Dental careers

Kiwi frustration

Sir, I ask you, how does a young New Zealand dentist fit into UK dentistry?

I hail from the land of sheep, hobbits and that team called the All Blacks. I'm a proud Aotearoa graduate and have recently gained UK GDC registration. This is your classic tale of girl falls for foreign boy with a very strong accent. Is he Scottish? Welsh? Irish? No, he's from Huddersfield, West Yorkshire.

I arrived in my ancestral country knowing that I would have to adapt to your rules, regulations and tick box exercises. Did I realise how difficult this would be? No. Am I complaining? I hope not. I am simply asking how do I make myself fit within a system that I wasn't trained in?

I have the training equivalence up to DCT 2/3 in a busy OMFS department in Australasia's second largest hospital. I passed my Part 1 of the RACDS Fellow of General Dental Practice and have been involved in audits and publications. In NZ this would place me at a level eligible to apply for specialty training. Yet from my UK experience so far, this all seems irrelevant. I don't have the level of evidence that UK trainees have and therefore I am unable to compete with them. I have the experience, but I do not possess the signed piece of paper saying that I meet the necessary competencies set out by your system.

I am unable to obtain an NHS performer number without doing PLVE training. The only way to pass our BDS is if we are competent, safe and skilled clinicians who are able to work in both public and private clinical settings straight out of dental school. An evidenced foundation dental year does not exist. I therefore do not have a piece of paper that says I have the equivalent training of a foundation dentist, meaning I am unable to get a performer number.

My work experience is in hospital/community dentistry; now I have somehow found myself in a position where the only jobs I am qualified to apply for are in private dentistry: the area of dentistry that I have no experience in. These jobs are few and far between and most expect me to have at least five years of private experience.

I would not even have my foot through the door if I tried to apply for specialty training with my lack of acceptable

evidence. I need to repeat my NZ experience here in the UK to obtain that signed piece of paper. I hope to see the UK welcome young Kiwi dentists one day, especially with Britain moving into the post Brexit era. The UK is currently missing out on a hard-working and skilled workforce educated on British modelled education standards. I hope that future NZ dentists encounter a more user-friendly system that recognises their skills and experience. I hope most of all that NZ dentists become valued as equals here in the UK, as UK dentists are in NZ.

K. Goad, Huddersfield, UK

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Dental education

Homelessness on the curriculum?

Sir, we read with interest the letter by A. Mohan (*BDJ* 2020; **229**: 213) regarding the need to make community volunteering with people experiencing homelessness an essential part of dental training. We fully agree that education institutions have an important role in developing the next generation of dental professionals to be 'socially accountable' so that they have a greater appreciation of the needs of vulnerable groups.

In addition to American models there are examples of 'service learning projects' across the UK and our own institution has run a suite of modules for over ten years working directly with disadvantaged groups in the community, including organisations supporting people experiencing homelessness. The benefits are numerous for the students and patients alike and have been reported in an editorial¹ in this journal and by the students themselves.²

A project developed by our undergraduate students has led to the establishment of a dedicated dental service for people experiencing homelessness at Peninsula Dental School and its social enterprise partner – Peninsula Dental Social Enterprise CIC. The model has demonstrated an effective approach that can improve access to care in a way that is acceptable to patients and to dental professionals and is an active part of the dental curriculum.³ Integrating homelessness in the dental curriculum can bring about positive changes in the way dental health professionals work with vulnerable groups in the community. The treatment provided can in turn act as a

catalyst for change in multiple areas of a patient's life.³

R. Witton, M. Paisi, Plymouth, UK

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3. Paisi M, Baines R, Worle C, Withers L, Witton R. Evaluation of a community dental clinic providing care to people experiencing homelessness: A mixed methods approach. *Health Expectations* 2020; doi: 10.1111/hex.13111.

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How far for sub-dividing?

Sir, I read with interest the letter from T. Kadiyo,¹ especially his/her assertion of the risks (as he/she sees them) of not separating the terms 'black' and 'BAME'.

This begs another question – how far should sub-dividing go? Should we also be looking at the representation level of black men, black women, black trans people, black people with disabilities etc in dentistry? If not, why not?

T. Kadiyo wishes to see an end to the under-representation of black people in dentistry. Taken logically, this means that either places in dental schools are expanded to take more black people, or there is a reduction in over-represented groups to make room for under-represented groups. As it is very unlikely that the number of dental school places will be expanded in the near to medium-term future, this means that the latter must prevail. Following this logic, the most over-represented group (which I believe to be Asian females) must have their intake numbers reduced.

Think this cannot happen? In August 2020 the US Department of Justice after a two-year investigation charged Yale University with illegally discriminating against Asian applicants in violation of the Civil Rights Act (<https://nypost.com/2020/08/13/yale-discriminates-against-white-asian-applicants-doj/>). In other words, Asian applicants with the same qualifications as black applicants were much less likely to be accepted than the black applicants.

A great debate is required. Will it happen?

K. Wilson, Birmingham, UK

Reference

1. Kadiyo T, Mellish V. Is Black Lives Matter over now? *Br Dent J* 2020; **229**: 326.

<https://doi.org/10.1038/s41415-020-2300-5>