about half of the men would get to their feet. We have to ask by first and second name and even then sometimes have to fall back on nicknames. This is a rather special corner of Paradise in the Western Isles where we have a 12-surgery Health Board clinic (Western Isles Dental Centre). My colleagues are enthusiastic and funny, and compassionate. The patients have, to a large extent, retained a rather old-fashioned respect for professional people. They are understanding when we run late and appreciate the fact that we all try hard to provide a good service. Practising dentistry here is deeply satisfying.

N. Cole, by email

1. Coe J. First impressions. Meeting and greeting in the clinical setting – are we doing what patients want? *Br Dent J* 2017; **222:** 511.

DOI: 10.1038/sj.bdj.2017.432

OMFS

Mishandled Luxators

Sir, we read with interest Dr Shuttleworth's reflective letter on his surgical practice and the origins of the Luxator.[1] The same week the head nurse in our department brought to our attention six damaged Luxators returned by the sterile services department (Fig. 1).

Clearly these instruments have been abused and used as elevators with significant damage to the instruments in a relatively short time. This has prompted us to review the use of Luxators in our department. The vast majority of routine oral surgery/exodontia procedures has been and can be safely and effectively carried out with the additional use of conventional elevators. This can be in the form of Warwick James, Coupland's chisels and Cryer's elevators, which are routinely available in the MOS sets.

The senior author after three decades in oral surgery has adopted the use of Luxators in the last year for flapless atraumatic extractions preparatory for immediate implant placement. Luxators may be suitable for select cases of fractured roots or apices used carefully under direct vision and in a controlled and careful manner.

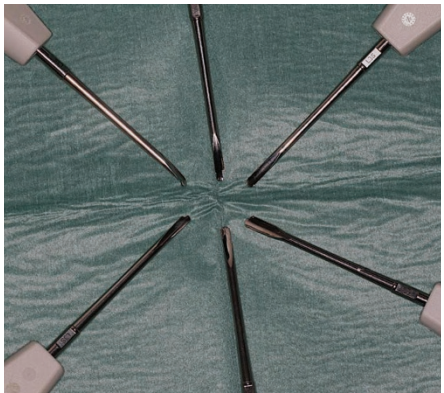

Fig. 1 Damaged mishandled Luxators

We would like to emphasise the cautious use of these sharp instruments as an adjunct in select MOS cases. It is advisable to use them with minimal pressure and appropriate finger rests to avoid any tissue damage when being applied in the periodontal space in case the instrument slips.

P. Parmar, A. Majumdar,
Beds Herts and Bucks Maxillofacial Network

1. Shuttleworth J. OMFS: My favourite instrument. *Br Dent J* 2017; **222:** 322.

DOI: 10.1038/sj.bdj.2017.433

Dental education

Reflective practitioners

Sir, as a current dental foundation trainee I was disappointed to read the article which expressed concern with 'declining standards' of trainees.[1] Although it may be true that we have had less clinical experience than our historical counterparts, I found it short-sighted that this was the only focus.

In this changing day of dentistry, and with the introduction of revalidation, the clinical component is only one of the four key domains. I feel that we are amid a new generation of dentists, and I do not agree that we are 'medico-legal centric', but rather we are focussed on developing in all four components for the benefit of our patients. Although some foundation trainees may have less experience with clinical procedures, the article failed to discuss other aspects key to foundation training. For example, in my training scheme we have received excellent feedback from our patient satisfaction questionnaires, completed multiple audits, and can self-identify our individual learning needs and create a personal development plan accordingly. It may also be valid to consider that clinical proficiency in a treatment such as crown and bridgework can be gained through experience in the general practice setting, whereas effective patient communication is a vital skill to acquire at the start of our careers. These other aspects contribute to us becoming well-rounded professionals and improve the standards of care for our patients. Overall, although I appreciate that the findings from this study do indicate a possible need to review undergraduate training, I think it is important to remember that clinical skill is only a quarter of the overall picture. I believe as current dental trainees we are developing into reflective practitioners and this is something that should be celebrated.

G. Kane, by email

1. Oxley C J, Dennick R, Batchelor P. The standard of newly qualified graduates – foundation trainer perceptions. *Br Dent J* 2017; **222:** 391–395.

DOI: 10.1038/sj.bdj.2017.434

Negative tone

Sir, the paper by Oxley, Dennick and Batchelor[1] presents our profession with some potentially challenging findings. Despite the limitations of this research, including how 'standards' were defined and any potential bias related to the poor return rate, we were disappointed by the negative tone of the discussion. Surely as a profession we should be delighted that so many of our new graduates are patient focused with good communication skills, with an emphasis on health prevention and professionalism.

As we educate final year students in an NHS primary care outreach setting, we are only just the other side of the divide between pre-qualification and foundation training. We have reported previously that students feel prepared for the challenges of qualification, NHS practice and DFT.[2] At the University of Portsmouth Dental Academy we do encourage the more advanced clinical skills of endodontics and crown and bridge, but with many patients on red and amber care plans these treatment modalities are often not appropriate to the frustration of both the students and their clinical teachers.

Our 'junior colleagues' need to leave undergraduate dental education after five years. Yes, they could gain more clinical experience, particularly in diagnosis and care planning, with additional time at dental school and in outreach situations, but surely this experience is the rationale for the provision of our well-funded foundation training. It is perhaps ironic, at a time when dental schools are increasingly making use of motivated, enthusiastic, part-time general dental practitioners to teach clinical skills to undergraduates, that a different group of general practitioners, the foundation trainees' educational supervisors, feel that those clinical skills are inadequate. As the educational supervisors are overseen by