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Reputation of Oral and Maxillofacial Surgery in the UK: the patients' perspective

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Abstract

Our intention is to shed theoretical and practical light on the professional reputation of Oral and Maxillofacial Surgery (OMFS) in the UK by drawing on theories from management literature, particularly concerning reputation. Since professional reputation is socially constructed by stakeholders, we used interpretivist methods to conduct a qualitative study of patients (stakeholders) to gain an insight into their view of the profession. Findings from our focus groups highlighted the importance of "soft-wired skills" and showed a perception – reality gap in the interaction between patients and doctors. They also highlighted the importance of consistency, relational coordination, mechanisms to enable transparent feedback, and professional processes of governance. To help understand how best to manage the reputation of the specialty, we also explored how this is affected by the media and the Internet.

Keywords: Maxillofacial; Reputation; Visibility; Image; Identity; Internet

The problem

In medicine, the concepts of professionalism and reputation are inextricably linked in the public consciousness and in professional practice.[1] We aimed to deepen the understanding of the problems involved in improving the professional reputation of Oral and Maxillofacial Surgery (OMFS), which in common with other medical specialties, is facing a number of challenges. One of these is the fact that professional reputations are gifted by salient stakeholders rather than being controlled directly by the professionals themselves,[2] and an important group of stakeholders that has been reported (in publications on professions in medicine) to cause feelings of deprofessionalisation is made up of patients.[3]

In the UK, OMFS has been shifted politically from a dental to a medical base. In the late 1980s it was recognised as one of the 10 surgical specialties regulated by the General Medical Council (GMC) and represented by the British Association of Oral and Maxillofacial Surgeons (BAOMS).[4] It is unique, as practising specialists must obtain accredited GMC and General Dental Council (GDC) qualifications. There are around 156 OMFS units in the UK with about 300 OMFS consultants and 120 specialist trainees.[5]

The economic case for the specialty becoming a medical rather than a dental profession has been controversial. In the UK, it is argued that the bulk of the workload (dentoalveolar surgery) can be done by dentally qualified oral surgeons who are cheaper to train (6–8 years) than oral and maxillofacial surgeons (16–20 years of training). Some elements of the medical elite support this argument, but others maintain that the quality of care delivered by dual-qualified OMF surgeons, who can deal with both simple and complex operations, is a

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Table 1
Selection criteria adopted in the study.

Inclusion criteria	Exclusion criteria
Ability to give informed consent	Inpatients
Both sexes, aged 18 years or above.	Emergency admissions
Attending the department of OMFS at John Radcliffe Hospital	Those under 18 years of age
Good command of the English language	Incompetent patients
	Inability to communicate in the English language
	Patients who declined to participate
	Patients who were attending other departments in the hospital

price worth paying for good outcomes. A recent Postgraduate Medical Education and Training Board (PMETB) review[6] vindicated the latter view that although OMFS training is lengthy, the overall, long-term benefits are clear.

Nevertheless, a considerable amount of practice in OMFS overlaps with other surgical specialties, particularly plastic surgery, ear, nose, and throat (ENT), and dentistry. Patients and the public can be confused by the inconsistent use of names, since OMFS is variously referred to as oral surgery, oral and facial surgery, and oral and craniomaxillo-facial surgery. We therefore sought to find out how patients view the professional status of the specialty, and how the profession can address these perceptions to improve its reputation.

Methodology

We adopted a phenomenological approach to the project to explore the perceptions and views of patients whose opinions are key in the professional reputation of the specialty. We interviewed focus groups to gain an insight into their ideas.[7]

Adult patients who fulfilled the selection criteria (Table 1) and attended the OMFS outpatient department at the John Radcliffe Hospital, Oxford, were invited to take part. Those interested provided their contact details and were sent an information pack. Each group consisted of a minimum of 5 and a maximum of 10 patients, and each session lasted no more than 90 min. We encouraged a representative mix of sex, age, and educational and socioeconomic background within each group to obtain the widest variation of views. Each session began with a statement on confidentiality, and written consent was obtained. A subset of 5 questions was used to explore the focal areas of the study (Table 2). Sessions were digitally recorded, then transcribed verbatim and typed to eliminate memory artefacts and inaccuracies in data collection. The study was approved by the Law and Business School Ethics Forum at the University of Glasgow, and the National Research Ethics Committee, South Central, Oxford.

Table 2
Questions used to explore the main aim of the study.

	Question	Provoking points
1	What makes a group of people professionals?	Practising high moral standards
		Specific skills and knowledge
		Responsibility to society
2	In business and marketing, reputation is used to convey quality. Do you think it is important that a profession has a reputation? If so, what should that reputation be?	Can the notion of reputation in the private sector be transferred to the medical profession and if so, how?
		Why this can be important
		Recruitment, contracting to service, funding
		Research
		Political influence
3	What comes to mind when you think about what reputation is in a branch of medicine?	Explore patient's understanding of the term profession, and Oral and Maxillofacial Surgery
4	What characteristics would reflect a good professional reputation in Oral and Maxillofacial Surgery?	Facilities, staff, communication, teamwork
	How would these characteristics be conveyed to the public?	State-of-the-art treatment
		Minimal waiting time
		Transparency
		Financial performance
		Strong research foundation
		Strong media presence
		Presence on the Internet
5	Does the Internet have an impact on the reputation of a profession?	Quality
	Do you have access to the Internet?	Ethics
	Have you used the Internet to gain information about OMFS?	Access
	What impression do you have of OMFS and how was this formed?	

A total of 17 patients participated (10 women and 7 men, age range 20–73 years). We used thematic analysis to identify common themes that emerged during the discussions and supported them with relevant quotes from the participants and theoretical principles learnt from published material.

Findings

The following themes emerged from our data: the importance of consistency, the unique nature of OMFS, the concept of a