation trainers have a right to demand? Many will disagree with us, but we suggest that vocational trainers are not the consumers of dental schools. Patients are; as are students — they are directly or indirectly purchasing an education. Yes, the Vocational Training Contract states that the trainer takes full responsibility for the trainee's acts under the Health Service,⁸ but the trainee could still appear before the General Dental Council as a fully registered practitioner in a case of professional misconduct. He or she is qualified to practise dentistry. We feel most strongly that trainers are teachers, just as we are, and as such they share our responsibility. In the CVT information to potential trainers, 'Identifying personal strengths and weaknesses, and balancing them through a planned programme of training' is one of the stated aims of VT. In common with teachers in all areas of education, trainers will come across some students/graduates who are better than others. Some need our help more than others. If none of them needed help, VT would not be so critical to the profession. As teachers, whether that is at undergraduate or postgraduate level, it is our job to work with what we have and do what we can for students and newly qualified alike.

Clinical confidence

We all agree that vocational dental practitioners should be able to show sound clinical judgement. A recent leader in this journal spoke of the need to have confidence as well as competence.¹ We are a little uncomfortable with the confidence and some trainers we have spoken to share our discomfort. Does this person know when

to stop, take stock of the situation and ask for help? Judgement cannot really be taught, it is part knowledge, part experience and part person. With reduced clinical experience, that balance is sometimes

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difficult to achieve. The less confident will be more likely to ask; the more confident will continue. We tend not to worry about the student who lacks confidence, because this comes with time. But confidence without the competence is a very different issue. Students and graduates in this category are the very ones who need to seek help and advice — but do not! As referees for many prospective vocational practitioners, time and time again trainers ask us, 'Will they take advice? Will they listen to me?' A university education should ensure that new graduates develop the ability to listen and respect the opinion of other professionals. They must realise that their trainers are teachers as well as colleagues.

Vocational trainers: what should they expect?

Vocational training has been one of our profession's great successes. As Hobson says, it has formalised and improved the training given to new graduates.⁴ There are bound to be limitations on the capabilities of the new graduate. The question is, what should they be able to do after the 'first five years'. What do vocational trainers expect of a graduate on day one of their VT year? What level of competence is expected of them after three months — 6 months? How much input should the trainer have? Should he or she be expected to teach a procedure new to the VDP? Depending on the nature and complexity of the task in question, we would suggest yes. As university teachers, are our expectations of our undergraduates really too low? We want and need to know. Unfor-

tunately, history shows that liaison between dental schools and vocational trainers has not been particularly good. There is a change; some schools are in close contact with VT scheme personnel, but all schools should be encouraged to participate in this. Nothing is more pleasing than a letter from a trainer giving some feedback on a newly qualified dentist's vocational year, even if that feedback is not all positive. We want this communication with trainers — the profession needs this feedback. If new graduates have not acquired agreed basic competences, then individual dental schools need to know so that appropriate action can be taken. The last thing we must do is produce graduates who feel undervalued by their trainers. Undervalued because, despite the fact that they are strong in some areas, they have not mastered other skills that are considered vital by their trainers. We must not forget that we have the brightest new graduates that we have ever seen in dentistry. They are achievers and they must continue to achieve. They are our future.

Let's have a debate

We must start the debate as to what extra flesh needs to go on the substantial bones of the GDC document. Are there basic core competences that are not being achieved? In June 1998, the IADR (Nice) held a symposium on this very issue, so it is not just a national concern. However, we feel that the pages of this journal are an appropriate place to develop the debate in this country.

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- 2 Editorial Leader. Giving the students a voice. *Br Dent J* 1984; 157: 1.
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- 4 Hobson R. The competent graduate. *Br Dent J* 1998; 184: 156.
- 5 Cabot L B, Radford D R. Good undergraduate teaching. *Br Dent J* 1998; 184: 315.
- 6 Marley J J, Bonass W A. The teaching of Molecular Biology to undergraduate dental students within the UK. *Br Dent J* 1998; 184: 298-300.
- 7 Matthews R W, Scully C. Recent trends in university entry for dentistry in the UK. *Br Dent J* 1993; 175: 217-219.
- 8 *The trainee's contract (full time vocational training in the General Dental Services)*. London: BDA, 1996.