

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto:bdj@bda.org). Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

## Orthodontics

### Orthodontics vs orthodontiya

Sir, orthodontics is the conventional modality for correcting crooked teeth around the world, but I would like to draw your readers' attention to a Russian variation, invented by the Soviets in the 1980s: 'orthodontiya'. This method was not able to develop much because of the economic collapse of the USSR but after the fall of the Iron Curtain, orthodontiya was soon turned into the chaotic process of selling orthodontic appliances directly to the public.

All the appliances appeared to be wonderful for both doctors and patients, and 'treatment' was often started without any diagnostics and almost always with significant legal violations. Even though many post-Soviet doctors started to proclaim themselves professors and PhDs in orthodontiya, the blunt truth was that none of them had even graduated from a full-time postgraduate programme in orthodontics. Nevertheless, since the late 1990s, post-Soviet 'orthodontic pioneers' started to establish their own postgraduate programmes, which up to the present day do not meet the requirements for postgraduate education by the World Federation of Orthodontists, the most credible international orthodontic organisation. Furthermore, there are no research data to suggest that brave new orthodontiya is as effective as conventional orthodontics.

Unfortunately, if a country does not have a credible specialty for carrying out orthodontic treatment, patients are destined not to receive the level of treatment they deserve. They require reliable orthodontists. Today we have limited ways to assess the skills of an orthodontist – we have to look at the results that are achieved. An orthodontic board is an organisation that assesses the skills of an orthodontist by scrutinising the diagnostic records, treatment plans and results of

treatment; several of these have been established by experienced orthodontists around the world. Fortunately, the European Board of Orthodontists provides its services to all European orthodontists including Russians, thus providing an opportunity for an orthodontist to achieve Board Certification. I encourage every dentist who is referring patients to Russia to inform them about this issue. By choosing a board-certified orthodontist a patient can be reassured that treatment will be done by an experienced specialist in accordance with contemporary internationally-approved protocols.

A. Ditmarov, Russia

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## Dental education

### Should dental schools consider a curriculum change?

Sir, it only just occurred to me recently, but there appears to be a potential flaw in the dental curriculum. If you consider the number of dental schools in the UK and the total number of graduates that they produce on a yearly basis, you are looking at approximately 800 dental graduates every year.

Almost every one of these graduates will enter a dental foundation training programme. Some may choose to go into core training posts in various hospitals, like myself. However, the majority will choose to work full time in a dental practice as an associate.

Some of these dental practices will require all the associates they employ to manage their own stock, as well as paying for any private materials.

Furthermore, many dental associates out there often aspire to, one day, owning their own practice.

Considering all this, would it therefore not seem reasonable that universities should incorporate some form of business aspect

within the dental training curriculum? Unfortunately, many of us who don't have any experience or knowledge of managing small businesses will probably make many mistakes, resulting in numerous financial losses along the way. Would it not be reasonable for UK dental schools to assist in minimising these potential pitfalls by preparing UK dental graduates for life as either an associate or a practice owner?

If not part of the core curriculum, making it an optional module at the very least will allow those who aspire to work as an associate, or even one day manage their own practice, to have some foothold in what is already proving to be a very competitive and costly market to enter.

W. Idoe,

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## Dental recruitment

### Acute shortage of clinicians

Sir, I read with interest your feature in a recent issue entitled 'The Dental Recruitment Crisis' (*BDJ* 2018; **224**: 472–475). As mydentist, we recognise the acute shortage of clinicians nationally and the significant impact this is having on the ability of patients to access NHS dentistry. We are doing everything we can to address these challenges.

Yes, we must continue the public health initiatives that are raising awareness of tooth decay, improving oral healthcare, and reducing the need for expensive emergency dentistry. But we must also invest in training in the UK, so we can solve the recruitment crisis in the long term, and look overseas – to the EU and beyond – to attract the best professionals from around the world to practice dentistry here in the UK.

The difficulties faced by ORE dentists wanting to work in the UK, such as Anna