

FEATURES SECTION

Letters to the Editor

Dear Sir,

We thank Prof Kerr for his comments (Letter to the Editor, 2001; **28**; 322) regarding the paper that arose from the DentEd project. He expresses concern that we recommend there should be no 'laboratory skills course' as part of the undergraduate curriculum in orthodontics. We are grateful for the opportunity to respond through your columns.

It is clear from the summaries of the DENTED visits that the aim of most schools is to educate dentists capable of meeting the challenges of the new millennium. Part of this vision is to promote the concept of the oral physician, which is necessary because of the changing demographics and disease panorama due, in particular, to the increasing proportion of the elderly in society. To fulfil these requirements for extension of medical and dental health issues the time resources for laboratory courses should be reduced. From this point of view the laboratory course in Orthodontics should be critically evaluated.

The term 'laboratory skills course' was meant to indicate that time during the curriculum devoted to the laboratory construction of removable and functional appliances, and we were remiss in not making this clearer. The reasons for making such a statement revolve around several issues of practicality.

1. We know that very few graduates will undertake orthodontic treatment of any kind, and of those who do, most will work to the prescription of a consultant (specialist),
2. Graduates will never construct an appliance themselves, and would not undertake orthodontic treatment without appropriate technical back-up,
3. We know that removable appliances are being used less frequently,
4. We know that functional appliances are used in a very small percentage of cases, and should be prescribed and managed by a clinician with postgraduate training,

5. We are constantly receiving the message from all dental schools that the curriculum is congested,
6. There is diminishing resource to support orthodontic teaching and that which remains should be focused on the acquisition of knowledge of growth and development and diagnostic skills. The latter should be learned in an integrated practical course with Paediatric Dentistry.

We would not argue that the task of constructing an appliance gives insight into certain aspects of appliance management and will help develop psychomotor skills. However the instructor technician does not have the clinical knowledge or skills to provide the benefits in relation to mode of action and management suggested in Prof Kerr's letter.

Given all these factors, we must question the value to the student of spending precious curriculum time learning to carry out procedures in which they will not need to achieve competence to graduate, and will never have reason to undertake after graduation. Our solution – albeit radical – was to suggest that the time spent constructing removable and functional appliances should be replaced by time for activities that may be perceived as having greater relevance for the working habits of the majority of graduates. These might include early clinical contact to give students an opportunity to follow the growth and development of a child or children, this practical exposure leading to a better understanding of this complex topic.

PROF W. HARZER
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Chair and Rapporteur of Orthodontics and Paediatric Dentistry Working Group. Chapter 8 in Dental Education in Europe. Towards Convergence. Ed D B Shanley. Dental Press Kft, Hungary. 2001

