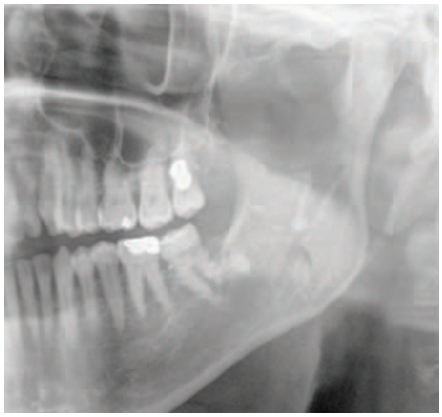

Fig. 1 OPG Showing foreign body in the UL8 region

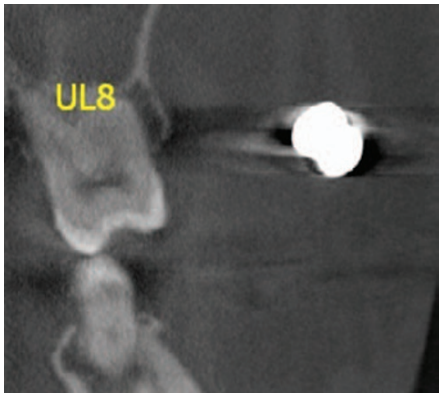

Fig. 2 Coronal cross sectional image of cone beam CT scan displaying foreign body position within soft tissues

small scar/blemish of the skin overlying this region; the remaining clinical examination was entirely normal. Radiographic evaluation in the form of an OPG radiograph was arranged. The resultant image displayed what was initially thought to be a radiopacity (with recurrent caries) associated with a heroic attempt at restoring UL8. Further examination and consideration revealed that this was not the case. A cone beam CT scan of the area was arranged, which revealed a metallic foreign object of a shape consistent with an air gun pellet. The suggestion of caries was entirely artefactual. The object was 8.5 mm by 5 mm in size and was positioned at the anterior body of the masseter muscle (just clear of its surface), 15 mm anterior to the mandibular ramus, at the level of the root apices of the maxillary molar teeth. The patient denied ever having sustained any such injury and wished to leave the foreign object *in situ*.

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TIME BEST SERVED

Sir, currently working as a DF2 in oral and maxillofacial surgery (OMFS), I have become aware of a potential change in regulation for medical graduates hoping to study a dental degree in preparation for a career in OMFS. Presently, a postgraduate degree in dentistry for doctors is four years, however, this is under review.[1] An EU requirement states that a dental course must be five years in duration and a previous degree cannot contribute to this. This is despite the first year of dental and medical school being more or less synonymous, both focusing on basic human sciences, molecular and cell biology. This requirement is also being examined by the European Commission and a verdict regarding whether it will remain in effect is expected towards the end of this year.

If the postgraduate degree in dentistry for medical graduates does increase to five years, this will undoubtedly result in fewer prospective OMFS trainees due to increased financial consequences from student fees and loss of income. What long term effect will this have on the speciality of OMFS? Will there be greater non-UK trained maxillofacial surgeons being employed in the NHS, who may not have training to UK standards or fewer maxillofacial units being replaced by major referral centres?

On another matter, I have noticed the effect that the European working time directive has had on OMFS and dental foundation training. This was introduced to prevent doctors being over worked, improve patient care and reduce mistakes made due to fatigue. This has, however, also resulted in less practical experience being available for trainees as they are not allocated to be on-call or in the hospital as often.

Speciality trainees are given the priority in training and are less likely to give opportunities to DF2 trainees, as they are eager to enhance their own limited surgical experience. Additionally, more DF2 trainees are required to be employed to delegate the workload, which further dilutes exposure. For young dental graduates, a year in OMFS is invaluable and excellent practice for working in a multidisciplinary team, improving management of medically compromised patients and diagnosis of various oral conditions. However, graduates must appreciate that they will receive limited surgical experience and to significantly improve their skills in oral surgery, their time may be best served in a dental hospital.

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1. King's College London. Dentistry Entry Programme for Medical Graduates (subject to approval). http://www.kcl.ac.uk/prospectus/undergraduate/details/name/dentistry-entry-programme-for-medical-graduates (accessed August 2012).

DOI: 10.1038/sj.bdj.2012.733

FOR THE RECORD

Sir, we are writing in response to A. Maqbool's letter *Interpretation consideration* published in the *BDJ* (2012; 212: 304). Dr Maqbool states that there is an error in our paper *A guide to entry into specialist training* (*BDJ* 2012; 212: 35-40) regarding eligibility to enter the MFDS Part 2 examination given in Table 3 on page 37. The regulations for MFDS published jointly by the Royal Colleges of Glasgow and Edinburgh state to be eligible to enter MFDS Part 2 candidates must provide evidence of:

'a) written confirmation of a pass in Part 1 in either the MFDS (Edinburgh, Glasgow), or other examinations accepted by and detailed on the websites of the two Royal Colleges;

b) completion of 12 months' full-time postgraduate experience in clinical dentistry before the closing date for entry to Part 2. Normally, equivalent part-time experience will be acceptable if gained within a period of four years.'

S. Critchlow
L. Nanayakkara

Editor-in-Chief's note: I am grateful to the authors for setting the record straight on this matter and apologise for the oversight in not offering them the opportunity to respond in the same issue as A. Maqbool's letter.

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