

# The first UK dental undergraduate programme for medical graduates – a student perspective

A. Chadha,<sup>1</sup> M. Dastaran<sup>2</sup> and M. K. Herd<sup>3</sup>

## IN BRIEF

- Updates readers on the changing nature of dental education and particularly dental undergraduate courses.
- Informs readers with an interest in dental education on the personal and educational experiences of students on accelerated courses tailored to graduates in medicine.
- Informs the readership of the changing demographic of the dental profession.

The nature of the primary dental undergraduate qualification is continually evolving to keep pace with the ever changing climate of medical and dental education and postgraduate speciality training. In the aftermath of 'Modernising Medical Careers', there has been a surge in interest in careers of dental origin by members of the medical profession, particularly in the specialities of oral and maxillofacial surgery (OMFS), oral medicine and oral surgery. Furthermore, following the suggestion by the recent Postgraduate Medical Education and Training Board (PMETB) report into OMFS training<sup>1</sup> that both registrable medical and dental degrees be obtainable by the age of 26 much attention has focussed on the entity of the accelerated undergraduate dental qualification. In this article we report our personal and educational experiences one year after enrolling in the UK's first official dental undergraduate degree for medical graduates, an accelerated three year BDS programme provided by King's College London.

## Background

The educational requirements of oral and maxillofacial surgery (OMFS) have necessarily reflected the evolution in the scope of the specialty. Historically, the specialty has its origins within surgical dentistry and as such required dental training.<sup>2</sup> Since 1984, however, OMFS has been recognised by the Royal College of Surgeons as a surgical speciality of medicine.<sup>3</sup> Thus, primary qualifications in medicine and dentistry have become essential requirements for OMFS trainees embarking upon specialist training.

Funding for junior training posts in OMFS has traditionally been the domain of dental deaneries in their provision of hospital experience for dental graduates, especially those sitting postgraduate examinations. It is from this cohort that senior trainees in OMFS were generally derived, having subsequently pursued a second degree in medicine. A number of

these trainees were exempted from certain aspects of the medical course on a purely *ad hoc* basis whilst more recently others have gained entry onto official graduate medical courses, some of which have been apportioned for the potential OMFS trainee.

It might reasonably be argued, therefore, that training in OMFS has hitherto been the preserve of the dental profession, inadvertently mediating exposure of the specialty to dental graduates. However, the expanding remit of OMFS and the associated increase in its profile has seen a surge in interest by the medical profession in not only OMFS but in all specialities of dental origin. This has been further compounded by the sequelae of Modernising Medical Careers (MMC), the revised programme of postgraduate medical education introduced in 2005.

The Department of Health, the Higher Education Funding Council for England (HEFCE) and King's College London (KCL) have responded to this interest and collaborated to provide the first officially recognised Dental Programme for Medical Graduates (DPMG).<sup>4</sup> This three-year BDS course commenced in September 2007 with provisional funding, enabling eight General Medical

Council-registered doctors to undertake a registrable primary dental qualification. The first year of the programme comprises a third year syllabus, heavily modified to include elements of the first two years such as an introduction to the basic and applied dental sciences. DPMG students then join the standard five-year undergraduate programme in year four, contingent upon attaining the skills and knowledge base equivalent to those of their contemporaries.

With the first year of this unique course now complete, we have reached an appropriate juncture for evaluation of the DPMG experience. This insight is intended to provide information of interest to dental educationalists, trainers and trainees alike.

## The programme

There is a tangible sense of privilege and optimism amongst DPMG students in partaking of the first course of its kind. However, the decision to return to full time undergraduate education is an intrepid one; studentship is not without its sacrifices but overall it has been rewarded by exceptional educational experiences and pastoral relations.

Enrolment on this course is necessarily conditional upon the prior attainment of

<sup>1-3</sup>Undergraduate students, King's College London Dental Institute, London, SE1 9RT

\*Correspondence to: Miss Ambika Chadha, Email: ambikachadha@doctors.org.uk

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a certain level of academic and clinical knowledge. Subjects that are deemed to have been covered in a standard undergraduate medical curriculum, including human disease, pathology and neuroscience, are thus rationalised. Exemption from attendance of certain basic science lectures and coursework has liberated some time although the DPMG course is demanding with all time within a working week being fully accounted for by combined second and third year clinical sessions and intensive small group tutorials. Throughout the year performance has been closely monitored by way of written, practical and oral examinations and any concerns that such a shortened course may not lend itself to a 'proper' training have been refuted by outcomes comparable to the standard undergraduate cohort. Altogether, this rigorous schedule has been wholeheartedly welcomed in the recognition that being a capable dental practitioner is fundamental to the excellent practice of all dentally-related specialities with one of our tutors claiming of the DPMG group as a whole 'I've been very impressed [with] how you engage with the programme; how you want to do well as dentists.'

## Professional relations

The enrolment upon a protracted training pathway inevitably self-selects certain characteristics which are present in DPMG individuals and potentiated within the group. These include a drive for the efficient acquisition of knowledge and assertiveness which has no doubt given rise to the opinion in the words of one of our teachers that 'You're not the easiest of groups to teach. You interrogate every statement – but it's great fun teaching you.' Furthermore, the combination of a medical education and past NHS employment imparts a professional ease with patients and familiarity within the clinical environment. However, there is inevitably a change in professional autonomy in the transition from practising doctor to undergraduate and DPMG students have actively sought to adapt their clinical style to enhance inter-professional relations.

In comparison to our medical undergraduate years, we have been more observant of our current educational

experience and tutors of the DPMG group have variably fostered a common professional respect. Frequently the subject matter of tutorials inspires digression and debate of related issues pertaining to professional practice and politics, and the process is undeniably mutually cathartic. Furthermore, we have enjoyed being tutored as a separate group with the associated discussion maintaining a high level of stimulation and performance. Next year, however, the DPMG group is to be dispersed among fourth year students and it will be interesting to observe the effect, if any, on academic standards.

With such a defined group identity, we have been described as 'professional learners' furnishing researchers with the opportunity to explore this aspect of dental education. Whilst success in examinations reflects the competitive group dynamics it also derives from the knowledge that we are the first cohort of our kind and a potential barometer for the performance of future students on this course. With one tutor claiming, 'no one has had a group of students like you before. It is a new experience for us as well as for you', we have been acutely aware of the need to maintain the profile of the programme and our intended careers.

In keeping with other mature students, the DPMG cohort has significant domestic and financial commitments which have to be negotiated on a daily basis. Like many OMFS trainees undertaking second degrees, we support ourselves financially by way of locum shifts in hospital although balancing the ensuing sleep deprivation and attendance at scheduled university clinics is challenging. Additionally, regular hospital work serves to prevent medical skill fade which, if allowed to progress, is highly detrimental to our careers. It is partly these challenges that have promoted the group cohesion so cardinal to maintaining our psychological stamina.

## Conclusions

Having participated in the shortened course for a year, a few generalisations can be made regarding the nature of reading a dental degree from a medically qualified perspective. First and foremost,

the two degrees are by no means similar experiences. On clinical grounds dentistry is undoubtedly a more 'hands-on' subject at undergraduate level, demanding the development of practical skills from a very early stage in the course and their application in patient treatment. Indeed, we have found less two-way transferability of our intra- and extra-oral skills than originally anticipated, further reinforcing the need for degrees in both medicine and dentistry in the OMFS and oral medicine training pathways.

Additionally, treatment of dental patients necessitates the cultivation of responsible professional attitudes and a sense of direct accountability from dental undergraduates which in reality is not required to the same extent of medical undergraduates. Our dental colleagues in OMFS reading medical degrees have concurred with this opinion and cite this cultural difference as one of the more challenging aspects of undergraduate dentistry.

Having completed the first year of the DPMG course, we can report that all eight students comfortably progressed into the next year, with three students gaining distinctions. Eight more doctors enrolled in this programme from September 2008 and we are pleased to inform that the course has secured funding for the indefinite future. Knowledge of the DPMG course has spread with the number of medics reading dentistry next year at KCL having doubled. We hope that this account is of interest to future participants of such courses and observe with interest the influence of such throughput on the demographic of the dental profession.

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