EDUCATION

The perceived barriers of vocational dental practitioners in London to specialisation

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Objective To investigate the short- and long-term career aspirations and barriers to postgraduate study of recently qualified vocational dental practitioners (VDPs).

Method One hundred and eight vocational dental practitioners in London were asked to complete a questionnaire survey.

Results The questionnaires were completed by 94 respondents (85%) and results indicated that the majority of the VDPs wanted to continue to work in general dental practice after vocational training (VT). Nearly 80% of the VDPs were considering undertaking further postgraduate studies in the form of the MFDS examination and 25% were seriously considering undertaking specialist training. Perceived barriers to specialist training included the time, cost and requirement of gaining the MFDS.

Conclusions The questionnaire showed that despite recently completing their undergraduate education, VDPs were considering obtaining further qualifications and potentially following a pathway leading to specialist training.

INTRODUCTION

Speciality training programmes take between three to five years. In London, with the exception of the monospecialties, trainees are recruited by the postgraduate deanery, issued a national training number (NTN) and are salaried as specialist registrars. The monospeciality trainees are, by contrast, recruited by the universities and are not salaried, but hold a NTN issued by the Postgraduate Dean. Recent changes to the regulations have removed the need for applicants to pass the Membership of the Faculty of Dental Surgery (MFDS) or equivalent. However, at the time of writing the questionnaire, the previous regulations required candidates to have passed the MFDS. These and other potential barriers may influence important career decisions after qualification.

There are nine vocational training (VT) schemes managed by the London deanery, each providing educational support for 12 vocational dental practitioners (VDPs). Seven of the schemes have a start date in August following the June graduation, whilst the remaining schemes have a start date in January. All these schemes are general dental practice-based except one of the August starts, which is based in the community dental service (CDS). Whilst the intention of VT is to introduce the new graduate to NHS dentistry, a few of the VDPs had graduated more than one year prior to commencing the VT year.

Recruiting qualified dentists onto training programmes is essential for the continuance of the dental specialties. The mechanisms established by the General Dental Council (GDC) on mediated entry in the late 1990s produced around 10% registered onto the specialist lists from the total number of registrants. Despite the existence of speciality training programmes, particularly those in London, there has been some difficulty in recruiting sufficient numbers of trainees to fill available places. Foremost amongst these in the South East of England is oral and maxillofacial surgery (OMFS), which at

the time of writing consistently had difficulty attracting suitably qualified individuals to the available training posts. It was these issues that prompted the development of a questionnaire survey of the London VDPs as to their career aspirations in their VT year. The aim of this study was to investigate what factors influenced London-based VDPs about their career intentions, six months after qualification.

MATERIALS AND METHODS

A pilot study questionnaire was sent to a randomly selected group of VDPs in the London deanery to complete in December 2004. The results highlighted a number of minor changes needed to improve the wording of some questions on the final questionnaire. This was further tested on a group of ten local VDPs and again minor changes made to the questionnaire. The final questionnaire was sent to each training scheme in December 2005, some six months after commencement of the August intake and 11 months after commencement of the January intake. The questionnaires were distributed by the scheme advisors on one of the weekly training days. The questionnaire was given out to VDPs at the beginning of the

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day and collected at the end, giving sufficient private time to complete the questionnaires. Broadly, the questions were directed towards career aspirations and perceived potential barriers to training (Table 1). For those considering specialist training, further questions were directed towards the choice of course and the significance of any barriers. Differences to answers based on gender and scheme were analysed by Chi square.

RESULTS

There were 95 (88%) replies from a total of 108 VDPs in the London area. The VDPs had a mean age of 24.6 years, 45% were male and 55% female and they had been qualified for a median of five months. Six schemes provided 100% returns, two schemes provided 11 and 7 replies respectively, and one scheme only returned two replies.

Table 1 shows that most VDPs considered they would 'most likely' or 'possibly' continue in general dental practice (82% and 15% respectively). Only 3% did not consider this as an option. Twenty-two percent of VDPs also considered a hospital SHO post to be a 'most likely' career option and 57% considered it to be a 'possibility'. Only 4% of VDPs considered the CDS as a most likely career and 26% considered it a 'possibility'. Table 2 shows that 78% of VDPs were already considering sitting the MFDS examination (22% 'most likely' and 56% 'possibly') and a further 3% had already started. A decision to pursue specialist training was chosen to be a 'most likely' option by 19% and considered a 'possibility' by a further 64%. Only 2% of respondents were definitely considering medicine and 15% considered it a possibility.

Table 3 shows which factors the VDPs considered hindered their interest in speciality training. Respondents who could answer more than one factor reported that the length of training and cost were important considerations. When asked which was the greatest barrier, the VDPs cited the length of training (39%), although cost (23%) and disruption to life (22%) were also considered important. Interestingly, only 14% considered that MFDS was the greatest barrier to training. For those VDPs actually considering

Table 1 Next stage of employment considered by VDPs (%)

	Most likely	Possibly	Not at all
Dental practice	82	15	3
CDS	4	26	70
Hospital SHO	22	57	21

Table 2 Percentage of VDPs considering pursuing MFDS, studying medicine or training to become a specialist

	Definitely (%)	Possibly (%)	Not at all (%)
Considering the MFDS	22	56	18
Considering medicine	2	15	83
Considering specialisation	19	64	17

Table 3 Factors hindering entering into speciality training (% responses)

	Factors hindering speciality training	Greatest barrier to speciality training	Greatest factor hindering studying medicine
MFDS	39	14	N/A
Length of training	71	39	67
Cost	59	23	6
Disruption to life	51	22	26
Job opportunities	3	0	0
No interest	9	0	0

speciality training, the greatest hindering factor was again the length of time. For these VDPs, the most common specialist training options were restorative dentistry, prosthodontics and maxillofacial surgery (Table 4). Only seven VDPs were considering undertaking a medical degree and of these, three expressed a preference to pursue OMFS.

All VDPs reported they would 'most likely' or 'possibly' support courses delivering careers advice during the VT year to assist the VDP in making career choices. There were no statistical differences by gender in the answers to most questions, except that more women considered a career in the community service than men ($p = 0.01$) and more men considered studying medicine, as a career, than women ($p = 0.009$).

DISCUSSION

The distribution of the questionnaire by the vocational training advisor or the

centre administrator resulted in a good response rate apart from one group. The poor response in this one case was due to a staff change and illness resulting in a failure to distribute the questionnaire. However, the overall reply rate of 85% is acceptable and previous questionnaire-based studies have reported a similarly high response^{1,2} using similar methods. The protocol of distributing the questionnaire in the morning and collecting in the afternoon appeared to provide each VDP with sufficient time to complete the questionnaire and to do so privately. The VDPs involved with the pilot studies had highlighted this as a useful technique.

The questionnaire shows that VDPs had recognised the potential barriers to further career development at 5 or 11 months after qualification. The length of time that further training for specialisation requires appeared to be the most important factor for all VDPs replying and for those who were considering

Table 4 Percentage of VDPs considering choosing speciality training

Speciality	Percentage of VDPs
Endodontics	2
Surgical dentistry	2
Periodontics	1
Paedodontics	2
Prosthodontics	3
Restorative	6
Orthodontics	2
Oral surgery	1
Maxillofacial surgery	3

speciality training. The undergraduate course is five years long and considering embarking upon yet another training programme may not seem appropriate to those who have recently qualified. Allied to this was the perceived cost of embarking on a training programme so soon after qualification. Dental undergraduates have considerable financial pressures after five years of training and the possibility of yet more cost may have an additional influence on their reply.³ Other authors have also recognised that cost is a barrier to postgraduate education.^{4,5}

Interestingly, the VDPs' gender did not appear to influence their response except for two questions; a career in the community dental service and studying medicine appeared to be influenced by gender. Why this occurred is not immediately obvious from the questionnaire, as this aspect was not investigated. There is some evidence that flexible training is particularly appreciated by women⁶ and the replies to the question on a career in medicine may have been influenced by this factor.

The most common speciality chosen by the VDPs was restorative dentistry. If the monospecialities (periodontics, prosthodontics and endodontics) are also considered under the umbrella of the restorative disciplines, they accounted for the majority of the specialities considered. This finding is not surprising considering the

range of treatments carried out in general practice. Why so many chose restorative hospital training against the monospecialities is not so obvious. It might reflect that the most recent teachers of the VDPs in the universities were restoratively trained. Alternatively, they may have recognised that restorative training was NHS funded. The advantage of having salaried posts may influence the decisions of future trainees and further research is needed to investigate this aspect. But whether salaried posts will ever become available for the restorative monospecialities is questionable in the financial climate of NHS funding.

Trainees from two schemes attended a careers symposium during their VT year and before the questionnaire. Other trainees eventually attended the careers symposium after completion of the questionnaire. The results of this questionnaire study suggest that these career symposiums should be organised for all VDPs. Perhaps input from specialist registrars (SpRs) in the various specialities would provide the VDPs with better information on their career choices. These career symposiums would ideally raise awareness and also provide a forum for discussion.

Another factor influencing VDPs was role of the MFDS examination of the Royal Colleges. At the time the questionnaire was sent out, the examination was needed prior to candidates applying for posts. Since that time the regulations have changed and the MFDS is no longer required. However, despite the removal of the examination from essential criteria, there is a likelihood that evidence of postgraduate qualifications will be helpful at short-listing and interview. At the time of completing the questionnaire, the VDPs might have been expected to consider the prospect of another series of examinations, particularly so soon after qualification, to be a negative influence. However, nearly 79% of the VDP replies indicated that they were 'most likely' or 'possibly' considering taking the

examination. The acceptance of the prospect of another examination by this cohort of VDPs is encouraging and shows good postgraduate commitment to further career development.

One of the objectives of the London deanery was to identify how many VDPs were considering following an OMFS career pathway. Only seven VDPs were considering this a career choice. The prospect of studying for another undergraduate degree followed by specialist training may be daunting soon after qualification. The total time from entry into dental school to consultant appointment in OMFS is currently between 17 and 20 years. Perhaps after completing SHO jobs, and with more hospital training, their enthusiasm may increase. However, given the extreme length of training and the changes occurring to surgical training under the banner of 'Modernising Medical Careers', it would be timely to consider alternative career pathways to becoming an OMFS consultant

CONCLUSION

Most VDPs considered that a career as a GDP was the most likely outcome for them. Those VDPs considering speciality training reported that the greatest barrier was the length of training followed by cost. The MFDS examination was not considered a major barrier to speciality training. 📌

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