

First degree hotspots for OMFS recruitment 1967–2010: dental and medical schools where OMFS specialists and trainees were more likely to start their careers

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Abstract

Evidence around careers shows that many surgeons were inspired early in their career and this was often based on their undergraduate experience. In this context we have reviewed the location of the first degrees of oral and maxillofacial surgery (OMFS) consultants and specialty trainees to look for any patterns or trends. It has been shown that there is variation across medical schools when core surgical trainee recruitment is analysed. To our knowledge no previous paper has undertaken a similar analysis of medical and dental schools in the context of OMFS. The first-degree universities of OMFS specialists and trainees were compiled from the Medical and Dental Register, tabulated and analysed. There were 680 entries in total with dates of graduation ranging from 1967 - 2010. The relative frequency of first-degree locations based on the number of current places for medical and dental students was calculated to aid comparison. There are 'hot-spots' from where many OMFS specialists originate and also universities that rarely or never produce OMF surgeons. Reviewing these figures in the context of the number of places available to students and against time, points to areas where OMFS appears to be promoted, and others where the specialty has a low impact. The University of London leads the way for both medicine and dentistry-first trainees by a considerable margin. Glasgow is the next most productive for dentistry and Nottingham for medicine. The 13 current medical schools from which no OMFS specialists or trainees have originated are Brighton, Cambridge, Anglia Ruskin, Exeter, Hull, Keele, Lancaster, Norwich, Plymouth, Swansea, University of Central Lancashire (UCLan), and Warwick. Other new medical schools are opening this year. There are opportunities for all OMFS units and training rotations to look at 'best practice' for OMFS recruitment and apply as many inspiring interventions as they can in their local medical and dental schools, and in foundation and core training programmes.

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Introduction

The factors that draw trainees to the specialty of oral and maxillofacial surgery (OMFS)¹ are similar to those that attract trainees to all surgical careers.^{2,3} A systematic review has identified the top three key factors that inspire a surgical career as gender, features of surgical education, and student 'fit' in the culture of surgery.⁴ Gender balance is being actively addressed by all surgical specialties. In OMFS we

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would go further and say that our specialty is ideal for women who wish to be surgeons.⁵ As to the other two factors (features of a surgical education and student ‘fit’), exposure to surgery during undergraduate studies and early postgraduate experience is essential.

The specialty of OMFS recruits from both medicine and dentistry with increasing numbers of trainees having completed medicine as their first degree.⁶ Exposure to surgery in general and OMFS in particular varies considerably across medical⁷ and dental schools^{8,9} around the world. Over a quarter of a century ago a BMJ editorial reported that only six medical schools in the UK included OMFS teaching.¹⁰ It made a plea for medical schools to utilise OMF surgeons to improve UK doctors’ knowledge of face and mouth disorders, enabling them to detect oral cancer at an earlier stage. But one recent study showed that only five of 31 medical schools exposed their students to OMFS in their curriculum.¹¹ Other studies have yielded similar results.^{11–13} OMFS has had less presence and influence within dental schools since the specialty and the dental specialty of oral surgery moved apart in their training and dental school administration. In some undergraduate dental programmes OMF surgeons are leaders, in others OMFS is invisible.

There are medical schools that have a better track record in generating core surgical trainees.¹⁴ To our knowledge, no previous paper has undertaken a similar analysis of medical and dental schools in the context of OMFS.

Method

The OMFS specialist list was obtained from the General Medical Council using a Freedom of Information request in 2019. Combining this list with a database of OMFS trainees and consultants, and cross-referencing with the dental register held by the General Dental Council, the first degree universities of OMFS specialists and trainees were assembled. Individuals were contacted if their first degree was not available from these sources. Records on the medical and dental registers do not separate the different schools within London, simply listing ‘University of London’.

The current number of UK student places at dental and medical schools in England, Scotland, Wales, and Northern Ireland was collated from university websites. The data were then tabulated and analysed using Microsoft Excel and WinStat® (R. Fitch Software).

Results

The first degree locations of 489 OMFS specialists and trainees were assembled (407 qualified in dentistry and 82 in medicine). Of the 407 with dentistry-first degrees, 302 (75%) were from England, 65 (16%) from Scotland, 31 (8%) from Wales, and 7 (2%) from Northern Ireland. Of the 82

with medicine-first degrees, 67 (82%) were from England, 12 (15%) from Scotland, 2 (2%) from Wales, and 1 (1%) from Northern Ireland.

The distribution of first degrees of either type across England, Scotland, Wales, and Northern Ireland by year of graduation is shown in Fig. 1. The 1020 dental school places available for UK applicants in 2020 are listed in Table 1 with England 75% (n=770), Scotland 13% (n=135), Wales 7% (n=70), and N Ireland 4% (n=45). Distribution of the 407 dentistry-first OMF specialists across each dental school as if they were simply based on the available places, generated a ‘par’ score for each dental school, which is shown in the column on the right.

The 7350 medical school places available for UK applicants in 2020 are listed in Table 2 with England 79% (n=5820), Scotland 13% (n=920), Wales 5% (n=3850) and N Ireland 3% (n=230). Distribution of the 82 OMFS medicine-first specialists based on the percentage of places in each school generated a ‘par’ score, which is shown in the column on the right. Adding the ‘par’ scores to a table of the actual numbers of first degrees of UK OMFS specialists and trainees generated Table 3.

There are two dental schools in Table 1 from which no OMFS have originated – University of Central Lancashire (UCLan) and Plymouth (Peninsula). These schools opened in 2007 as graduate-entry programmes. Graduate-entry students may consider the path to OMFS too long for them to follow or graduates may still be working their way toward OMFS training.

The 13 current medical schools from which no OMFS specialists or trainees have originated are Brighton, Cambridge, Anglia Ruskin, Exeter, Hull, Keele, Lancaster, Norwich, Plymouth, St Andrews, Swansea, UCLan, and Warwick. Other new medical schools are opening this year.

Discussion

The nature of OMFS training means that the first degrees of OMFS specialists and current trainees reflect what was happening in universities 15 or more years ago. These numbers therefore represent what was happening in the last 20 years of the last century and the first five years of this one. Nonetheless there may be lessons to be learnt by considering how the regions and schools with above par scores may have differed from the others at the time.

Between 1995 and 2015 there has been regional and chronological variation in the manner and vigour with which careers in OMFS have been promoted. Looking at the numbers in training against the par scores, London stands out from the other areas for both medicine-first and dentistry-first training. The authors have experience of OMFS in London and medical school administration in Nottingham during the period under consideration, and would draw attention to the

Table 1

Home students at UK dental schools with percentage of total places and 'par' score for 407 OMFS dentistry-first trainees.

City	Dental School - University	UK places	% of Total	Par score
Aberdeen	University of Aberdeen	20	2%	8
Belfast	Queen's University of Belfast	45	4%	18
Birmingham	The University of Birmingham	70	7%	28
Bristol	University of Bristol	65	6%	26
Cardiff	Cardiff University	70	7%	28
Dundee	University of Dundee	50	5%	20
Glasgow	University of Glasgow	65	6%	26
Leeds	The University of Leeds	70	7%	28
Liverpool	The University of Liverpool	70	7%	28
London	Queen Mary and Kings	205	20%	82
Manchester	The University of Manchester	70	7%	28
Newcastle	University of Newcastle upon Tyne	65	6%	26
Plymouth*	University of Plymouth	55	5%	22
Sheffield	The University of Sheffield	70	7%	28
UCLan*	University of Central Lancashire	30	3%	12
Total		1020		407

* No dentistry-first OMFS specialists or trainees have originated from Plymouth or UCLan dental schools (graduate entry programmes).

Table 2

UK places at medical schools with percentage of total places and 'par' score if 82 OMFS trainees were distributed evenly.

City	Medical School - University	UK places	Place (%)	Par score
Aberdeen	University of Aberdeen	165	2%	2
Belfast	Queen's University of Belfast	230	3%	2
Birmingham	The University of Birmingham and Ashton	375	5%	4
Brighton*	University of Brighton	140	2%	2
Bristol	University of Bristol	250	3%	3
Cambridge*	University of Cambridge* & Anglia Ruskin*	375	5%	4
Cardiff	Cardiff University	295	4%	3
Dundee	University of Dundee	145	2%	2
Edinburgh	University of Edinburgh	200	3%	2
Exeter*	University of Exeter	135	2%	1
Glasgow	University of Glasgow	235	3%	3
Hull*	The University of Hull	160	2%	2
Keele*	University of Keele	135	2%	1
Lancaster*	The University of Lancaster	65	1%	1
Leeds	The University of Leeds	260	3%	3
Leicester	The University of Leicester	230	3%	2
Liverpool	The University of Liverpool	305	4%	3
London	King's, Imperial, Georges, QMUL, UCL	1,260	20%	14
Manchester	The University of Manchester	360	5%	4
Newcastle	University of Newcastle upon Tyne	335	4%	4
Norwich*	The University of East Anglia	165	2%	2
Nottingham	University of Nottingham, The	325	4%	3
Oxford	University of Oxford	180	2%	2
Plymouth*	University of Plymouth	95	1%	1
Sheffield	The University of Sheffield	235	3%	3
Southampton	University of Southampton	235	3%	3
St Andrews*	University of St Andrews (pre-clinical only)	175	—	—
Swansea*	Swansea University	90	1%	1
UCLan*	University of Central Lancashire	15	0%	0
Warwick*	The University of Warwick	185	2%	2
Total		7355		

* Medical schools from which no OMFS specialists or trainees have originated.

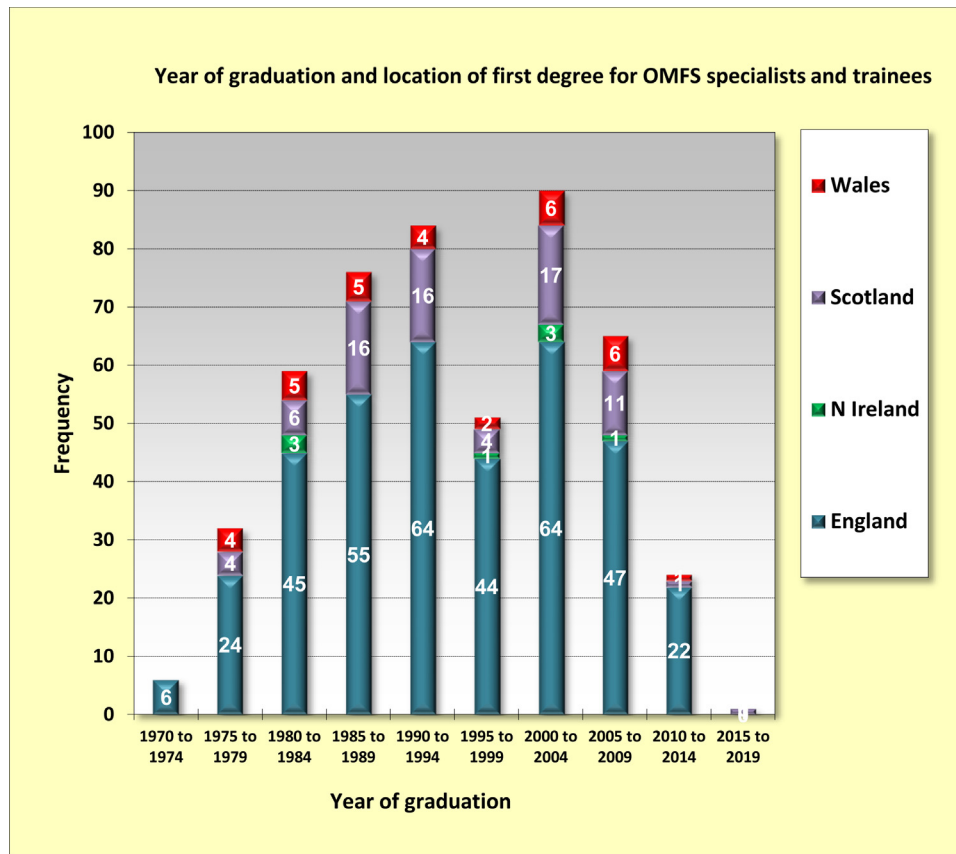


Fig. 1. Year of graduation and location of first degree for OMFS specialists and trainees.

following features that were present and could be replicated in other regions.

Access to shortened second degree courses with OMFS participation in selection

London had places on shortened second degree courses over which OMFS had control. Barts and the London (medicine) had six places per year for dentists during the entire period studied. King’s (dentistry) Dental Programme for Medical Graduates (DPMG) started in 2007 and had OMFS input from 2010. Other graduate-entry dental courses that do not have OMFS involved in selection (Peninsula and UCLan) have had less impact on the specialty in those areas.

For much of this time Birmingham has had OMFS-controlled medical school places, so it is unclear why Birmingham does not have an ‘above par’ score. It will be interesting to see how the current OMFS-dedicated places in Liverpool, Glasgow, and other medical schools may change the patterns of the past.

The shortened courses are important because for some potential applicants this is a ‘deal breaker’. Medicine-first students often consider a three-year course to be not a lot longer than the time that would have to be spent in a research post in other surgical specialties, so it makes a career in OMFS more attractive.

Table 3

First degrees of OMFS specialists and trainees. The dental and medical schools that have above par OMFS places are highlighted in green.

School	BDS	Par	MB	Par	Grand total
Aberdeen	1	8	3	2	4
Belfast	7	18	1	2	8
Birmingham	27	28	3	4	30
Bristol	26	28	2	2	28
Cardiff	31	28	2	3	29
Dundee	22	20	2	2	24
Edinburgh	11	*	5	2	16
Glasgow	31	26	2	3	33
Leeds	22	28	3	3	25
Leicester			1	2	1
Liverpool	23	28	0	3	23
London	137	82	34	14	171
Manchester	24	28	2	4	26
Newcastle	24	26	4	4	28
Nottingham			7	3	7
Oxford			3	2	3
Sheffield	21	28	4	3	25
Southampton			4	3	4
Total	407		82		489

Medical Foundation and Core Surgery rotations with placements in OMFS

Research has also indicated the importance of role models in surgical career selection^{3,15} and this requires exposure.

The London Deanery, with advice from the OMFS training programme director, created OMFS placements within the foundation and core surgery programmes for doctors. Many doctors entering the 3 year DPMG at Kings were exposed to OMFS during these placements. As OMFS is one of the ten surgical specialties, all Core Surgery programmes should include the option for time in OMFS. The excellent opportunities in clinic and theatre offered by OMFS would also contribute to Improving Surgical Training (IST) objectives for Core Surgery programmes.

OMFS involvement in the medical school at a senior level

Nottingham Medical School has OMFS involvement in the administration of medical school teaching with an awareness that OMFS units can teach across the whole medical school curriculum not just in our own area. Opportunities to teach in the preclinical curriculum should be explored. Teaching that involves clinicians with their patients is a part of the course that is enthusiastically welcomed by staff and students. Being able to explain the clinical relevance of this part of the course can be an opportunity for students to encounter OMFS. For example, giving a lecture on facial injuries at this stage not only helps to facilitate understanding of why the head and neck anatomy is important, but also allows an introduction to the specialty. This can generate students who then go on to undertake student-selected modules (SSMs) to gain more experience in OMFS.

The general profile of the specialty in the institution is important. If it is well regarded with good interspecialty relationships, then progress can be easier than if it is relatively invisible or seen as being isolationist. It is important to demonstrate to the students (and to other medical/surgical colleagues) that OMFS is not some 'odd' specialty that is reserved only for dentists, but that it can be involved in teaching many areas of the curriculum such as ethics. Involvement in medical school life – for example, acting as a personal tutor, can also be an opportunity to promote the specialty. Teaching OMFS as part of surgery rather than part of specials (ENT/dermatology/ophthalmology) also showcases the experience to more students. For some, their first experience in the operating theatre can be in OMFS, which gives an opportunity to inspire! For most medical schools, involvement in the students' assessments, which is seen as important for any teacher, is also welcome. Assessing medical (and dental) school applications and sitting on selection panels for medical and dental students can also raise the profile of OMFS amongst students and staff.

Roles in the governance and administration of the medical students are less attractive and lower profile, but they provide an opportunity to be involved at the Trust level and potentially within the medical school as well. Flying the flag for OMFS can lead to additional roles and responsibilities that can help in the promotion of the specialty. Involvement in curriculum development is another area of low-profile work that can gen-

erate opportunities for all medical students to appreciate the work of OMFS.

OMFS involvement in dental schools at senior level

In some dental schools during this time, school leaders and key elements of the dental curriculum were provided by OMF surgeons. Since the late 1990s, the separation of the dental specialty of oral surgery from the medical and dental specialty of OMFS has reduced the role of OMFS in some dental schools both on the front line of teaching and in leadership roles. Where possible, OMFS should retain a presence to contribute and also to recruit.

Extra-curricular OMFS lectures and events

Whilst to OMF surgeons our specialty is the most important thing in the world, it is not surprising that medical and dental schools do not share our perception. The presence of OMFS within the medical curriculum is at best not changing,¹⁶ and at worst diminishing, as pressure to include other elements of medicine in the curricula increases. The General Dental Council sets the requirements for the dental curriculum and dental schools often use this to exclude wider OMFS from their undergraduate teaching.

In situations in which OMFS is virtually excluded from the dental and medical curricula it is possible, with the help of students who are enthusiastic about the specialty, to organise an evening or weekend lecture programme. The Saving Faces lecture series at Barts and The London (BLT) ran over two terms and consisted of once-weekly evening tripartite lectures with OMF surgeons, their patients, and a lecturer from another discipline, such as a criminologist or 'tissue engineer'. This was advertised by the students at BLT and drew up to 150 each evening from many medical schools - sometimes with their parents! BAOMS has recognised the potential of this activity and has mini-grants available to support lectures or similar events.

Linking in to existing medical student surgical societies

These groups are pre-selected as being interested in surgery. Second-degree students and OMFS colleagues involved with the Royal College of Surgeons of Edinburgh were very active during the study period promoting the specialty to their colleagues. It is always worthwhile if OMF surgeons of all grades are seen as the 'go to' surgeons who can help with career fairs, surgical skills workshops, and such activities of the student societies.

Supporting the creation of OMFS interest groups in dental and medical schools

These could be groups within surgical societies or independent organisations. The Saving Faces lecture series led to the formation of Saving Faces/OMFS societies or groups within

the surgical societies of several medical and dental schools around the UK. Unfortunately some of these only lasted the length of time that the enthusiastic students were in charge. It would be good for BAOMS to generate a template for what an OMFS society could do, and what benefit it would be to the students participating.

Promoting OMFS attachments, electives, specialty study modules, and taster weeks

These elements of undergraduate education are driven by individual choice. Good experiences during surgical attachments^{17–19} attract students to surgery. We can promote OMFS placements with the bonus of completing a project, funding, or simply an excellent experience using posters, flyers, and material on university websites. Academic surgeons within OMFS are already linking into undergraduate programmes of both types to do this.

Providing an excellent Dental Core Training (DCT) experience

The majority of OMFS trainees originate from dentistry first and for most their first experience specialty is two or three years after graduating. The period studied was mostly before the title of OMFS senior house officer (SHO) was changed initially to Dental Foundation Year 2 and then to Dental Core Trainee (DCT). OMFS units should aim to provide a positive experience for these young dentists. Publications about OMFS SHO and DCT posts have covered both the positive and the negative.^{20–23}

Dissection teaching (particularly in the head and neck)

Although not part of the above-par schools in this series, a number of important factors have been shown to influence medical students' surgical ambitions. These include dissection teaching, and recent developments in Cambridge have reinforced this route to recruitment for OMFS. No opportunity to be approachable and willing to teach should be spurned.

Research: symposia, projects, trainee collaboratives, and teaching

Involving students, doctors, and dentists of all levels in OMFS research activity inspires and engages people with the specialty. The Facial Surgery Research Foundation (Saving Faces)²⁴ has run research events and summits in London. The Maxillofacial Trainee Research Collaborative (MTRcC),²⁵ a new trainee-led training collaborative whose creation post-dates this study, has been an excellent development for the specialty. The National Facial Oral and Oculoplastic Research Centre (NFORC)²⁶ is another innovation that post-dates this study, but has been a ground breaking innovation for OMFS.

Visiting primary and secondary schools

Secondary schools are always searching for inspiring speakers to talk about their careers. Primary schools often like more gentle introductions to what the doctor does and good health practice. All these talks are received with immense enthusiasm from the pupils, and certainly in the case of secondary schools, they allow OMF surgeons to expand on their experience of treating human faces.

Social media

Exposure is a huge factor in terms of specialty choice. As well as attempting to improve opportunities for first-hand experience of OMFS, social media provides a novel opportunity to raise the profile of the specialty at medical school and during foundation years. It inevitably has its risks, but it is increasingly being used as a tool for skill-sharing and learning among surgical trainees,²⁷ and surgeons are using it for research, teaching, sharing knowledge, and networking.²⁸ It could also provide a method to promote the specialty, highlighting what is involved in the work, as well as being able to dispel the myth that surgeons cannot have a life outside. In this way it could be used as a tool for recruitment.

Websites including the BAOMS' gallery of diversity²⁹

Having role models who have managed to find a healthy work-life balance could help young doctors when making career choices. Journals and specialty association websites can and are also using profiles of trainees and consultants, similarly show-casing what a career in that surgical field could potentially look like.

Conclusion

This article highlights the fact that that some medical and dental schools are under-represented with respect to the nurturing of OMF surgeons. There are opportunities for local OMFS departments and surgeons to enhance this success by directly engaging with students of both types along with trainee doctors and dentists. Active involvement with key institutions, including medical and dental schools, foundation schools, core surgical schools, and dental core training programmes, will give as many people as possible the opportunity to get a taste for an OMFS career.

We would ask readers, particularly those working in units whose nearby medical and dental schools have a record of low or no success in inspiring OMFS recruits, to create a local plan and address this with a team of enthusiasts. These enthusiasts should cover a full range of experience from first degree students to senior trainers/professors. The team, once formed, should draft a formal strategy and a short, medium, and long-term plan to promote OMFS to students and young professionals using any or all of the strategies mentioned above.

It is important to understand what factors influence students' career choices, and to address the underlying issues that may dissuade them from aspiring to an OMFS career.³⁰ Creating and promoting opportunities for diverse students and trainees to see how great our specialty is, and especially targeting women with the facts about a career in OMFS, will ensure that it has a strong future.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients' permission

Ethics approval was not required. No patients' data have been used. All trainees and consultants who entered data into the medical and dental register gave their consent for anonymous publication of the results.

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