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Dental education

Addressing challenges and opportunities for educational supervisors in dental training

The challenges faced by educational supervisors in dental foundation training represent a pressing issue that directly impacts the quality and sustainability of dental education systems. In this context, the article 'Exploring the challenges which influence general dental practitioners' participation as educational supervisors in dental foundation training in the South West of England' by Matabdin *et al.* offers valuable insights into the critical facets of recruitment, retention, and support for educational supervisors (ESs) in dental foundation training (DFT).¹ Their investigation highlights the pivotal role of ESs in bridging the transition from undergraduate education to independent clinical practice, underscoring the need for broader attention to address the systemic challenges they face.

Matabdin *et al.* outlined several challenges undermining the participation of ESs, including increasing workload, insufficient financial remuneration, and dissatisfaction with the national recruitment process. These findings resonate with broader studies, such as Bartle *et al.* which identified a lack of formalised training pathways and recognition for ESs as significant barriers to sustained engagement.² Particularly troubling is the dual strain placed on ESs: managing their professional responsibilities while ensuring the clinical, personal, and professional development of foundation dentists (FDs). The compounding effect of rising administrative duties and inadequate funding creates an unsustainable environment that jeopardises the quality of DFT. Moreover, the national recruitment model, criticised for limiting ESs' influence over trainee selection, has implications for team dynamics and mentorship effectiveness.

The study highlights urgent interventions needed to address the diminishing pool of ESs. At a regional level, simplifying application processes and revising eligibility criteria – initiatives already trialled in the South West – have shown promise in reducing attrition rates and increasing new ES applications. However, these measures must be complemented by national reforms. As Bartle *et al.* suggested, the development of structured professional development programmes tailored to the needs of ESs could significantly enhance their capacity to manage clinical supervision effectively while maintaining patient safety.² Brocklehurst *et al.* also emphasised leadership training as a critical component in empowering ESs to navigate the competing demands of academia and clinical practice.³

The positive impacts of well-supported ESs on dental education and the broader healthcare system cannot be overstated. Richardson highlighted that effective clinical supervision fosters the development of safe, ethical, and competent practitioners, thus underpinning the integrity of the healthcare workforce.⁴ Similarly, King *et al.* demonstrated that participation in foundation training programmes not only enhances the clinical confidence of trainees but also improves their career trajectories, underscoring the value of robust supervision frameworks.⁵ In conclusion, while the challenges facing ESs are formidable, they are not insurmountable. The insights offered by Matabdin *et al.* provide a crucial foundation for systemic change. However, addressing these challenges will require a coordinated effort involving local initiatives and national policy reforms. By prioritising the well-being and professional development of ESs, stakeholders can ensure the sustainability of DFT programmes and uphold the quality of dental education across the UK.

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Virtual hands, real skills

In medical education, the 'see one, do one, teach one' model has long been the gold standard.¹ VR-haptic simulators are a game-changing technology that allow dental students to develop their skills with tactile precision, unlimited practice, and zero material waste. This gives dental students an opportunity to 'feel one' before doing one – without the stress of real-life mistakes.²

Traditional preclinical training relies on phantom heads and extracted teeth, offering valuable but limited tactile feedback. VR-haptic technology bridges this gap, simulating the exact resistance and texture of real enamel, dentine, and soft tissue. Haptics provide real-time force feedback, training students to refine their motor skills before ever picking up a handpiece in the clinic.

A recent study found that students practising pulpotomies with VR-haptic training outperform those who only use traditional methods – demonstrating better depth perception, precision, and confidence. The ability to rehearse procedures countless times without material costs or patient risk makes VR-haptics a cost-effective and scalable solution for dental schools.³

Despite its potential, VR-haptic adoption has been slow. Faculty scepticism, high initial costs, and the challenge of curriculum integration remain barriers. But with global initiatives like the VR-Haptic Thinkers Consortium, educators are now developing standardised training protocols to ensure seamless implementation and evidence-based outcomes.³

VR-haptics is not a passing trend – it is the future of competency-based dental education. As the technology becomes more accessible and refined, we will see a paradigm shift where every student can perfect their techniques before ever touching a patient. This tactile revolution will ensure that tomorrow's clinicians enter the field with confidence, precision, and experience – before their first real drill.

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