

concern regarding orthodontic de-bond given the recent episodes. They were seen by the paediatric department and after liaison with the anaesthetic and immunology team, a decision made for the orthodontic de-bond to take place in Bristol Children's Hospital theatre, whilst awake. The benefit of this was that immediate emergency treatment could be administered if required in light of the increasing speed of onset and the severity of episodes. The major concern was of the child's airway given the serious risk due to potential swelling of the tongue, pharynx and larynx.<sup>2</sup> Oral antihistamines were given pre-operatively and the procedure was completed without complication. The fixed appliances were removed and impressions taken for retainers, which were fitted later in the day.

Idiopathic angioedema may present in a variety of settings, including the dental surgery. Multidisciplinary planning between teams is essential to ensure safe and appropriate care.

*M. Patel, R. Power, S. Dewhurst, Bristol*

1. Shroba J, Hanson J, Portnoy J. Current treatment options for idiopathic angioedema. *Ann Allergy Asthma Immunol* 2015; **115**: 429–433.
2. Kaplan A. Angioedema. *WAO Journal* 2008; **1**: 103–113.

DOI: 10.1038/sj.bdj.2016.582

## Dental education

### Admission troubles

Sir, I was sorry to read that I. Pine's daughter had been unsuccessful with dental school applications (*BDJ* 2016; **220**: 611–612). Having recently given career talks to students who are going to apply for dentistry courses starting next year, I believe there are three options that she should consider. Firstly, it is always worth contacting admission tutors of dental schools where your daughter has applied between the results day and the start of course, to keep checking for vacancies. Although most successful dental applicants achieve the necessary exam grades to be accepted, occasionally places do become available in various circumstances. This includes where applicants with an offer fail to achieve the required grades.

The second option is to enrol into another healthcare-related undergraduate course through clearing, and then apply to dental schools as a graduate. As a graduate, you can apply again for standard five-year undergraduate courses; in addition you can also apply for graduate entry programmes which are currently available at four universities.<sup>1</sup> These

courses allow a dental degree to be completed one year shorter (four years), although this benefit means they are much more oversubscribed and competitive to get into.

The third option would be to apply to study at a dental school in another European country where A-levels are accepted. Currently, the General Dental Council (GDC) allows direct registration for dentists qualified from countries within the European Economic Area (EEA) to work within the UK.<sup>2</sup> With the result of the recent European Union (EU) referendum, however, it is not known how labour regulations will affect the dental industry in the UK.<sup>3</sup> It is possible that when the UK officially leaves the EU, dental qualifications obtained within the EEA countries may no longer be recognised by the GDC, and there may be an additional requirement to sit the ORE (Overseas Registration Examination) before being eligible for registration. In addition, it is important to be aware that the tuition fees are significantly higher and a student loan is unavailable.

*O. Kwon, Reading*

1. UCAS. UCAS Course Search Tool. Available at: <http://search.ucas.com> (accessed 30 June 2016).
2. General Dental Council. Dentists qualified in the EEA. Available at: <http://www.gdc-uk.org/Dentalprofessionals/Applyforregistration/Pages/Overseas-EEA-Dentist-Page.aspx> (accessed 30 June 2016).
3. Sinclair E, Stagnell S, Shah S. Brexit and dentistry. *Br Dent J* 2016; **220**: 509–512.

DOI: 10.1038/sj.bdj.2016.583

### A highly competitive environment

Sir, in his letter of 24 June, Dr Pine highlights his daughter's difficulty in gaining a place to study dentistry. It is very disappointing that someone who wishes to enter the profession fails to gain a place but this is, indeed, a highly competitive environment.

The number of UK undergraduate training places in dentistry is set by government to prevent 'oversupply' of dentists (and it should be noted that undergraduate numbers in the UK were reduced by over 10% in 2013/14). Demand therefore considerably exceeds capacity at every dental school and, due to capped numbers, dentistry is one of the few remaining professions where entry to university depends upon 'selection' rather than 'recruitment'. There is, approximately, a 15:1 ratio of applicants to places in most undergraduate dental schools in the UK and, because of their smaller capacity and the need for one to one teaching in many areas of the course, it can be more difficult to gain a place

in dentistry than in medicine (medicine has approximately 4-5 times more places and there are twice as many undergraduate medical schools as dental schools).

As these posts are sought after very competitively it is important to make the process as fair (based solely on merit) and transparent as possible. First considerations are based objectively on academic performance to ensure that those selected can cope with the very challenging academic elements. There are then subsequent assessments of vocation and motivation, mapping of applicants against 'values' as well as consideration of practical capabilities and communication skills. At each stage school's admissions processes are subject to scrutiny by a variety of sources and so are designed carefully.

In the end we admit highly talented and capable students into a challenging course and we work to enable them to meet the outcomes required for registration. At each hurdle there are, unfortunately, some individuals who do not quite make it. Dr Pine is right when he states: 'There must be so many other able students to create such competition.' There are, and whilst some good candidates are regrettably unsuccessful, those who make it are intelligent, practically capable, carers who are the future leaders of the profession and who are, very deservedly, our colleagues.

*C. Youngson, Chair, Dental Schools Council*

DOI: 10.1038/sj.bdj.2016.584

### The last of my kind?

Sir, I am a recent product of a shortened graduate entry BDS programme. I am the last of my kind, as my school changed from graduate entry to a standard undergraduate degree to conform with a current EU ruling that all dental degrees should be five years' duration. I feel that this is lamentable, for I believe my contemporaries in my cohort brought a rich and eclectic mix of life experience, skills and knowledge from previous degrees and careers and that the old funding structure of NHS bursaries and subsidised places helped many (myself included) to take the plunge and go for this exciting change of career. Given the referendum on EU membership on 23 June voted for our severance from the EU, one wonders whether the Government and the dental education community in the free UK will consider offering this option again?

*M. Dyson, Plymouth*

DOI: 10.1038/sj.bdj.2016.585