So for dentists in England, the CDO role continues to provide excellent professional leadership. It has been a privilege working with Barry Cockcroft as outgoing CDO. The new CDO will build on his achievements to provide the leadership and advice to improve NHS Dentistry and the oral health of the nation.

B. Keogh, Medical Director, NHS England;
P. Howitt, Dental Policy Lead,
Department of Health

Professor Nairn Wilson responds: The response by Professor Sir Bruce Keogh and Peter Howitt is most helpful and reassuring. I anticipate the profession being pleased to learn that the role of the CDO in England has not been diminished and will remain vitally important and influential, and that Ministers will very much value and regard with esteem the new CDO and the perspective brought to the post. It is considered unfortunate and unhelpful to all concerned, however, that the range and extent of the role and responsibilities of the new CDO England, as described by Sir Bruce and Peter Howitt, are not captured in the 'job purpose' as set out in the job description. That said, I believe that the profession will look forward to the new CDO taking interest in issues and developments in all sectors and aspects of dentistry, and working with the many and varied groups and organisations which contribute to dentistry and oral healthcare.

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DENTAL EDUCATION

Oblivion risk

Sir, Martin Kelleher is to be applauded for emphasising the significance of combining appropriate clinical training with an education in medicine and dentistry.¹ Healthcare workers need to acquaint themselves with the latest research developments in their respective domains, or risk being tipped

into oblivion. However, in a world inundated with scientific discoveries and over reliance on digital technologies, there is a profound need to illuminate the humanistic side of medicine: benevolence, compassion, care and mercy.

This could not be better illustrated than in the words of Edmund Pellegrino, a pioneer of the teaching of humanities in medicine: '*Medical humanism has achieved the status of a salvation theme, which can absolve the perceived "sins" of modern medicine. The list of those sins is long, varied, and often contradictory: overspecialisation, technicism; overprofessionalisation; insensitivity to personal and sociocultural values; too narrow a construal of the doctor's role; too much "curing" rather than "caring"; not enough emphasis on prevention, patient participation, and patient education; too much science; not enough liberal arts; not enough behavioural science; too much economic incentive; a "trade school" mentality; insensitivity to the poor and socially disadvantaged; overmedicalisation of everyday life; inhumane treatment of medical students; overwork by house staff; deficiencies in verbal and nonverbal communication. It is an art to gain the patient's confidence and trust, and being able to take a complete history of the scientific facts related to the initiation, progression of signs and symptoms of the disease, all are prerequisites for proper diagnosis and treatment.*'²

It is equally important to learn how to break an ominous diagnosis or prognosis to a patient, and persuade him/her to accept the reality of great traumas and tragedies and cooperate in choosing the optimal solutions, or accepting the ultimate fate. In summary, healthcare professionals need to balance scientific knowledge with excellent training and communication skills to help patients and their families to navigate through difficult times. There is no

substitute for a cordial and caring relationship between the patient and the healer.

M. F. Al Qutob, London

1. Kelleher M. Current controversies in training and/or education of dentists in the UK. *Br Dent J* 2014; **217**: 497–498.
2. Pellegrino E D. *Humanism and the physician*. p 9. Knoxville: University of Tennessee Press, 1979.

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Overproducing dentists

Sir, Judith Husband, in a recent BDA press release, appears to find it comforting that 90% of dentists completing their VT or Foundation year get jobs. I am afraid I cannot share her optimism about these 'green shoots' and I find it desperate that 10% cannot get jobs. Dentistry is a highly vocational and expensive degree to pursue and there is little else you can do with a BDS degree, other than become a dentist.

In Scotland, it is clear we are overproducing dentists significantly.¹ We are heading for significant unemployment and underemployment. Opening a new dental school in Aberdeen has simply compounded the problem. It is time to face the reality that the new school was conceived politically and is protected politically. The new school, with only 20 graduates per year, has never been a success and has sucked human and financial resource from Scotland's two viable dental schools: Dundee and Glasgow. Whilst it will not solve the employment crises we face, it will at least help if the Aberdeen school is closed. How much longer must we pretend that all three schools can continue? Further cuts to Dundee and Glasgow will simply weaken further two excellent schools. It is time now to pull the plug on Aberdeen.

J. R. Drummond
Dundee

1. NHS Education for Scotland. Dental Workforce Report, December 2014.

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