

EDITORIAL

Question papers

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This time of year, I wake up suddenly in the small hours of the morning in a cold sweat from a nightmare that I haven't done enough physics revision for the exams. The reality of that occurred about half a century ago but its power endures. You may experience something similar. Often dubbed the best times of our lives, school days, including dental school days, gather a misty-round-the-edge reminiscence which may not entirely reflect the truth. Yet the life changes that we have all experienced during the pandemic have had no lesser effect on students and education. For dental undergraduates the need to adapt rapidly to the altered circumstances has brought a raft of uncertainty and challenges.

A recently held roundtable meeting of UK dental school deans, held virtually and organised by the *BDJ*, revealed a fascinating picture of how dental education has had to morph abruptly and how it continues to adjust to new situations brought about by COVID-necessities. Just as we have all had to adjust our working lives, dental schools have had to contend with the double problem of modifying their mode of operations together with trying to anticipate what preparing 'safe beginners' means as they move into the new normal real world experiences of clinical practice.

Similar challenges have faced us all but in dental hospitals the logistics of ventilation are difficult to say the least, where there has traditionally been a need for a high throughput of patients seen and treated in small cubicles sited together in large open spaces. As with so many aspects of our lives, as dentists we are supremely gifted in being able to roll up our sleeves (PPE allowing) and solve practical problems. Consequently, we have all found varying solutions to permit maximum working through aerosol generating procedures (AGPs), fallow time, additional cross-infection control measures and adequate air exchange. Dental schools too have made

similar adaptations, utilising side surgeries, reducing AGPs and in some cases substituting speed-increasing handpieces for air rotors, and moderating the number of cases seen. This has been hampered in some places by higher rates of non-attendance by patients, presumably concerned at the prospect of visiting a dental school during a pandemic. Greater reassurance is needed here in particular; safe beginners need to have safe environments for patients. The requirements are mutual.

All the deans reported without hesitation that their students have been amazing in their application to the altered circumstances and have adapted with vigour to the strained conditions. Faculty staff were praised too for their stoic support, long hours and unstinting innovation. There was also unanimity that



'Safe beginners need to have safe environments'

digital teaching and assessment have been given a boost, as although much of the technology already existed, the previous hesitancy to implement it was quickly overwhelmed by the need for its application.

There are also legacy considerations in terms of student numbers, recruitment and the effect of altered education patterns. In Scotland, for example, BDS students will all complete an additional year's study (supported by finance from the Scottish government) meaning no new dentists will graduate in 2021. Deferred entry from sixth-forms is just one consequence; a dip in new registrants is another and with the estimated fall-off of dentists from the fall-out of Brexit, a short-term gap in the workforce could be brewing. Add to this the BDA-reported high

percentages of practitioners considering or already taking early retirement and the hole looks even deeper. UK universities have a justified and enviable reputation abroad and rely financially on the higher fees paid by overseas students. Another lifeline cut off by the virus, quarantine restrictions and an understandable reluctance to travel.

Gratifyingly, the appetite for postgraduate education seems not to have diminished at all; in fact quite the reverse as applications are flooding in, albeit with stretched staffing and resources to meet the demand. The enthusiasm is at least a brighter light on the horizon, even if some institutions are having to reign back for the present.

Will we need to train more dentists in the immediate future to make up shortfalls or will

an expanding dental team be the answer? As always, it depends on the question and this in turn relies heavily on the progress of disease patterns, health inequalities and access to care. It is a brave person indeed who would venture to predict the course of our profession over the next decade or two. For those students able to graduate this year (or next), by the time they are in their early forties will they look back with the same nostalgia as the rest of us on their formative years, or will their best days still lay ahead? So much remains unclear as we attempt to plough through the backlog of care stored up by countless days at home. What are the answers? How do we proceed to solve the issues ahead? You may now turn over the question paper and begin. ■

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