

Letters to the editor

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Dental education

Potentially damaging disconnect

Sir, we read the Oxley, Dennick and Batchelor¹ paper with great interest. The conclusions it presents regarding the skill set of new dental graduates will, we are certain, warrant detailed discussion and analysis. However, for the moment there are a few observations we would like to make.

The authors make it clear that their findings should be interpreted with caution, yet they are then particularly robust in their criticisms of certain aspects of new graduates' clinical capabilities.

Clinical practice is of course one of the GDC's four domains. Professionalism, communication, and management and leadership must also be part of the new graduates' armamentarium. Clearly, each of these domains will advance as the new graduate progresses through foundation training, but we suggest that clinical practice is the one domain that can, and indeed should, be *developed* in conjunction with foundation training. The areas cited as being of particular concern, endodontics, crown and bridge, and removable prosthodontics are three clinical areas that are experience dependent. Surely foundation training is the forum to really move forward in these areas. Surely this is foundation training's reason to be! Dental schools are not there to produce fully fledged general practitioners. Their job is to qualify novice dentists (the GDC notion of safe beginner) and these dentists are then passed to foundation training to complete the transition to general practitioner.

The authors themselves highlight the 'apparent lack of congruence between the output from the dental schools, entry to foundation training and the position of the GDC'. They also note that the 'GDC has limited input into... [foundation training]'. The GDC routinely reviews all undergraduate dental programmes to ensure

they meet very robust standards. We suggest that there is perhaps a disconnect between what the GDC demands and the expectation of those in foundation training. This disconnect is potentially damaging. Greater GDC input into foundation training could be a way forward, but at present this is not within the GDC's remit.

The profession must recognise that the victims of this disconnect are the new graduates, new graduates who are the most able the profession has ever had. Surely this just highlights the desperate need for closer and ongoing dialogue between COPDEND and the dental schools. Then perhaps we can celebrate the new graduates; they are the future of our profession.

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

Christopher Oxley responds: We would like to thank the authors for their correspondence. Their comments will add to the debate on the nature and content of dental training. Indeed, we would add that we see dental education as part of a lifelong learning process; the key issue is what precisely should an individual be capable of undertaking at an exit point and subsequently what should the assessment be in terms of knowledge and skills at a particular level. In the case we have reported it is undergraduate.

There are two issues we would wish to raise. First, it is interesting to note that the authors suggest that the clinical domain is the area which they feel should be developed in foundation training yet provide no argument why it should be prioritised over the other domains. We would argue that all domains can and should be developed in foundation training but that it is the nature of the tasks they are asked to undertake in

their new environment which should determine the priorities of both the initial training and their subsequent development. Second, and one of the key points, centres on what activities one should expect a newly qualified graduate to have experiences in. Our work has highlighted that trainers, the very people who are recipients of the product of the undergraduate curriculum, have concerns in key clinical areas for example diagnosis and treatment planning and the extraction of teeth.

Furthermore, the authors state 'The profession must recognise that the victims of this disconnect are the new graduates; new graduates who are the most able the profession has ever had'. While we would totally agree with the first part of the sentence, what criteria are they using for the second? Indeed, even if valid, if the system itself is flawed, even the most capable undergraduate may not be able to reach their full potential.

We would reiterate our rationale for the work. There would appear to be a disconnect between the educational processes and outcomes of the undergraduate training programmes and the activities that newly qualified graduates are expected to undertake in the situation they find themselves in on qualification. If the newly qualified graduates are to have a successful and enjoyable professional career, something that we would all wish for, there is a need for the whole profession to work together to address the present situation where the data suggest something is amiss.

DOI: 10.1038/sj.bdj.2017.520

Oral health

Concrete example of altruism

Sir, a paper on the outcome and costs of pre-school and school-based fluoride varnish projects reports the cost as being 'approximately £88 per child per year'.¹

I wonder where this figure comes from. The fee for an examination of a child is currently 1 UDA, say approximately £25.