



Experience & Motivation for Additional Dental Postgraduate Training in UK Hospitals

CPD & Professional Issues

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Background

- To qualify as a dentist in the UK and work within the NHS requires a five-year dentistry degree and a one-year Foundation/Vocational Training Programme. However, to further their skillset, dentists can pursue the optional, postgraduate Dental Core Training (DCT), for up to three years. DCT1 is designed to develop the 'skilled generalist' and some dentists will leave after this to work in general dental practice (GDP); others will continue to DCT2 to develop more specialist and leadership skills, and some will undertake a third year as a pathway to specialist training.
- DCT trainees must reapply each year through national recruitment. In 2019, of the 880 trainees who completed Foundation Training, 383 pursued DCT. Of these, 116 (30%) left following completion of DCT1, just over 200 (53%) progressed to DCT2 and 65 (17%) commenced DCT3.

We would like to acknowledge Health Education England for commissioning and funding this study

Aims & Objectives

This study sought to understand career motivations and learning preferences of trainees undertaking DCT in England and their experiences of the programme.



Materials & Methods

- Phase 1:** focus groups with trainees in DCT1, 2 and 3 across England.
- Phase 2:** telephone interviews with Associate Postgraduate Dental Deans (APDs) and Training programme Directors (TPDs) for DCT, collectively referred to as 'leads'.
- All discussions were recorded and transcribed. Data were coded using NVivo and thematically analysed¹. Ethical approval was received from Cardiff University (SREC/3190).
- We engaged with 176 trainees in DCT1, 2 & 3 and 10 leads across England. Our results are presented according to five key themes.

Results & Discussion

- Motivations:** - we identified three distinct motivations among trainees:
 - Group 1** knew they wanted to pursue GDP but wanted to "develop their skills" and gain "a bit more training before going into practice". **Group 2** sought to pursue specialty training and recognised DCT as "part of that pathway". **Group 3** were less certain about their career path and felt the experiences offered in DCT "helps you decide what you want to do".
- Post Preferences:**
 - Geographical location** most commonly reported as a key influencer when preferencing DCT posts - typically linked to family, relationship and domestic commitments and would sometimes override the quality of a post.
 - Some 'preferred' posts based on anticipated **exposure to specific experiences** in order to "upskill". Others sought posts in their "weakest area to improve skills".
- Experiences of DCT:**
 - Trainees generally expressed **positive views of their experiences of DCT**. They felt it helped to "improve confidence", "widen knowledge" and offered "lots of experience".
 - Trainees and leads reflected that **exposure to hospital environments** appeared to "open their eyes" and provide "a different perspective" to dentistry and the patient journey. DCT was reported as advancing both "hands-on" skills and the more "softer skills" such as teamwork and leadership.
 - Exposure to **conditions generally not encountered in GDP**, such as malignancies or genetic disorders was regarded as a great benefit. Experience in oral and maxillofacial surgery (OMFS) posts provided a more holistic experience of treating patients, that took trainees "out of the mouth, onto the face and other parts of the body".
 - Audits, quality improvement and academic research** also recognised as opportunities less readily available in General Dental Practice.
 - Both trainees and leads acknowledged the **variability across units** and highlighted a need for greater standardisation across training.
 - Trainees were allocated educational supervisors who were critical to positive training experiences.
- Career Intentions:**
 - DCT appeared to **benefit both trainees looking to pursue GDP and specialty training**.
 - Those looking to enter GDP felt more confident and equipped with softer skills. Those seeking to specialise felt DCT had "strengthened" their interest and that the hands-on components were hugely valuable.
 - Most trainees aspired to a **career that includes variety** and working across **multiple sectors**. Some had a desire to split their time across GDP and a specialist unit. An unexpected number expressed desire to pursue some **teaching**.
- Suggested Developments:**
 - Trainees and leads discussed the value of **six-month or split post rotations** to enable broader experience across specialties, although it was recognised this would not suit all posts.
 - Additional DCT3 posts** and posts in **specialities** other than OMFS were desired. However it was acknowledged that this was not necessarily financially feasible and would trigger complications with demands of service provision.
 - The suitability of a **two-year run-through programme** was discussed and some leads appeared to be in the process of developing this.

Conclusions

- On the basis of our extensive data collection, we report with confidence the experiences of trainees, who benefits from DCT, why and how.
- Geography is a key influencer on post preferences and it is important that DCT is flexible enough to accommodate the varying motives of trainees and their evolving career trajectories.
- DCT does not appear to be suited to one group more than another and offers advantages to dentists wishing to pursue General Dental Practice as well as specialty training.

Reference

¹Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology, Qualitative Research in Psychology 3(2), pp. 77-101