Summary of: Factors which influence working patterns of orthodontists in the United Kingdom

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FULL PAPER DETAILS

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Objective To describe factors which influence the current working patterns of orthodontists in the United Kingdom. **Design and setting** A cross-sectional postal questionnaire to orthodontic specialists in the United Kingdom. **Subjects** All those on the specialist list in orthodontics held by the General Dental Council in 2006–2007. **Materials and methods** The data gathered included demographic details (gender, ethnicity, age, professional status and number of children), calendar year of achieving professional qualifications and current working patterns, together with details of any career breaks taken and geographical location of work. **Results** The response rate was 81.5%. Male and female orthodontists were seen to have different working patterns. The difference was statistically significant with male orthodontists undertaking clinical work on average 1.5 sessions more per week than their female colleagues. The calendar year of completion of undergraduate studies and the number of children an orthodontist has can significantly affect the number of clinical sessions they work each week. In recent years it has been observed that there is greater ethnic diversity among the workforce but ethnic origin appeared to have a minimal effect on the number of clinical sessions worked each week. The amount and length of career breaks taken by female orthodontists was greater than their male colleagues. In addition, there continues to be an uneven distribution of orthodontists throughout the United Kingdom. **Conclusion** Many factors influence the current working patterns of orthodontists in the United Kingdom. However, it may be the inequitable regional distribution of orthodontists throughout the United Kingdom which is of greatest significance to orthodontic workforce planning for the future.

EDITOR'S SUMMARY

By any standards studying the demography of the specialist orthodontic workforce may seem a fairly esoteric pursuit. It might almost be a *Mastermind* specialist subject of its own, 'the history of orthodontists in the UK 1947–1982'.

However, of course, there is a very serious side to this. The availability of orthodontic services is of particular importance if your teenage child needs to have their malocclusion treated or if as an adolescent you are being teased and bullied at school because of your appearance. In turn, this dictates that the usual, anonymous 'they' should be making sure that supply meets demand. Informed planning requires a comprehensive factual basis and this survey provides the data from which such decision making could be derived, as it points to important trends in the specialty.

Additionally these trends may also have future resonances in dental service workforce planning in general, notably in terms of the gender effects. Although the researchers of this paper felt that in this respect only small numbers of additional orthodontists are required to maintain current levels, it is noteworthy that while 7.2% of males took a career break of some type, 56.5% of females did so. This is wholly understandable from a biological and sociological viewpoint but does require forethought in terms of estimating how and where orthodontic services are made available and, as importantly, on a continuing and consistent basis.

The 'where' is clearly crucial too and this paper highlights the unequal geographical distribution of specialist services, particularly in the east Midlands and in Scotland. With the introduction

of orthodontic therapists and dentists with a special interest in orthodontics into the mix of service provision it will be interesting to see if those responsible for organising services will move to contract more work aside from specialist orthodontists in areas where there is a shortfall. It is rare for supply and demand to meet exactly and while in orthodontic provision the fit is never likely to be perfect, this research gives as much forewarning as possible to enable preparation for the future.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 207 issue 1.

Stephen Hancocks,
Editor-in-Chief

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IN BRIEF

- Explores the working patterns of male and female specialist orthodontists in the United Kingdom.
- Outlines various factors which may influence their working patterns.
- Discusses potential significance this may have for future workforce planning.

COMMENT

The working patterns of orthodontists can have a significant affect on achieving a balance between the needs and demands of the UK population for orthodontic treatment. This prospective questionnaire study of the whole specialist population surveyed 1,088 specialist orthodontists registered with a UK address in October 2006. Following a questionnaire development programme, an 81.5% response rate was achieved. The study did not examine the working pattern of other orthodontic providers such as general dental practitioners and dentists with a special interest (DwSIs).

The researchers provide data for the 10 English strategic health authorities plus the other UK counties and this will provide useful data for future national planning. It was found that currently 60% of respondent specialists were male with a mean age of 46 years. The males worked on average just over eight sessions per week, which was 1.5 sessions more than the average female. Previous studies have similarly shown that specialist females tend to work a little less than their male counterparts. The researchers felt that in respect of gender effects, only small numbers of additional orthodontists are required to maintain current levels. 7.2% of males took a career break of some kind during their career whereas 56.5% of females did so.

The geographic distribution of orthodontists was examined by measuring the ratio of 10- to 14-year-old children against whole time equivalent

orthodontists. These data showed a stark variation in distribution, with London and the South East of England and also Wales having the best ratios and Scotland and the East Midlands having the worst ratios. Poor geographical distribution seems likely to have the greatest effect on access to orthodontic care for the UK population. The study did not, however, examine the workload of non-specialists which includes general practitioners and DwSIs. It is contended by some that these practitioners produce much needed access to orthodontic care in areas where there is lack of specialist services. The researchers recommend strategies such as changing the current distribution of postgraduate training places throughout the UK in order to equalise the poor geographical distribution.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

A number of research papers have examined the working patterns of male and female general dental practitioners but fewer studies have closely examined working patterns of specialist orthodontists. Therefore, the purpose of this study was to examine the working patterns of male and female specialist orthodontists in greater detail and explore factors which influence their working patterns. In addition, there was little information available relating to career breaks taken by specialist orthodontists in the United Kingdom and it was unclear whether breaks taken differed from those in general dental practice. Therefore it was deemed that a study of this nature exploring the working trends of specialist orthodontists would be a useful aid to workforce planners.

2. What would you like to do next in this area to follow on from this work?

This survey did not include those presently undertaking specialist training. Therefore it may be useful to investigate the demographics of the trainee workforce and assess their views regarding future work/life balance, particularly in light of the new NHS orthodontic contract. The recent introduction of orthodontic therapists and dentists with a special interest in orthodontics will impact on the provision of orthodontic treatment in the United Kingdom. This is another facet of workforce planning which merits consideration in future research.