

# A Survey of the Opinions of Orthodontic Specialist Trainees in the U.K.

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**Abstract.** A questionnaire survey was carried out to ascertain a profile of orthodontic postgraduates in training in the United Kingdom during 1993. Information about the postgraduates, their programmes and their career plans was collected. Eighty-nine questionnaires were distributed to those enrolled in 13 of the training programmes in the U.K. at that time from which the response rate was 64 per cent. The results can be compared with a similar survey carried out in the United States of America in 1992 (Keith and Proffit, 1994).

*Index words:* Orthodontic Education, Orthodontic Training, Postgraduate Education, Postgraduate Opinion.

Refereed Paper

## Introduction

In the U.K., specialty orthodontic education is provided by 3 year programmes that are associated with 13 dental schools. Each programme prepares postgraduate students for a Master's degree and Membership in Orthodontics of one of the Royal Colleges. These qualifications follow the BDS and primary FDS (which are usually a necessity), and final FDS (which is frequently already obtained) and may further prolong what many potential applicants view as a complex career pathway (Norland, 1983).

Securing a training place is an highly competitive process with most successful applicants having already obtained the FDS (Brenchley *et al.*, 1993). The successful application, requires not only a broad general background, but depends on an impressive academic record including prizes, presentations, and publications (Sandy, 1993). While on the training programme the trainees are required to make a substantial commitment in terms of time, finance and lifestyle.

In the U.K., the Specialist Advisory Committee (SAC) in Orthodontics and Paediatric Dentistry supervises and maintains standards of the clinical aspect of training posts. However, little published information exists concerning the demographics of our trainees, their experiences, hardships, and opinions of their training. Furthermore, audit of this type may highlight areas that require further assessment and change. Therefore, the aims of this investigation were:

1. to evaluate the postgraduate students perception of their training programmes;
2. to provide some basic demographic information about the trainees.

## Methods

Eighty-nine questionnaires (Figs 1 and 2) were distributed in March 1993 to trainees via the academic staff co-ordinating each of the 13 programmes in the U.K., thereby surveying people who had started their training between 1990 and 1992. The questions were divided into five areas relating to: (i) the participants, (ii) the programmes; (iii) application to training programmes; (iv) the career before orthodontics; and (v) expectations after obtaining orthodontic qualifications. In addition, the cost of training in terms of time, finance, and family was also assessed, together with the level of satisfaction with training received.

## Results

### *The postgraduates*

Fifty-seven questionnaires were returned resulting in a response rate of 64 per cent. There was an even representation of all 3 years of trainees. The proportion of women to men was 40:60. The median starting age was 28 years for both sexes, however, the age ranges were very wide (Table 1). Thirty-nine respondents were from the U.K., three were from other European countries, while 15 were from overseas. All respondents were on combined 3-year MSc/MOrth courses except for two from overseas who were pursuing a 2-year MSc only. In the group questioned, the number graduating is anticipated to be 15-21 per year during the next 3 years.

Between completing their undergraduate dental training and starting their postgraduate training in

**Appendix:****1. ABOUT YOU**

What year were you born? \_\_\_\_\_  
 Are you male or female?      M      F  
 Are you married?      YES      NO  
 Do you have children? YES      NO  
 If yes, what are their ages?    \_/\_/\_/\_/\_\_\_

**2. ABOUT YOUR TRAINING**

Which ortho programme are you attending? \_\_\_\_\_  
 What is your programme?    MOrth/MSc \_\_\_\_\_    MSc only \_\_\_\_\_  
 How long is the training (months)?    Full-time \_\_\_\_\_    Part-time \_\_\_\_\_  
 Do you receive any salary or grant?    YES      NO  
 How much? \_\_\_\_\_  
 How else do you finance yourself? (tick all which apply)  
 Savings \_\_\_\_\_    Family support \_\_\_\_\_    Part-time work \_\_\_\_\_  
 Bank loan \_\_\_\_\_    Other (please specify) \_\_\_\_\_

**3. APPLYING TO AN ORTHODONTIC TRAINING PROGRAMME**

Which ortho programme was your first choice? \_\_\_\_\_  
 Why? (tick all which apply)  
 Programme reputation \_\_\_\_\_    Research \_\_\_\_\_    Head of Dept \_\_\_\_\_  
 Clinical content \_\_\_\_\_    Teaching \_\_\_\_\_    Fees/salary \_\_\_\_\_    Geographical area \_\_\_\_\_  
 How many ortho training positions did you apply for? \_\_\_\_\_  
 How many interviews did you actually attend? \_\_\_\_\_  
 How many offered you a place? \_\_\_\_\_  
 Estimate how much money you spent visiting schools (including interviews) prior to making your decision? \_\_\_\_\_  
 Did you succeed in obtaining a place the first year that you applied?    YES      NO  
 Does the training you are receiving live up to your expectations?      YES      NO

FIG. 1 The Questionnaire—page 1.

TABLE 1 *The postgraduates*

	Female	Male	Total
Number	23 (41%)	34 (59%)	57
European	17	25	42
Non-European	6	9	15
Median start age	28 years	28 years	n/a
Age range	26–34 yrs	24–45 yrs	n/a

TABLE 2 *Activity between dental school and orthodontics (n = 57)*

	Number	%
Hospital dentistry	44	77.2
General dental practice	35	61.4
Community dentistry	12	21.1

orthodontics, most had obtained experience in a variety of aspects of dentistry (Table 2). Most had been employed in hospitals and general practice, with few having been in the Community Dental Service at some time. However, 26 per cent of those returning the questionnaire had hospital experience only and 14 per cent had general practice experience only.

Our question 'Why did you choose orthodontics?' produced a range of responses (Table 3). The reasons given

centred around job satisfaction, lifestyle, and financial status. There was also some preference to the professional lifestyle of an orthodontist over an oral surgeon, with 18 per cent stating that their choice of orthodontics had been an alternative to oral surgery. Reasons stated were the good career structure in orthodontics and the absence of an on-call commitment. Interestingly, 21 per cent had been dissatisfied with general dentistry in both hospital and practice, although almost everyone thought that orthodontics would be a satisfying career (93 per cent).

#### 4. BEFORE ORTHODONTICS

Which dental school were you at? \_\_\_\_\_

Which of the following did you do between dental school and ortho training?

General practice \_\_\_\_\_ Hosp. Dentistry \_\_\_\_\_ Community dentistry \_\_\_\_\_

Why did you choose orthodontics (tick all which apply?)

Lifestyle \_\_\_\_\_ Job satisfaction \_\_\_\_\_ Dissatisfaction with dentistry \_\_\_\_\_ Financial security \_\_\_\_\_

Orthodontist in family \_\_\_\_\_ No on-call duties \_\_\_\_\_ Alternative to oral surgery \_\_\_\_\_

Good career structure \_\_\_\_\_

#### 5. AFTER YOUR PROGRAMME

Immediately after graduation, how do you hope to practice? (tick one)

In hospital practice \_\_\_\_\_ As an associate \_\_\_\_\_ In the community \_\_\_\_\_ In academia/research \_\_\_\_\_

As a partner/principal \_\_\_\_\_ In the military \_\_\_\_\_

In which region (or country if overseas) would you like to practice? \_\_\_\_\_

Why? (tick all which apply)

Lifestyle \_\_\_\_\_ Financial/practice opportunities \_\_\_\_\_ Family reasons \_\_\_\_\_

Wherever the job is! \_\_\_\_\_

What do you hope to have achieved in 10 years time? \_\_\_\_\_

FIG. 2 The Questionnaire—page 2.

TABLE 3 Reasons for choosing orthodontics (n = 57)

	Number	%
Job satisfaction	53	93
Lifestyle	22	38.6
Good career structure	25	43.9
No on-call	19	33.3
Financial security	14	24.6
Dissatisfaction with dentistry	12	21.1
Alternative to oral surgery	10	17.5

TABLE 4 Reasons for choosing a programme (n = 57)

	Number	%
Programme reputation	38	66.7
Geographical area	29	50.9
Head of department	16	28.1
Cost	14	24.6
Research	5	8.8
Teaching	0	0
Clinical content	0	0

#### The programmes

Reasons for selecting a particular programme were given as the reputation of the school of course, geographical location, cost, and Head of Department. Research was an influential factor for only 9 per cent of people (Table 4). Surprisingly, clinical content and teaching were indicated by none of the postgraduates as being reasons they had considered.

Most respondents had applied to between one and eight programmes (with a mean of two), and had been interviewed by between one and three schools. One person claimed to have been offered eight places (an overseas postgraduate), although most had received only one offer. Seventy-seven per cent of postgraduates stated that they had been placed in their first year of application and 95 per cent were apparently on the course that had been their first choice.

#### Cost

The evaluation of cost is one of the most important factors in the assessment of any training programme and this was

one area from which we gathered information. In this respect, financial difficulties were highlighted by the high proportion of respondents. Additional income was obtained from a variety of sources including savings, family contributions and loans (Table 5). Thirty-two per cent worked part-time, presumably in general dental practice, to offset the cost of their training. This situation was compounded by the absence of full funding for 60 per cent of the group: 37 per cent received partial funding; 23 per cent received no funding whatsoever. Partial funding was, at worst, 60 per cent of registrar salary.

Cost also had an influence in the choice of an orthodontic course for 25 per cent of the sample. Another aspect of cost was the expense of the pre-interview visits for which the maximum outlay was £150.

Fifty-four per cent of the postgraduates were married and, of these, 15 had at least one child. Of the 14 married women, only three had children.

#### Dissatisfaction

Unfortunately, a fifth ( $n = 12$ ) felt that their postgraduate programme did not live up to their expectations. Paradox-

TABLE 5 Sources of additional income (n = 57)

	Number	%
Savings	28	49.1
Part-time work	18	31.6
Family	17	29.8
Bank loan	5	8.8

TABLE 6 At graduation (n = 42)

	Number	%
Hospital practice	23	54.8
Specialist practice	10	23.8
Academia	3	7.1
Community	1	2.4
Military	1	2.4

ically, 11 of these 12 were on the course which had been their first choice. Four out of the 12 were on the same programme, five U.K. postgraduates were fully funded, and another four were from overseas, funded by their government.

### Expectations

When we evaluated short-term expectations, 61 per cent of the home graduates hoped to stay in the hospital service, either as a senior registrar or in a staff grade post, and 24 per cent hoped to be in specialist practice. Only 7 per cent felt that academic orthodontics would be their chosen pathway. Fewer still, wanted to enter the Community Dental Service or continue with their military career (Table 6). Schools in the south tended to produce specialists who hoped to remain in the south of England, 60 per cent wished to practice close to their postgraduate home, and 24 per cent hoped to return to their hometown.

When asked what their long-term ambitions were, the situation changed slightly with 26 per cent wishing to be in specialist practice, whilst 35 per cent aimed to have achieved consultant status. The remainder indicated that financial security would be important to them at that stage.

## Discussion

### Cost of training

The financial cost of training can be significant. Postgraduate students in orthodontics, unlike any other specialty in the U.K., have to pay for some of their 3-year training whilst in NHS salaried posts. This situation is compounded for those few postgraduates who are career registrars but do not appear to receive full salary (*BJO* Directory, 1993). Partial funding is contrary to the recommendations of the SAC in Orthodontics and Paediatric Dentistry which monitors and approves training programmes.

It was interesting that a substantial proportion of the respondents felt that they needed additional self-generated income to support them during their course. Many achieved this by working part-time in general dental practice in the evenings and at weekends. This must take

up time available for private study and research, and not least of all from leisure time, a precious commodity in the high pressure academic environments in many programmes. However, this situation may not be too different from that experienced by all trainees in medical and surgical specialties, who are required to be on-call as part of their training and job commitment.

As regards the small number of postgraduates who had children, this may have arisen because they delayed starting a family until after their training is complete. Bearing in mind the median age at the start of courses and, more importantly, the age at qualification, this is an area of concern for the women postgraduates. Without more specific questioning, it is not possible to look at this issue in more detail. In a survey of women in the dental profession, Matthews and Scully (1994) suggested that women delay starting a family until their careers are more established. Nevertheless, in many ways this may be similar to women in other professions.

### Specialty area and manpower

The percentage of non-UK postgraduates is high (31 per cent non-UK, 26 per cent non-EU). It is surprising to find this at a time when the U.K. appears to be training insufficient orthodontic specialists to replace those that are retiring (C. D. Stephens, personal communication, 1994).

Applicants to orthodontic programmes are required to have a broad general training in different aspects of dentistry for 3–4 years (JCHTD, 1986). However, the numbers of people who experienced only hospital dentistry or only general dental practice gives some cause for speculation about the usefulness of this recommendations in selecting suitable candidates. Recent proposals to reduce the length of General Professional Training may reflect this opinion. Significant numbers choose to specialise in orthodontics rather than oral surgery for a variety of reasons including lifestyle and absence of on-call.

At the time of the survey, most people in training in the United Kingdom hoped to stay in the hospital service and a smaller proportion opted for specialist practice. It is interesting that most U.K. trainees at the time of this study aimed to be consultants as opposed to specialist practitioners, although there may be a greater need for the latter (Chief Dental Officer, 1995). It is difficult to suggest a reason for this career choice. It would not seem to be salary-driven, as the income of a specialist practitioner usually exceeds that of a hospital consultant who does not supplement his or her income with private practice and has no assurance of receiving a distinction award. One possible advantage of the specialist practice option is that the individual is able to select his/her practice location. In this respect our findings would tend to agree with O'Brien and Roberts (1991), who suggested that postgraduates hoped to remain close to their postgraduate home after qualification.

### Dissatisfaction

We were disappointed to find that some respondents were dissatisfied in some way with their training programme,

most of whom were on the programme of their first choice. Four of the dissatisfied postgraduates were from overseas. Additionally, the fact that five of this group were fully-funded makes it less likely that the financial difficulties are the source of such grievances. It is only possible for an individual to experience one training programme and, therefore, impossible to compare it subjectively with others. We did not attempt to seek reasons for this dissatisfaction as we felt it was outside the remit of a simple postal survey. Further reasons could be sought by the co-ordinators of the individual training programmes and postgraduate dental deans through organized appraisal and assessment.

### Conclusions

This investigation revealed several findings that may be useful to those who are involved in the running and monitoring the orthodontic training programmes:

At the time of this study:

1. Most postgraduate students wished to follow a career in the salaried hospital orthodontic service and at a time when there seems to be a political wish for a greater number of specialist orthodontic practitioners nationally.
2. At least 40 per cent of the postgraduate students enrolled were not fully funded.
3. Not all students were satisfied with their programmes and this should be of concern to the co-ordinators of the individual programmes and postgraduate dental deans. However, the introduction of a curriculum by the SAC and approval by the General Dental Council for specialist training in Orthodontics, together with assessment and appraisal procedures should ensure that this situation improves.

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