

A survey of the career-defining determinants of prospective UK oral and maxillofacial surgical trainees

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Abstract

Increasing numbers of medics are applying to dental school to pursue a career in oral and maxillofacial surgery (OMFS), particularly in the aftermath of Modernising Medical Careers (MMC), but their perspectives, experience, and training up to this point differ widely. We aimed to characterise these differences in the light of MMC and beyond by doing a survey of 20 dentists and 24 medics who were applying for their second degree. They were questioned about factors that influenced their choice of career and university, the motivation to pursue specialty training, and were asked for their opinions on suggested measures for workforce planning. The medics were subdivided into those who had trained before MMC ($n = 18$), and those who had not ($n = 6$). Dentists had considerably more OMFS experience than medics (mean 22 months compared with 4.2 months), and 46% (11/24) of medics had no substantive OMFS experience. Of those who had trained before MMC 3/18 considered OMFS as their first choice of career, compared with 4/6 who have trained since, and 15/20 of dentists. Eighty-three percent (20/24) of medics admitted that MMC had influenced their choice of career, and 54% (13/24) had applied for training in a specialty other than OMFS, notably otolaryngology. The most favoured method of workforce planning among all respondents (25/44) was “roughly matching” places on a second degree to projected OMFS training posts.

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Introduction

In April 2008, the report on training in oral and maxillofacial surgery (OMFS) by the Postgraduate Medical and Educational Training Board (PMETB) unequivocally upheld the requirement for OMFS trainees to obtain primary qualifications in medicine and dentistry.¹ Historically, trainees have initially graduated in dentistry before pursuing medical training,^{2,3} but the rising profile of the specialty, and changes in postgraduate training imposed by Modernising Medical Careers (MMC)^{4,5} have changed this, and more

trainees are now entering the specialty from a medical background.⁶

While several surveys have questioned dental graduates already enrolled within a medical degree, and retrospective studies have charted their eventual career destinations,^{7,8} to our knowledge, a study of trainees in the process of applying for their second degree has not yet been done. This process is a critical juncture in the career pathway and an important marker of commitment to a specialty.

This cross-sectional survey (2007–2008) evaluating the backgrounds, factors influencing university application, and professional outlook of singly qualified OMFS trainees applying for their second degree, was done to provide an insight into factors that influence morale and commitment to the specialty three years after the introduction of MMC. It reflects opinions about the streamlining of training and

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highlights the different perspectives of dental and medical trainees.

Method

Telephone-conducted questionnaires ([Appendix 1, published online](#)) were targeted at medical and dental graduates traced through internet forums (doctors.org, Plasta, BAOMS Junior Trainees' Group Forum), specialty conferences, regional OMFS departments, and by word of mouth.

Those with a primary qualification in medicine or dentistry who were applying for their second degree and had aspirations to pursue a career in OMFS (subjectively measured as roughly 50%, where 0% = no desire and 100% = absolute certainty) were included.

An attempt was made to trace all graduates who might satisfy the inclusion criteria, but such identification had to respect legislation on data protection.

Age, sex, and clinical experience were recorded, and details about timing of the initial interest in OMFS, timing of university application, and the influence of Modernising Medical Careers (MMC) were collected to find out what had influenced the university application.^{4,5} Questions about the motivation to pursue specialty training covered the priority of OMFS as a career choice (first choice, not first but is now, or not first choice), aspiration compared with likelihood of achieving consultant grade (expressed as percentage), reasons for not achieving this, and alternative careers considered. Trainees were also asked their opinions regarding changes in training and recruitment, which included the matching of second degree university places to projected OMFS training posts, and the preferential allocation of medical or dental OMFS foundation posts to those who expressed an interest in the specialty.

Results

Forty-nine potential respondents were identified. One was excluded for not meeting the entry criteria, and four could not be contacted, resulting in a sample of 44/48 (92% response rate). There were 20 dentists and 24 medics (12 females and 32 males). The medics were further subdivided into pre-MMC (surgical training done predominantly as senior house officers (SHO), $n = 18$), and post-MMC medics (postgraduate training done exclusively after the implementation of MMC, $n = 6$). One third of medics were female, compared with one fifth of dentists.

The mean age for medics was 26.5 years (range 24–32) and for dentists was 27.7 years (range 26–33). Pre-MMC medics were a mean of 3 years older than their post-MMC counterparts (28 compared with 25 years).

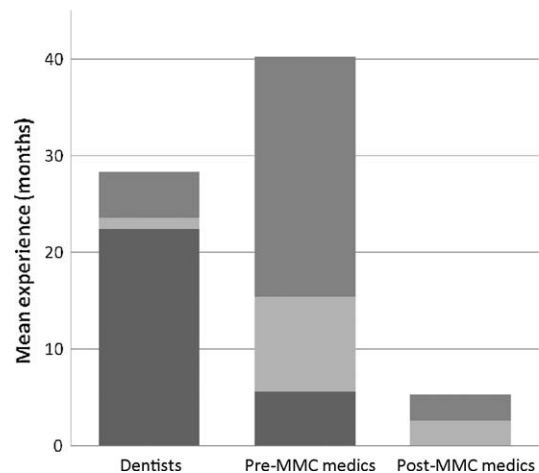


Fig. 1. Experience of respondents in specialties related to oral and maxillofacial surgery (OMFS) (medics: otolaryngology, plastic surgery, neurosurgery, ophthalmology; dentists: oral surgery, oral medicine), and other hospital posts. Dark grey = postgraduate OMFS experience; medium grey = postgraduate unrelated hospital posts; pale grey = postgraduate related specialty experience.

OMFS experience

Dentists had considerably greater OMFS experience at SHO level (mean 22.4 months, range 12–33) than medics (mean 4.2 months, range 0–18) by the time of application. Eleven (46%) of the medics had had no substantive OMFS experience (Fig. 1).

Clinical experience in related specialties

In this study, the clinical specialties regarded as being related to OMFS included otolaryngology, plastic surgery, neurosurgery, ophthalmology, oral surgery, and oral medicine. Fig. 1 shows the mean experience of each cohort in this category. The proportions of each cohort that had the opportunity to gain from this experience comprised 67% (16/24) of medics but only 20% (4/20) of dentists. Mean experience was 12.1 months (range 4–28) and 6.3 months (range 3–10), respectively.

Initial timing of interest and application

The mean timing of initiation of interest in OMFS was at postgraduate level. It occurred at a mean of 18 months later for pre-MMC medics than for dentists or post-MMC medics. Only 2/18 pre-MMC medics compared with 2/6 post-MMC medics, and 7/20 dentists became interested during their primary undergraduate degree. Pre-MMC medics and dentists were most likely to apply for their second degree in their fifth postgraduate year, with post-MMC medics applying in their second.

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