

# Dental Core Trainees: Career Motivations, Preferences and Perceptions of Training

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# Executive Summary

## Introduction

Dental Core Training (DCT) is an optional postgraduate training programme that dentists can pursue in order to further their skillset. Trainees can undertake one, two or three years of DCT. Some dentists will complete the first year before typically pursuing general dental practice; others will undertake a second or third year that will set them on the pathway to pursue specialist training.

This study seeks to understand the career motivations and preferences of the trainees who pursue one, two or three years of DCT and their perceptions and experiences of the programme in order to inform how DCT might best be developed and tailored in the future.

## Methods

This study was carried out across two phases. Phase one involved focus group with trainees in DCT years 1, 2 and 3 across the seven Health Education England (HEE) regions. Phase two involved telephone interviews with regional leads for DCT, specifically associate postgraduate dental deans (APDs) and training programme directors (TPDs). All data were collected between March and June 2019 and all focus groups and interviews were recorded and transcribed for later pattern coding and thematic analysis.

## Results

In phase one we engaged with 181 trainees, the majority of whom were in year 1 of DCT. In phase two we spoke with at least one APD or TPD from each of the seven HEE regions, ten in total.

DCT is pursued by dentists who typically fall into one of three key groups: those who want to go into general dental practice but would like some additional experience first; those who would like to pursue specialty training and recognise DCT as a step on this pathway; and those who are unsure of their career direction. DCT was seen to benefit dentists from all three groups.

The majority of the trainees reached in this study had pursued DCT immediately after their Foundation Training. Regional leads also described DCT as the “next step” after Foundation Training, although they recognised that dentists further on in their career could benefit from DCT.

The national recruitment process received mixed reviews from both DCTs and regional leads. Although many recognised it as a fairer system, they noted the loss of opportunity to recruit those who were known to have proved themselves. Trainees complained that information on scenarios was shared, so advantaging those who were interviewed later in the week. However, it was reported that there was no statistical evidence to substantiate this. Many were unhappy about the implications of national recruitment resulting in the need to relocate. Regional leads noted the service implications of unfilled posts and late changes.

Geography was commonly reported as a key influencer when preferencing DCT posts, although trainees also sought particular training and experiences. Both trainees and leads recognised the scope for improving information on posts but leads emphasised that trainees needed to be proactive in seeking information.

Trainees generally reported positive experiences of DCT. Support from senior staff and experiences not encountered in general dental practice, such as dealing with more complex patients and greater opportunities for audit, quality improvement and research, were commonly reported as valuable aspects of the training. Nonetheless, experiences varied across posts and units. On-call was widely deemed a valuable experience, however appropriate support was seen as essential for safety. Study

days were valued on both an educational and social level, but some trainees faced difficulties in getting time off. Supervisor sign-off on assessments was identified by some as problematic.

Trainees suggested improvements to DCT in relation to training posts, specifically in terms of more split-posts and non-OMFS (oral and maxillofacial surgery) posts and the possibility of part-time posts. Some leads are exploring the option of a run-through training programme. However, trainees observed that run-through training would not suit all. Regional leads raised questions about the lack of scope to extend posts for struggling trainees.

In the longer term, most trainees desired a varied career and often one involving some teaching.

## **Conclusion**

We conclude that DCT appears to be advantageous both for those intending on careers in general dental practice and for those aiming for specialist practice, as well as those uncertain of their future trajectory. Although trainees reported on positive training experiences, particularly in terms of experiences not encountered in practice and the support of educational supervisors, there appear to be some areas for improvement. Our suggested recommendations for the future development of DCT include:

- Recruiters should be aware that geography is a key influencer when candidates preference posts and may even override other factors.
- An option for a run-through programme could benefit those trainees with a defined career path and looking to pursue specialty training.
- Consideration could be given to more posts in non-OMFS specialties and in community settings as well as more DCT3 posts.
- Although trainees' experiences of DCT were generally positive, there was much variation across units. There may be scope to standardise the quality of training across units. However, such standardisation would need to be considered in the context of training being flexible enough to accommodate the different motives and evolving career trajectories of trainees.

## Introduction

To qualify as a dentist and to work within the NHS requires completion of a five-year degree in dentistry (BDS) and (typically) a one-year Foundation Training programme (or Vocational Training in Scotland). Following this, most dentists will take up posts in general dental practice. However, over recent years there has been an increasing uptake of Dental Core Training (DCT). This is an optional training programme that provides dentists with an opportunity to consolidate skills they acquired in Foundation training and also to further their skill set<sup>1</sup>. Some dentists will complete one year of training before typically pursuing a career in general dental practice; others will undertake a further one or two years of DCT that will enable them to pursue specialist training. Although the two-year longitudinal training programme provides alternate week Foundation Training and DCT1, there is no 'run-through' training of DCT beyond this; dental core trainees (referred to herein as trainees) must re-apply to DCT each year through national recruitment if they want to embark on a further year of training. Based on 2013 data, it was estimated that of the approximately 1050 trainees who completed Foundation Training, 400 pursue DCT. Approximately half of these (around 220) leave after one year and the remainder (around 180) pursue DCT2. Then around 70 leave after DCT2 with the remainder (just over 100) commencing DCT3<sup>2</sup>.

DCT employs a national recruitment process that advertises approximately 700 posts across the UK through an online recruitment system. Longlisted candidates must complete a situational judgement test (SJT) designed to measure non-academic attributes and are invited to interview at a selection centre. Longlisted candidates are asked to preference the posts they are interested in; the more posts a candidate preferences, the better chance they stand of securing a post<sup>3</sup>.

The DCT curriculum was approved in 2016 and specifies the competency framework and outcomes of the training. The outcomes are organised into mandatory domains: professional behaviour and trust; communication, teamwork and leadership; clinical safety and quality; and good clinical care. There are also outcomes specific to ten specialties: restorative; orthodontics; oral surgery; paediatric dentistry; special care dentistry; oral medicine; oral pathology; dental and maxillofacial radiology; oral microbiology; dental public health and epidemiology<sup>2</sup>.

The focus of DCT varies across the three years. DCT1 is designed to develop the 'skilled generalist' by enhancing clinical skills and understanding of specialist referral, and to provide experience of working within a multidisciplinary team and treating patients with complex conditions. In DCT2 trainees develop more specialist skills as well as leadership and academic outputs. DCT3 aims to enhance these skills and prepare trainees for specialty training.

However, specific training goals vary across trainees and so are established by the trainee and their educational supervisor in a personal development plan (PDP) at the beginning of the training year. Trainees work towards evidencing their progression through workplace assessments and supervised learning events (SLEs). These must be documented by the trainee in an e-portfolio and signed off by their educational supervisor. Trainees are required to provide at least 24 assessments across a 12-month period.

Given that DCT is an optional programme and can be pursued for one, two or three years, it is important to understand the career motivations and preferences of the trainees as well as their perceptions and experiences of the programme in order to understand how the programme might be developed and tailored in the future.

The primary aims of this study were to address four key research questions:

1. What motivates trainees to undertake DCT?
2. What factors are taken into consideration by trainees when preferencing specific training posts during recruitment?
3. What are the trainees' perceptions of DCT (including workplace learning, assessments, study days, opportunities for audit, quality improvement projects and research) and how do they feel it prepares them for future clinical practice?
4. How might DCT be improved?

## Method

This study was undertaken in two phases.

- Phase 1: focus groups with trainees in DCT years 1, 2 and 3.
- Phase 2: telephone interview with associate postgraduate dental deans (APDs) and training programme directors (TPDs) for DCT (collectively referred to as regional leads).

Participants were recruited through the seven Health Education England (HEE) regions: the North East; the North West; Yorkshire and Humber; the Midlands and East; Thames Valley; London, Kent, Surrey and Sussex; and the South West.

Although more costly in terms of time and travel, we chose to collect data from trainees via focus groups because they are recognised as a heavily surveyed group. Focus groups also enabled us to collect more in-depth, rich data. The focus groups were primarily carried out at regional study days as it provided a logistically convenient opportunity to access groups of trainees. Where potential participants were unable to attend the study day, they were invited to take part in a telephone interview. The question schedule that was used for both focus groups and telephone interviews is provided in Appendix 1. Focus groups and interviews were recorded, with permission.

We needed to be flexible in our approach on occasion. In some circumstances it was not feasible to run focus groups because of large numbers and room configurations. In order to offer all attendees opportunity to contribute their views, we devised a paper-based data collection activity. In this structured approach, participants were provided with four different coloured sheets of paper, and invited to write down their views in response to four key areas that also guided the focus groups: motivations for pursuing DCT training; post preferences; perceptions and experiences of DCT; and the future. Each area was introduced by the researcher in turn and time given to the participants to ask questions, to talk to their peers and to write their responses. This alternative approach transpired to be a strength of the study as it permitted greater reach of participants and confirmed the spread of the more in-depth perceptions voiced by trainees in the focus groups.

All data was collected from trainees throughout March and April 2019. Phase 2 involved telephone interviews with the APDs and TPDs and was carried out between April and June 2019. Data collection in Phase 1 largely informed the question schedules implemented in Phase 2 for telephone interviews with regional APDs and TPDs. The questions schedule used for the telephone interviews with the regional leads is provided in Appendix 2.

All focus groups and telephone interviews were recorded and transcribed and data from the paper-based activity was also transcribed. All data were transferred into NVivo for pattern coding and thematic analysis. No names are given in this report and names of Health Education England regions are also anonymised.

This study was granted ethics approval from the School of Social Sciences Research Ethics Committee at Cardiff University (SREC/3190).

## Results

We collected data in Phase 1 from trainees in ten focus groups, three telephone interviews and three paper-based whole-group data collection activities. This yielded data from 181 trainees across all seven HEE regions, the majority of whom (61.3%) were in DCT1. A full breakdown of trainee participants is provided in Table 1.

*Table 1 – Breakdown of dental core trainee participants*

Dental Core Training Year	N (%)
DCT1	111 (61.3)
LDFT2* (equivalent to DCT1)	10 (5.5)
DCT2	42 (23.2)
DCT3	9 (5.0)
Other**	9 (5.0)
<b>Total</b>	<b>181</b>

\*LDFT are trainees enrolled on the Longitudinal Dental Foundation Training programme

\*\*Other included: staff grade (x2); specialty doctor; ST5 OMFS; ST3 OMFS, and four participants who were trainees but did not report their year.

We undertook ten telephone interviews in Phase 2. These were carried out with at least one APD or TPD from each of the seven HEE regions. A breakdown of all participants (trainees, APDs and TPDs) by HEE region is provided in Table 2.

*Table 2 – Total number of participants across the study*

Region	Dental Core Trainees				Regional Leads
	DCT1*	DCT2	DCT3	Other**	APDs/TPDs
North East	6	2	0	0	1
North West	10	3	0	0	1
Yorkshire & Humber	26	12	2	0	2
Midlands & East	18	7	5	5	2
Thames Valley	21	0	0	0	1
London & KSS	36	16	0	4	2
South West	4	2	2	0	1

\*LDFT are trainees are included in the DCT1 column

\*\*Other included: staff grade (x2); specialty doctor; ST5 OMFS; ST3 OMFS, and four participants who were trainees but did not report their year.

The remainder of this section presents the results from the analysis of the transcripts. Results are presented thematically under five key headings: pursuing DCT, preferencing DCT posts, trainees' experiences of DCT, improvements to DCT, and career directions of trainees and looking to the future.

## Pursuing Dental Core Training

We identified three broad groupings of trainees on the basis of what seemed to be their primary motivation for pursuing DCT. Group one are individuals who know they want to work in general dental practice but feel they would benefit from a bit more experience and training before doing so:

*"I don't think that undergraduate training personally gave me enough experience in everything. I just want a bit more training before going out to practice." (Trainee, DCT2/3<sup>1</sup>, Region 5)*

*"I certainly think in year 1 the majority of dental core trainees, they've finished their undergraduate training, they've done dental foundation training and they feel that they just want to develop their skills before they go back into practice." (APD, Region 2)*

Group two want to pursue speciality training and recognise that DCT is an important step on this pathway:

*"I want to specialise and recognise DCT is fundamental to achieve competencies required to apply for ST grades." (Trainee, DCT2, Region 1)*

*"Some people will know already, virtually at undergrad level that they want to do specialty training. So it will be part of that pathway." (APD2, Region 1)*

Group three are the individuals who are less certain about their career path and see DCT as an opportunity to explore some of the options that are available to them:

*"I just wanted to get more experience in different areas because I wasn't sure what I wanted to do, and working in an environment with more experienced persons and just learn more." (Trainee, DCT1, Region 4)*

*"DCT gives you a good flavour and it kind of shows you what you could know about. I think if you're in practice, you don't know what you don't know. There's unconscious incompetence as such, but when you get to this stage you start seeing certain facets of other things that you think, 'oh I should read up on that, I want to know more about that'. It opens up just how broad dentistry could be, and then you can always chase whatever you're interested in later on." (Trainee, DCT2/3, Region 6)*

*"A lot of them they're not quite sure what they want to do, so it also gives them a little bit of time where they're sort of exploring their options. Whether they want to go into practice or whether perhaps they do want to go on and specialise." (APD, Region 3)*

Group one and two therefore have a relatively clear career direction and make an "active decision" to pursue DCT. Those in the third group seem to enter DCT with a more uncertain career trajectory, but they expect their experience will either help to them to identify what they would like to pursue or rule out certain options.

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<sup>1</sup> Due to fewer trainees in DCT2 and DCT3 than in DCT1 and the desire to encourage group discussion, trainees in DCT2 and DCT3 often participated in the same focus group. This meant it was not always possible to ascertain whether a participant was in DCT2 or DCT3.

*“If you asked me when I graduated I would have said I’d become a GDP [General Dental Practitioner], or perhaps a general practitioner with an interest in surgery. So there’s been a massive transformation in my career path, but I’m glad that I’ve done it because I would say if I hadn’t done it I’d have been oblivious then and may have gone through the wrong career path.” (Trainee, DCT2, Region 6)*

*“Dental core training can actually help you find that little niche in dentistry that you enjoy or if you’re quite varied then general practice is for you, but if you like a specific area then I think dental core training is really essential to help you find what you want to do in dentistry.” (Trainee, DCT2/3, Region 5)*

*“It helps you decide what you want to do. You get skills in different areas, which parts you enjoy more and which parts you don’t. Obviously some people won’t enjoy it and will prefer practice, but then that’s how they decide and that’s what we want to do.” (Trainee, DCT1, Region 2)*

Which of these three groups a trainee fits into is also related to the number of years of DCT the trainee intends to pursue. Clearly, those intent on a speciality career will seek posts in DCT2 and 3. Those who have decided on a career in general dental practice are unlikely to seek DCT2 or 3 posts. Those who remain undecided during DCT1 may or may not pursue further DCT posts:

*“DCT2s are probably either people who don’t know what they want to do or those who know that they want to pursue specialty training. We also have DCT3s in our region, so they tend to be people who know what they want to do and wanted to pursue specialty training.” (APD, Region 6)*

There was a general consensus that DCT is geared to “multiple” career paths and not necessarily one more than another:

*“I think it’s useful for anybody because the outputs from DCT are multiple and have always intended to be so. So one of my roles has been in the development of the curriculum along with colleagues around the country. So we went to great lengths to ensure that the outputs could be multiple. So someone who really is keen to go into practice, as many are, then it’s still a very valuable experience and learning opportunity.” (APD1, Region 1)*

*“If you go down the general practice route or if you go down the specialty route then I think you’re already setting yourself up well moving forward.” (Trainee, DCT2/3, Region 5)*

However, regional leads also recognised that the benefit of DCT to an individual is “defined by which post they go into”.

### *When should DCT be pursued?*

The majority of the trainees reached in this study had pursued DCT immediately after their Foundation Training, however there were several trainees who had already spent some time in practice. The regional leads generally felt that DCT was the “next step” after Foundation Training. However, they also recognised that DCT would be beneficial to individuals later on in their career, although they felt it would be “more difficult” for them given the salary reduction and factors related to family commitments. It was suggested that individuals should perhaps only return to training if they had a clear direction and focus that will “facilitate career progression”:

*“Somebody who’s been in practice for a few years of course has got a significant amount of professional skill and leadership and team working. So they’ve established a lot of the skills that people do acquire through core training. They’re already in place. So I think yes it can*

*work for them, but I think it does need to be carefully mapped so that the returning dentist is very clear about what they want from the post and they've preferred the posts appropriately." (APD, Region 5)*

Despite the support for entering DCT at a later stage, the lead from Region 1 reflected that *"there doesn't seem to be a great appetite for making it attractive to fairly well-established practitioners to come back to"*.

### *National recruitment*

The national recruitment process received mixed reviews both from the trainees and the regional leads, and many individuals were receptive to both its advantages and disadvantages. The main advantage commonly reported was that it *"rules out the 'old boys club' ethos"* that perhaps existed in the past where recruitment took place on a more local level:

*"I prefer the national recruitment. I think it reduces the bias." (Trainee, DCT2/3, Region 5)*

*"I think that national recruitment is probably the only fair way to recruit. It avoids people who spend their whole year sucking up to people getting jobs based on this rather than ability." (Trainee, unknown year, Region 7)*

*"It's probably more open and fairer across the UK and obviously avoids favouritism and cronyism." (APD, Region 6)*

*"It does mean that more progressive and sophisticated techniques of selection can be deployed, and whilst they probably don't know it, obviously national recruitment really puts the onus on the candidate to choose where they want to go. Rather than what was the case where the onus was on the panel members to choose who they wanted in their job. So I think it makes it a much fairer and transparent process." (APD1, Region 1)*

However, some also saw this as a disadvantage and felt that it was important to build positive working relationships and identify people with whom you well work:

*"The disadvantages I would say are that it is more difficult for a particular unit to appoint somebody who they feel particularly wants to work with them and they with the trainee, which isn't necessarily favouritism but it is common-sense that the trainee works well with you and you with them." (APD, Region 6)*

*"Especially because I've worked in [LOCATION 1] Dental Hospital and [LOCATION 2] Dental Hospital as well. So I've built up a good rapport with both of those, and I'm fairly confident if they got to pick who they had as a DCT3 I'd be in with a really good shot. Whereas I've got to go through the national recruitment again. I understand why it's there but then also you're going to feel like that should be my post." (Trainee, DCT3, Region 6)*

Related to perceived disadvantages of national recruitment were complaints about the interview process. A common complaint from trainees about the recruitment process was that interview questions and scenarios were not changed throughout the week. They believed that candidates interviewing later would have spoken to other candidates and learnt what to expect:

*"I don't think it's a very good system ... they obviously use all the same stations but those definitely will get circulated .... So people will do better who do it later on in the week." (Trainee, DCT1, Region 7)*

This trainee wondered if the assessors might mark later candidates more harshly but recognised the unfairness in assuming that “everyone knows the questions”. They thought it might be fairer if all the interviews could be done in one day:

*I don't know if it's possible to do it all in one day. I don't really see why not, if there's loads of different test centres and keep us all in isolation like they do for our exams. I think that would be a much fairer recruitment process.” (Trainee, DCT1, Region 7)*

However, despite the widespread assumption among trainees that those interviewing later in the week would do better, one lead reported that a “very, very detailed statistical analysis” yielded “no evidence at all to substantiate that claim”. The regional leads also reflected that “as part of their application process they [trainee candidates] had to sign a disclaimer to say that they would not discuss the content of their interview” and are told that they are “expected to behave professionally” and “maintain confidentiality” throughout the process. The regional leads also reflected on a sense of irony given that these complaints would have come from the same cohort who “must have divulged” content to others:

*“I find it ironic that we then have complaints from people who were interviewed early in the week when ...it can only be that cohort that have leaked.” (APD, Region 5).*

Many trainees reflected that they felt the national recruitment process was “not considerate of people’s lives” and causes problems for people with “commitments” or “long term relationships” as it could mean relocating. Some trainees even reflected on their reluctance to pursue further years of DCT because of this potential year-on-year relocation:

*“It puts me off reapplying because I want to start settling down and buying a house.” (Trainee, DCT1, Region 2)*

This issue of geography was also recognised by the regional leads and appeared to translate into problems around filling posts in certain geographical areas:

*“I don't think national recruitment is that brilliant because people like to stay in the region that they're in. Either for social reasons, in a family or they've got a house or all their friends are there. And so, it would actually be better to have regional recruitment.” (APD2, Region 7)*

*“We had quite a lot of discontent for the last couple of years because not all the places in our hospitals have been filled and whilst I can see that there has to be a standardised process it's been slightly disappointing that... we've been left with gaps which has meant the consultants in those hospitals are very unhappy.” (APD, Region 3)*

Regional leads also reflected on instances where trainees had pulled out of DCT posts very late in the day, often because a position more local to them had become available:

*“Even though they do it on a national scale, it should be sort of ring-fenced to each region. Because we always find that people hold the offer and then as soon as another one comes up in the area they want to live in, they then let go of the one they had, and we had last minute pull outs and swaps and changes. It's quite disruptive really.” (APD2, Region 7)*

Given that DCT posts are not purely for training purposes but also fulfil a service need, this can disrupt service. One lead reflected that “the mobility of labour in this country I don't think is great enough to allow national recruitment to be completely successful” and there was a perception among some that perhaps a move to regional recruitment could decrease the risk of these last minute changes:

*“They have to provide a service as well as training. And I think that’s the thing that’s sometimes forgotten about that folk train on-the-job; it’s not purely a training job that doesn’t have any other consequences to it and that’s really created some units a real headache where different folk have pulled out at the last minute. But it’s these kinds of things that create a real problem I think and it’s because it’s national recruitment, whereas if folk were appointed locally or even regionally, then they’re going to be much more committed to that job opportunity and potentially know what they’re getting into as well.” (APD, Region 4)*

There was also a suggestion that *“maybe the forfeit of giving up that job needs to be higher”*.

However, despite the issues, some regional leads reported on the positive feedback they had received from units about the quality of the individuals coming through the recruitment process and entering posts:

*“I have had a number of items of feedback directly to me to say wow, this is great. From regional units commenting on the positive change and the quality of people coming into posts.” (APD, Region 5)*

### **Box 1: Summary of motives for pursuing Dental Core Training**

- DCT is typically pursued by individuals who either (i) want to work in general dental practice but want more experience first, (ii) want to pursue specialty training or (iii) who are unsure about their future career path.
- Most trainees we consulted had pursued DCT immediately after Foundation Training.
- National recruitment received mixed reviews:
  - Most recognised that it was a fairer system although they noted the loss of opportunity to recruit those who were known to have proved themselves.
  - Trainees felt that those interviewing at the start of the week were at a disadvantage to those interviewing later as questions and cases were not changed. However, it was reported that there was no statistical evidence to substantiate this.
  - Many were unhappy about the implications of national recruitment resulting in the need to relocate.
  - The service implications of unfilled posts and late changes were noted.

## Preferencing DCT Posts

Unsurprisingly, given their reflections on national recruitment, trainees most commonly reported geographical location as a key influencer when preferencing DCT posts. This was generally linked to family, relationships and domestic commitments. Some individuals even reported that geography would override other factors such as the quality of a post:

*“Definitely I think geographical location. I’ve settled in [REGION X]. This is where I’m from and I’ve bought a place here. So I’ve kind of limited myself there, and I wouldn’t go to [REGION Y]. I didn’t even put those options down.” (Trainee, DCT3, Region 6)*

*“Location probably overrides other factors. I would not relocate regardless of quality of DCT post – it’s only ever a job.” (Trainee, unknown year, Region 7)*

Other trainees commented that they preferred posts based on particular skills and exposure they would gain. Some wanted posts in their *“weakest area to improve skills”*, others wanted to *“upskill*

*and gain further training and experience” and some preferenced posts based on a “specialty relevant to career aims”.*

However, some trainees complained that post descriptions were at a variance with the duties that the post really involved. This seemed to be highly variable across units:

*“It’s all very generic. All the post specs are very, very similar, but actually the posts are really, really different. I really enjoy my job, but if I looked at the post specification, I wouldn’t agree with it.” (Trainee, DCT1, Region 7)*

*“If I’d known that there was going to be little opportunities to have my own clinics and lists and stuff, which other people I now know have, I probably wouldn’t have chosen it.” (Trainee, DCT1, Region 2)*

Although some regional leads confessed that it *“may be in the hospital’s best interest to sort of gloss over a bit in order to get recruits in”*, some felt they *“could do more”* or that *“information for posts could be better”*. Having said that, there was a general consensus that there are *“plenty of other ways of getting information”* and points of contact for posts are provided. The general view of the leads was that trainees need to be *“proactive”* and *“should try to find out as much as possible”*:

*“We’ve increasingly offered trainees the opportunity to come and see and experience [the posts]. However, very few of them take it up. It’s interesting that people will complain that they don’t know what it’s about and then don’t come and find out about it. ... We try to encourage people to come and find out what DCT is about.” (APD, Region 6)*

*“In this day and age of internet and whatnot you would think most folk would actually be able to do a little bit more digging about a job that they want, but there’s a tendency for some of the young colleagues just to expect everything to be right in front of them instead of doing a bit of homework on it.” (APD, Region 4)*

Many trainees clearly had done their ‘homework’. They found word-of-mouth from other trainees to be the most informative and reliable source for information about posts and many preferenced posts based on *“reputation”* and *“feedback from current trainees”*:

*“What’s often written in the post description... after you speak to the DCT they say, ‘I know it said that but actually that’s not the case’.” (Trainee, DCT1, Region 6)*

*“I think getting first-hand information from other DCTs who have done it. I think everyone does that. If you are interested in a post I would want to find out, who is either currently in that post or who has done it and I’d ask them.” (Trainee, DCT1, Region 6)*

*“For example, I may have had someone message me, you know, ‘what kind of stuff do you do? What’s your timetable like?’ and things like that. ...I think some of the job descriptions... they say that you do this, this and this but then when you get there, the timetable and the rotas may not actually be what has been advertised in the job descriptions.” (Trainee, DCT2/3, Region 5)*

These points suggest it might be beneficial to involve current trainee in the construction of post descriptions to ensure greater accuracy.

## Box 2: Summary of trainees' preferencing of posts

- Geography was most commonly reported as a key influencer for preferencing DCT posts.
- Trainees also preferenced posts based on particular training and experience they hoped to receive.
- Both trainees and leads recognised the scope to improve information on posts but leads emphasised that trainees needed to be proactive in seeking information.
- Information from word-of-mouth commonly informed post preferencing.

## Trainees' Experiences of Dental Core Training

Trainees generally reflected on positive experiences of DCT; there were common reports of how DCT had helped to “improve confidence”, “widen knowledge” and that they gained “lots of experience”. Some trainees were also reflective of the value of not just the clinical skills but also “learning about yourself” and “what kind of person you are” as a result of DCT.

### *Experiences not encountered in general dental practice*

A benefit noted by both trainees and regional leads was the experiences DCT offers that would not typically be encountered in general dental practice. Such experiences challenge the trainees and help to build their confidence:

*“I think exposure to malignancies. Things that we might not necessarily see close at hand in practice. Quite a lot of genetic disorders and things, we’ve seen quite a few patients.”*  
(Trainee, DCT1, Region 3)

*“It’s just doing the stuff that you don’t do in practice. That’s when you’re really learning a lot and that’s what I love about it.”* (Trainee, DCT2, Region 6)

*“They’re likely to be seeing patients and conditions that they won’t have necessarily seen very much of in practice. So I would hope that they feel empowered and more capable of managing and dealing with the difficult and sometimes the rather obscure.”* (APD, Region 1)

Some of the regional leads reflected on how the focus in undergraduate years is on “conservation of teeth” and that “in practice, dentists do not like taking teeth out”. So particularly for those in oral maxillofacial surgery posts, it “gets them out of the mouth” and trainees have to deal with “greater complexity of patients” and “medically compromised patients”:

*“I would say 95% of all of our posts are ... in a max fax unit but with some broad training in all specialities through their study day programmes. And that gives you a very different perspective on dentistry, it gets you out of teeth and out of the mouth, onto the face and other parts of the body. And you start looking at patients differently and so it gets you much more into ... medical issues with patients and ... I notice confidence in dealing with patients in areas other than true dentistry in the mouth.”* (APD1, Region 7)

Such elements of DCT challenge trainees and push them beyond their comfort zone. This was seen as a positive benefit to both their learning development and their attitudes:

*“Dealing with medical patients and working outside comfort zone is important.”* (Trainee, unknown year, Region 1)

*“If they work in an in-patient environment it will expose people to the edge of their comfort zone, and of course I’m not advocating that they should work in a risky, unsafe way, but*

*actually working at the edge of that comfort zone for a few months or for a year I think has a really positive effect in terms of attitude.” (APD, Region 5)*

*“Being thrown in at the deep end, it does push you out of your comfort zone and that’s when people really progress.” (APD1, Region 7)*

#### Audit, QI and Research

Opportunities for audits, quality improvement (QI) projects and academic research were valued by trainees as experience often not available in general dental practice. The availability of such opportunities seemed to vary across units but trainees also recognised that they needed to use their own initiative and be “proactive” in seeking such opportunities:

*“We’ve all done audits and service evaluation projects. These have been most valuable. I think it’s really difficult to perhaps get these in general practice.” (Trainee, DCT2, Region 6)*

*“You’ve got the consultants who want to do research. You’ve got the staff who want to do research then you’re going to get those opportunities, but I found that you’ve got to go out and find them yourself a lot more than just being given it on a plate.” (Trainee, DCT2, Region 4)*

#### Team-working and support

The team working element offered by DCT was commonly reflected as a positive experience by both trainees and regional leads:

*“I just like how much more of a team you are, compared to practice. Practice is extremely isolating and ... it’s made me realised that dentistry doesn’t have to be completely isolated. .... So we spend time with mid-grades and we spend time with the consultants. So you see people working at different levels.” (Trainee, DCT1, Region 3)*

*“There’s a huge amount of teamwork because it’s a bigger team and you have to be team player. And that skill I think is good for long term. I think you are a key player as a DCT [trainee] because a lot of the fundamentals rely on you having done them. And you have to perform, and you have to deliver, that is a supported pressure that I think brings out a real good work ethic in our DCTs.” (APD1, Region 7)*

Support from senior staff was commonly reported by trainees as one of the most valuable aspects of the training programme:

*“Learning and gaining knowledge from those more experienced on how to improve your clinical work.” (Trainee, DCT1, Region 1)*

*“Working closely with specialists and consultants and learning from them.” (Trainee, DCT1, Region 1)*

*“We’re really lucky to have such easy access to such a wide range of specialists or seniors, I suppose. Whereas if you’re isolated in practice you’re going to ask more experienced dentists there. Whereas we, for instance, if you’ve spent any time in dental hospital you can just pop across the corridor and speak to an Orthodontic Professor or whoever.” (Trainee, DCT2/3, Region 5)*

However, experiences varied across units and some trainees perceived a need for standardisation across the training programme:

*"I think each unit is run very differently and your supervisors and your consultants in charge work in different ways ... and I think it just depends on who you have around you and that shapes the experience that you have."* (Trainee, DCT2/3, Region 5)

*"This is a training programme. They need to set some kind of criteria or aims ...that's standardised across all hospitals and the onus should then be on the hospital or whoever is providing that training and say, 'our trainees will leave this post having met basic skills'. There's no standardisation."* (Trainee, DCT1, Region 2)

Regional leads also reflected on the "critical role" of the educational supervisor (ES) but noted that it "varies", often depending on the "relationships between the ES and the trainee":

*"Some educational supervisors are like a super conscientious trainee, and there are others that definitely have the hands-off, 'this is a trainee-led process and I'm not going to chase my trainee at all'. Then there are others that take on the role and quite frankly have a complete dereliction of duty in that role. So it is striking the balance."* (APD2, Region 1)

*"We've always had good feedback because we all enjoy getting our hands dirty with the trainees and, you know, support and helping them. But it's not always the case in every hospital."* (TPD, Region 5)

One regional lead commented on the need not only to support the trainees but also adequately support the educational supervisors so they know what is expected of them, they have protected time allocated to them for the role and they can feel prepared to meet expectations:

*"I think what is needed is to ensure that the educational supervisors also feel supported and they also get the necessary faculty development. You know, the training that's required. The time within their job plans to perform that role. Otherwise understandably it's a role that doesn't get too much attention if they're not trained appropriately or don't get the time to do it."* (APD2, Region 1).

### *On-call*

Although we heard from trainees frequent expressions of a dislike of the on-call shifts, on reflection, these experiences were widely recognised by the trainees as valuable experiences:

*"I don't think I've heard one person who overall at the end of the twelve months or six months has not learned an awful lot and has not developed, even though at the time they may hate it and think, you know what, this is the last thing in the world that I wanted to do, but I think at the end of that period once you've done all that hard work and you've done your on-calls, you become a lot more competent and confident as a clinician."* (Trainee, DCT2/3, Region 5)

*"It makes you resilient. It makes you more confident in yourself because there's often nobody else to turn to. It's the middle of the night. You feel like you can't call if it's just a minor thing. So you have to make more decisions yourself. So you get more confident in that respect."* (Trainee, DCT1, Region 3)

Regional leads were also aware of this retrospective appreciation:

*"The on-call, they all complain about doing the on-calls, but then when you read the survey at the end of the year, they all say that's been very beneficial. They've learned a lot from doing it. I mean, it's quite a tough thing to do, but I think most of them come out of it at the other end thinking it was beneficial."* (APD, Region 3)

However, there were some areas for concern and if not appropriately supported during such shifts, some trainees raised questions about safety:

*"We're not medically qualified. So is it good to make decisions? Is it dangerous to make certain decisions?" (Trainee, DCT1, Region 7)*

*"Can be isolated in unsafe situations particularly as not medically qualified." (Trainee, DCT2, Region 5)*

### *Study days*

Study days were generally valued both educationally and socially by trainees:

*"I think that the study days not only provide an educational benefit but they provide peer support almost. You know, getting into a group and seeing people from other units who you may have known from your previous DCT years can provide a good way of providing peer support for each other in a pastoral kind of sense. Also it can let you exchange opinions on experiences, get clinical advice and things like that. So I think they're good from that perspective." (Trainee, DCT2/3, Region 5)*

However, there appeared to be issues for some trainees being released from clinical service provision to attend study days. This was also recognised by the regional leads:

*"I think probably the biggest negative at the moment with study days and study leave in general is the inconsistency of accessing it depending on your placement. So if you're at a dental hospital you can almost always attend all the days, but ...well basically the max fax unit they don't often let people come to it because they have to stay for service provision." (Trainee, DCT2/3, Region 5)*

*"Our biggest problem is the trainees being released from their Trust to go to the study days and things, because they have these on-call commitments." (APD, Region 3)*

### *Assessments*

Some trainees reported on difficulties they had encountered getting their educational supervisors to sign-off assessments:

*"I feel like with the feedback as well it depends on who...if the supervisors or whoever you ask for feedback, some of them are really good and au fait with the system and they're like, 'yeah I'll get back to you' and they feed back in two days, but you could spend weeks and weeks chasing people." (Trainee, DCT1, Region 4)*

*"If I'm on-call or nights I cannot see members of staff for six weeks at a time." (Trainee, DCT1, Region 7)*

*"Why does the supervisor have to be the one who uploads the outcomes of the meeting? Why can you not be the one to upload that because that's the barrier." (Trainee, DCT2/3, Region 5)*

The regional leads however reflected that the assessment process was still relatively new and a "work in progress" that "develops over time."

### Box 3: Summary of trainees' experiences of Dental Core Training

- Trainees generally commented on how DCT was a positive experience and they valued the experiences they would not encounter in general dental practice, including opportunities for audit, QI and research.
- They developed confidence from being pushed 'beyond their comfort zone'.
- Support from senior staff was often reported as the most valuable aspect of the training programme.
- On-call was widely recognised as a valuable experience, in retrospect. But, if not appropriately supported some suggested it raised questions about safety.
- Study days were valued both educationally and socially, but some trainees had difficulties getting time off.
- Supervisor sign-off on assessments was identified by some as problematic.

## Improvements to DCT

We asked both the trainees and the leads we consulted to suggest possible improvements to DCT. The suggestions were primarily about the study days, the posts and the idea of run-through training.

### *Study days*

Some trainees suggested that some of the study days could be tailored so that they are “a bit more relevant to our posts”, or “departmental rather than regional” study days:

*“I’d rather have a study day within our department, within things that we specifically have found difficult in the hospital, because you can learn something at one place but you know for a fact you’re going to go back to the hospital and you’re just going to carry on doing exactly what you did because that’s what the status quo is. So it makes no difference.” (Trainee, DCT1, Region 3)*

Some regional leads appeared to have an awareness of this and reported on how they were looking at ways to make it happen and “enhance” study days:

*“I’m slightly changing that [study days] next year for the dental core trainees in year 2, in that I’m asking each of the 5 sites that have dental core trainees that are at level 2 to actually put on one study day a year that they will all then attend. So that they get to see what is happening at the other training providers as well, and they can actually go and meet there and we get the clinical supervisors, educational supervisors to engage in that study day programme with the trainees.” (APD, Region 2)*

Another regional lead also reflected on how more local study days may help to overcome the difficulty of trainees being released from service provision:

*“Sometimes it [study day] just kind of feels a bit remote. You’re organising this programme from a distance and hoping they turn up. Perhaps we should have more days where I can be there and we can all meet as a group and talk about DCT things.” (APD, Region 3)*

### *Dental Core Training posts*

There was discussion among the trainees about six-month posts or split-posts so that trainees could gain wider, more varied experience across different specialties. For example, one trainee (DCT1,

Region 5) thought the ideal would be “two different six-month posts under different specialties for more varied experience”. Another also expressed a preference for two six-month posts:

*“I think if you don’t necessarily want to pursue a career in max fax ...doing six months and then doing six months in something you may enjoy, you may increase your, I don’t know, overall positive value out of doing a DCT training.”* (Trainee, DCT2/3, Region 5)

However, some felt that the suitability of six-month posts would depend on the particular specialty:

*“Oral surgery I think six months is good. I think six months taster of paedics is good because I think you can finish a lot of your treatment plans in paedics because they’re not as long, but for example, in something like restorative I don’t think a six month post works at all...”* (Trainee, DCT2/3, Region 5)

To accommodate rotations across specialties, other trainees expressed a desire for two-year posts:

*“Ideal post would be 2-year rotations of lots of different specialties.”* (Trainee, DCT3, Region 5)

*“Split post very good range of skills – 2-year posts, 1 year in each.”* (Trainee, DCT1, Region 1)

The regional leads also reflected on the benefits of post rotations as it provides a “broad exposure”. However, there was also acknowledgement of the importance of balancing time spent in each rotation to ensure sufficient experience:

*“Six months might be too short; by the time they’re settled, four months have gone anyway. I think six months is too short. Maybe eight months would give you a nice two-year programme with three different exposures.”* (APD2, Region 7)

The importance of sufficient exposure was also noted by a trainee who had experienced a post with experience in multiple specialties and felt it was not necessarily the best way to get a good grasp of individual specialties:

*“So the post I’m in right now is ... Max Fax, special care dentistry, orthodontics and restorative. I don’t know how they thought they would fit all that into six months... So the thought that I had in my mind was I’d be able to tick all of these different speciality boxes. So if they ever come to ask me ‘have you done this, have you done that’, I could say ‘yes I have’. In hindsight I actually feel, even a couple of months into my second part of the six months split post, it’s not a very good way of getting a grip of any of the different specialties, because you end up spending so little time in each of them.”* (Trainee, DCT2, Region 6)

Some trainees felt it would be preferable for DCT to be part-time so that the other time could be spent in general dental practice:

*“Part-time DCT where we can do 2-3 days in hospital, 2-3 days in primary care.”* (Trainee, DCT1, Region 1)

The longitudinal programme which combines Dental Foundation training and DCT was reported as appealing:

*“I knew that I wanted to do DCT1, so it was an ideal suggestion because I didn’t want to do a year in Max Fax and de-skill in the practice side of things. So doing them side by side meant I got to do my Max Fax year without actually de-skilling in dentistry.”* (Trainee, longitudinal training programme)

*“I think it would be good to be able to do it part-time, because I know one of the things that’s stopping me maybe doing DCT2 is because I really enjoyed doing practice as well. So I’d quite*

*like to do a DCT2 post similar to how I've done this longitudinal where I get to do some days in hospital, some days in practice, because I love both of those aspects of the job and I don't know which I want to give up." (Trainee, longitudinal training programme)*

Similarly, regional leads reflected on how they would like to see more community-based posts within the DCT programme *"because the difference between practice and hospitals is massive"*:

*"I think DCT needs to go out into the community and there'd be more community funded posts and much less hospital-based posts, to be honest." (TPD, Region 5)*

*"In all areas, there should be more in community like in our own patch we have I think one or two community posts which is not many at all." (APD2, Region 7)*

There was also interest in the introduction of more posts in specialties other than oral maxillofacial surgery. This was commented on by both trainees and regional leads:

*"Need more posts in paed, restorative, oral surgery. Lots of OMFS posts but not enough other posts." (Trainee, DCT3, Region 5)*

*"More non-max fax jobs across the board. I don't know if that's possible or too much of a big wish, but I think that would be, in my opinion, the biggest improvement." (Trainee, DCT2/3, Region 5)*

*"Should have more specialist posts, lots of MFS but very few oral surgery/oral med etc. – This then makes specialising difficult if you haven't had experience in multiple specialities." (Trainee, unknown year, Region 7)*

*"I think we could do with more posts in all different specialties. More, not just max fax but all surgery jobs." (APD2, Region 7)*

Similarly, both parties also reported a desire to see more DCT3 posts available, although the regional leads acknowledged the financial issues that would accompany this and they felt that there was not enough funding available:

*"Dental core training ... is brilliant and would be better if there were more DCT3 posts." (Trainee, DCT2, Region 1)*

*"We don't have enough DCT3 posts and the problem is... that they're so expensive because you know a DCT3 salary is the same as a registrar salary. And so often people say, 'well, if I'm paying the same money, I'll get a registrar instead'. So, the number of DCT3 posts in our region have actually shrunk. It then becomes hard for people who do want to stay and are waiting for speciality posts." (APD2, Region 7)*

*"In a fully-funded system it would be terrific to have lots of DCT3 posts and make them all into specialities like special care, restorative, endo, prosthetics, you know. But there isn't the funding to do this, so as a result they are very few and far between." (TPD, Region 5)*

### *Run-through training*

Both trainees and regional leads discussed the suitability of a run-through training programme and it appeared to be an option that some regional leads were already looking into:

*"I think it's [run-through training] a great idea, we should introduce it. In fact I think we're thinking about introducing them for entry 2020 next year ... We're looking at DCT1s run through to DCT2s at the moment and we're just looking at opportunities within our placements as to whether we can support that." (APD1, Region 7)*

However perceptions among the trainees seemed to vary in line with the three groups of motivational factors for pursuing DCT, reported earlier. For example, those who knew exactly what career path they wanted to pursue saw the opportunity in a run-through programme and liked that it would eliminate the need to reapply and possibly relocate each year:

*“I think if you know you want to do specialty training there should be a pathway, a run-through pathway to enable you to do that, because I think there’s a lot of very different motivations for different people to do DCT, and they’re all blanketed on the one system and one process.”* (Trainee, DCT2/3, Region 5)

However there was also a recognition that a run-through structure would not suit everyone and that it could be slightly restrictive, in particular for those who knew they just wanted to pursue DCT1 or those who were not entirely sure on what they wanted to pursue in the future:

*“What if you change your mind? What if after the first year, ‘forget this, I hate it’. Can you come out of the contract?”* (Trainee, DCT2/3 Region 6).

One regional lead also reflected on their experience of introducing a run-through programme from DCT1 to DCT2 and found that some trainees did not continue for the full duration:

*“We’ve had a two year DCT1, DCT2 programmes and found that people had dropped out because they didn’t have to complete it.”* (APD, Region 6)

This lead continued to reflect that the training programme needs to be “flexible” in order to accommodate for the different motivations among trainees and to allow them to change their mind:

*“I think it needs to be flexible enough and people don’t commit to the wrong pathway. I think that’s been a lesson learned in the medical side if you make it too rigid too soon. It seems like a good idea, but if you can’t change your mind or be flexible... it’s a problem.”* (APD, Region 6)

Although not mentioned by the trainees, the regional leads commented on support for the struggling trainee and how there is no scope to extend the training:

*“At the moment, Dental Core Training, unlike Foundation Training, doesn’t have any scope to support a trainee that’s struggling. You still finish, whether you finish with outcome two or an outcome one. There’s no capacity to go back and continue with targeted training and then an extension to training”.* (APD2, Region 1)

*“I think we have potential issues of trainees who are deemed to be failing and needing remediation. It’s very difficult to manage that in a situation where the contract, for instance, will run till the end of August every year now because we’ve got this annualised way of appointing folk. The contract will run till the end of August, but they will all have been appointed to the next stage, be that the next stage of DCT or for some of them even specialty ...they will have been offered jobs but within a recruitment process that hasn’t had a real drilling down as to ‘is this person actually fit to do the job’”.* (APD, Region 4)

#### **Box 4: Summary of suggested improvements to Dental Core Training**

- It was suggested that study days could be more tailored to individual posts.
- There was discussion of the suitability of six-month or split posts; they enabled broader exposure across specialties but there was a question over the ideal minimum length of post.
- Part-time posts were desired by some as a means of spending time in general dental practice alongside DCT.
- Trainees wanted to see more DCT3 posts available and more non-OMFS posts.
- Regional leads were aware of the cost implications of DCT3 posts.
- Trainees and regional leads discussed the suitability of a run-through training programme. Some leads are exploring this option. However, trainees observed that run-through training would not suit all.
- Regional leads raised questions about the lack of scope to extend posts for struggling trainees.

## Preparation for Next Steps and Career Intentions

### *DCT and preparation for general dental practice*

For those looking to go into general dental practice, the benefit of DCT commonly reported was in terms of the development of dentists' "softer skills" rather than just the clinical skills:

*"For me the real benefit of doing dental core training for those who will go on to be generalists is in the softer skills, if you like. So it's not about clinical skills. It's certainly not about technical skill. Some of it may be, but that's a very small percentage actually. For me it is all about learning about yourself. Learning about yourself as a clinician, as a leader, as a decision maker. As a team member. A team player and working effectively in that environment. Learning about and developing skills in working under pressure. Working independently and actually all of that composite I think adds up to making people slightly more resilient."* (APD, Region 5)

*"If I go back to dental practice, I will be more confident dealing with difficult patients."*  
(Trainee, DCT1, Region 1)

Many trainees reflected on how they had learned more about themselves, such as how to "cope with pressure", "manage time and prioritise" and "developing the ability to think on your feet":

*"It's more about what you want to do for your job and what kind of person you are. I don't think it is about what jobs you've done on the ward and how quickly you can work. It's not really about that. It is more like... That's what I learned. I've learned more about myself."*  
(Trainee, DCT1, Region 6)

Trainees' exposure to a hospital environment "opens their eyes" and "gives them a different perspective" of dentistry and the patient journey:

*"They understand how the referral system works if they're in practice and they need to refer a patient. You know, if they've been on the other side in hospital then they have a greater understanding of what that involves."* (APD, Region 3)

Some trainees expressed some concern about de-skilling but this did not appear to be widespread:

*“If you’ve done a max fax job for three years or like a paed’s job, I think you really lose some of the skills that you might need in general practice because if you’ve been treating kids say for some two-and-a-half-years when you haven’t had to do root canal treatment, for example, I think you’ll really lose certain skills. You develop loads but you lose a lot.” (Trainee, DCT2/3, Region 5)*

*“I’ve done just eighteen months of just max fax; getting back into normal dentistry can be a little bit daunting again. It’s like riding a bike, but it takes time to get back on there.” (Trainee, DCT2, Region 6)*

### *DCT and preparation for specialty training*

Trainees who had been considering pursuing specialist training prior to DCT often reflected on how their experiences of DCT had “strengthened” their interest. Trainees looking to specialise also felt that the “hands-on” elements of DCT were hugely beneficial.

Both trainees and regional leads acknowledged the benefit of experiencing a range of different fields in dentistry even when intending to specialise:

*“In terms of speciality training I think just the acceptance across those that are thinking about speciality training, that experience in one or two or more fields is really important before you specialise. So you don’t get super-specialised too early on, because let’s face it, whatever speciality you work in you are still going to need to interact with other specialities.” (APD2, Region 1)*

*“If they’re going to specialise in anything they [employers] like them to have as much broad experience before they do go into that one speciality.” (APD, Region 3)*

*“You can’t just be a dentist and say I’m only going to do this and I’m not going to acknowledge all the other specialities.” (Trainee, DCT2/3, Region 6)*

DCT also provides trainees with an awareness of the hospital environment and the different priorities and structure that they would have to work within:

*“Those going into the specialist services, I think it gives them an opportunity to decide whether that’s actually for them, whether the way that hospital services run is something they can work with, because it’s very different if you end up being a practice principal or a senior dentist in a practice where you make the calls most of the times in terms of how the place is run and what you do in delivering in terms of care. Whereas in the hospital service, we’re very much constrained by what the Trust expects us to do, and we work by and large in a team of people where we not all necessarily be doing exactly the same thing, but we kind of complement each other in terms of the skills that we have and the kind of patients that we see. And you have therefore to be much more of a kind of team player I guess, but also to be prepared to be more of a corporate player as well.” (APD, Region 4)*

### *Career intentions of trainees*

Most trainees reported on the desire for a career that includes variety; and often one that includes an element of teaching:

*“I’d like to be doing a mix of something. Not necessarily doing five days in practice. So maybe three days in practice and two days doing something else. Maybe working in a unit like this as part-time. I’d like to be doing something where you’re doing something different every day. Keep an interest in different areas.” (Trainee, DCT2, Region 4)*

*“In terms of work I think that obviously my training has been tailored towards a certain path. So I’d like to be a consultant in that field. I want to be training trainees and juniors and helping them achieve what they want to achieve...” (Trainee, DCT2/3, Region 5)*

*“I’m quite interested in doing some oral surgery and possibly working in a teaching hospital with students.” (Trainee, DCT1, Region 4)*

**Box 5: Summary of trainees’ preparations for next steps and looking to the future**

- There was a general consensus that DCT is suited to multiple career paths.
- DCT was seen to prepare dentists for general dental practice by developing their soft skills.
- DCT prepares dentists looking to pursue specialty training by providing experience in a hospital setting and important hands-on experience.
- Most trainees desired a varied career and often one that includes an element of teaching.

## Discussion

This study has successfully yielded an in-depth understanding of the motivations and experiences of the trainees pursuing DCT across England. Speaking to the APDs and TPDs as well as the trainees, not only permitted the triangulation of perceptions but also provided additional clarification and context to the trainees’ experiences.

Trainees and regional leads reflected on both the advantages and limitations of the national recruitment process. Although it is successful in counteracting favouritism and biased recruitment, it does also appear to raise concerns for both parties. Such problems were largely related to geography. Trainees often struggled to get posts in their preferred location and so had to relocate and particular regions also continuously struggled to fill posts which created problems in service provision.

Our results demonstrate the value and benefit of DCT to individuals looking to pursue either general dental practice or a specialty pathway, as well as those yet to decide on their future career intentions. Trainees were generally positive about their experiences of DCT. However, many voiced some limitations and challenges they had faced during their training, although these appeared to vary across posts and units. The relationship between trainee and educational supervisor appears to be critical and there were suggestions of a need for standardisation across the training programme. This might help to ensure that trainees, educational supervisors and hospitals as a whole, knew what was expected of them. Having said this, it is evident that there is some tension between the need for standardisation across units and ensuring that training is flexible enough to meet the varied needs and goals of individual trainees.

Although there was discussion of the suitability of a run-through training programme, and this would eliminate the issue of trainees potentially having to relocate each year, it was clear that this would not be suitable for all trainees, particularly those seeking to gain some additional experience before going into general dental practice. It was also felt that a run-through programme would need to be flexible enough to accommodate for changes in trainees’ intended career paths and ensure they are not committed to a particular path too soon.

Although both trainees and regional leads expressed desire for more DCT3 and non-OMFS posts, the regional leads also acknowledged that such improvements were not financially feasible or compatible with the demands of service provision.

Both trainees and regional leads felt it was important for trainees to have more exposure to community-settings. This was reflected in comments around more community-based posts within the programme or the possibility of part-time posts so that some time could be spent in general dental practice alongside DCT. Such a structure would be more aligned with the longitudinal foundation training programme that was reflected on positively by trainees and regional leads.

Many trainees and regional leads felt it was important to gain experience across a variety of specialties, regardless of career intentions. Six-month and split posts were suggested as a method for this. However, they also raised questions about the minimum duration of such rotations in order to ensure sufficient, meaningful exposure to specialties.

## Conclusion

Having discussed the views of both trainees enrolled on the DCT programme and the APDs and TPDs, we suggest recommendations or points to consider in the future development of DCT. These are presented in Table 3. We have structured such points around the five key themes presented in the results.

*Table 3 – Summary of Recommendations or Points to Consider*

Theme	Recommendations or Points to Consider
Motives for Pursuing Dental Core Training	<ul style="list-style-type: none"> <li>• DCT is pursued by dentists for a variety of motives and recruiters should acknowledge such differences</li> <li>• DCT should also be flexible enough to accommodate for these different motives and evolving career trajectories among trainees</li> </ul>
Trainees' Preferencing of Posts	<ul style="list-style-type: none"> <li>• Recruiters should be aware that geography is a key influencer when candidates preference posts and may even override other factors</li> <li>• Information on job descriptions could better reflect the day-to-day role and level of exposures. However trainees should be proactive in seeking additional information</li> </ul>
Trainees' Experiences of Dental Core Training	<ul style="list-style-type: none"> <li>• Although trainees' experiences were generally positive, this varies across units and there may be scope to standardise the quality of the training programme across units</li> <li>• There is some tension between this need to standardise training and also maintaining flexibility</li> <li>• The relationship between a trainee and their educational supervisor is critical and both require sufficient clarity on what is expected of them</li> <li>• On-call is a valuable learning experience; however it is essential that trainees are appropriately supported to ensure safety</li> </ul>
Posts and Support	<ul style="list-style-type: none"> <li>• An option for a run-through programme could benefit those trainees with a defined career path and looking to pursue specialty training</li> <li>• There is a desire for more DCT3 posts and non-OMFS posts in order for additional exposure and experiences</li> <li>• There is a desire for greater exposure to community settings. This could be supported via more community-based posts, or part-time posts so trainees can also spend time in general dental practice</li> <li>• There is currently a lack of support and structure in place for trainees struggling to meet optimal outcomes</li> </ul>
Trainees' Preparation for Next Steps and Looking to the Future	<ul style="list-style-type: none"> <li>• There is a general consensus that DCT suits careers both in general dental practice and specialties. The benefits to both should therefore be emphasised to dentists considering applying for DCT</li> <li>• Most trainees would like a career that includes variety and often an element of teaching. There is perhaps scope to build on widespread enthusiasm for teaching.</li> </ul>

## References

- (1) Rowett, E., Patterson, F., Cousans, F. and Elley, K. (2017) Using a Situational Judgement Test for Selection into Dental Core Training: Preliminary Analysis, *British Dental Journal* 222(9), pp. 715-179.
- (2) COPDEND (2016) *UK Dental Core Training Curriculum*. Available at: <https://www.copdend.org/wp-content/uploads/2018/09/2016-12-14-UK-DCT-Curriculum-December-2016.pdf> [Accessed: 15 July 2019]
- (3) Health Education England (2019) *National Dental Core Training (DCT) Recruitment 2019*. Available at: [https://www.eastmidlandsdeanery.nhs.uk/recruitment/dental/dental\\_core\\_training](https://www.eastmidlandsdeanery.nhs.uk/recruitment/dental/dental_core_training) [Accessed: 15 July 2019]

## Appendix 1 – Question Schedule for Focus Groups and Interviews with Trainees

Explain purpose of discussion: Given that Dental Core Training is an optional programme with optional duration, we are looking to understand what motivates you to undertake DCT, your programme preferences and views of the training. This information will be used to guide the development of the programme and tailor it to the needs and preferences of trainees.

**Conditions:** The study has been approved by SOCSI research ethics committee.

- Participation is **voluntary**. Whether you choose to participate has no impact on your training
- You can **choose not to contribute to parts** of the discussion if you don't wish to
- All responses are valid—there are **no right or wrong answers**
- The discussion is **confidential and anonymous – within the confines of the focus group** – please respect the privacy of the group but also please only share opinions you feel comfortable sharing.
- **No comments will be assigned** to any individual in any report
- I would like to **record** the discussion. I will keep the recording securely. If parts are transcribed, names will be removed from the transcription.

**Any questions?**

Ensure consent forms are completed.

### Motivations

What led you to **enrol** on the Dental Core Training programme?

**What else** did you consider doing? What other training options were you aware of? (e.g. 2-year longitudinal DFT) Do you feel you had **enough information** to make an informed decision?

Has your training **experience** since graduation encouraged you to **continue learning**?

What in particular were you **hoping to gain** from the training?

How many **years of DCT** do you intend to pursue? Why?

Do you have a specific **career path** you are looking to follow? Career goals (specialist? GDP with enhanced skills? Other?)

How have your **career intentions evolved** over the process? Stable or changed?

If not career goal as specialist, why not?

### Post preferences

When selecting your **preferred posts** for DCT, what influenced your decision?

- skills/experience you want to develop
- competition for posts
- career goals

- general desire to continue training / didn't feel ready for independent practice/service pressures (hours of work, UDAs)
- peer influence
- geographical location of post (near family, friends? urban, rural? Needing to relocate or not; travelling distance)
- the setting/context of the post (e.g. OMFS units, dental hospitals (particular specialties – paediatrics, oral surgery, restorative - community, academic, public health etc.)
- financial considerations (costs vs income – less money as DCT than new GDP)
- other

How did you feel about the **national recruitment** process? Having to apply for posts **each year**?  
Potentially moving to **different locations** on yearly basis?

Do you feel you were provided with enough information to know what **each post would involve**?

### Perceptions of DCT

What have been your **experiences** of the programme to date?

How do these experiences compare to your **initial expectations**?

Have you had the experiences you expected/desired?

Out of hours/on-call? Exposure to different settings?

In terms of **future clinical practice**, what has been the **most valuable experience** during DCT to date?

Is DCT **preparing you** for your desired career goals?

What is your opinion of DCT **assessments**? (Overly assessed?)

What is your opinion of the **study day** programme?

How well **supported/supervised** have you been in the workplace?

Have you had enough opportunity to take part in **audit, QI, research**?

Have you had opportunity to discuss your **PDP** and plan your learning?

Have you had sufficient opportunity to **address the learning** related to the curriculum domains?:

(For our reference):

A: The Dental Core Trainee as a developing professional	Domain 1: Profession behaviour and trust Domain 2: Communication, team working and leadership Domain 3: Clinical safety and quality
B: The Dental Core Trainee as a safe and effective practitioner	Domain 4: Good clinical care
C: Specialty specific outcomes	Optional outcomes – agreed at the beginning of training year in PDP.

## The Future

How might DCT be **improved**?

What does your ***ideal*** training programme look like? And why?

- National recruitment?
- Flexible – part-time? Step-on, step-off? Portfolio career – being able to use evidence from non-formal training posts?
- Experience in different settings
  - o Mix DF/DCT?
  - o With/without OMSF
  - o DCT run through to specialty
  - o Out-of-hours/on-call?
  - o format (weekly change; monthly; other)
- Overall duration of training (6mths, 1 year, 2 years...)
- Location? How far would you be prepared to travel for desired training?

What makes a training post attractive?

Ideally, what would you like to be doing at age 40? Describe your **ideal job** in dentistry.

# Appendix 1 – Question Schedule for Telephone Interviews with Regional Leads

Explain purpose of discussion:

Given that Dental Core Training is an optional programme with optional duration, we are looking to understand what motivates trainees to undertake DCT, what the programme offers to trainees and how it might be improved. This information will be used to guide the development of the programme and tailor it to the needs and preferences of trainees.

**Conditions:** The study has been approved by SOCSI research ethics committee.

- Participation is **voluntary**. Whether you choose to participate has no impact on your training
- You can **choose not to answer all the questions** if you don't wish to
- All responses are valid—there are **no right or wrong answers**
- The discussion is **anonymous**
- **No comments will be assigned** to any individual in any report
- I would like to **record** the discussion. I will keep the recording securely. If parts are transcribed, names will be removed from the transcription.

**Any questions?**

**Ensure consent forms are completed.**

Please begin by explaining a bit about **your role** and your involvement with the DCT trainees

## Pursuing DCT

What do you think **attracts** a dentist to pursue the Dental Core Training programme?

- DCT year 1
- Further DCT years?

Do you think there are some individual **who suit DCT more** than others? (i.e. someone looking to specialise? Gain more skills? Unsure of career path?)

Do you see DCT as a next step progression from Dental Foundation or do you think more experienced dentists with several years in practice would benefit from DCT (as a return to training)?

What do you think would be the benefits to someone returning to training?

When do you think would be the **optimal point** to inform dentists of the DCT option? (as an UG? during Foundation?)

Who might be best positioned to **communicate** this opportunity? (existing DCTs? DCT leads?)

What advice would you offer to someone **considering** applying to DCT Y1, for DCT Y2?

What are your thoughts on the **national recruitment** process for DCT? (If better than previous process, why?)

Do you think applicants are given enough **information on posts**? If not, what changes would you like to see?

### **Preparation for Practice**

What do you see as the most **valuable experience** DCT offers to trainees?

How do you feel DCT prepares trainees for their **future career**? (Specialty, Skills, Audits, QI)

How do you think DCT prepares dentists for:

- (a) Level 2 (non-specialist practice in general dental practice)
- (b) Specialist practice

Does it prepare best for one career more than another?

Do you think trainees are suitably **supported** during their training?

What are your thoughts of the **assessment** processes in DCT?

### **Improvements**

Do you have any suggestions for how the DCT programme might be **improved**?

How would you describe **the ideal postgraduate training** for:

- (a) someone wanting to work in general dental practice and
- (b) someone who wanted to work in specialist practice?

What do you think of the **Longitudinal** training programme (DFT/DCT combo)?

### **Any other comments?**