

# Selection for Vocational/General Professional Training – The Dundee Undergraduate Experience

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**Abstract:** Vocational training has been mandatory within the dental profession since 1993 but, despite this, there is continued disquiet surrounding the application process. This paper collates and summarizes the experiences of applicants from one dental school, to inform debate and assist in the continued evolution of the process of application for vocational training.

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**Clinical Relevance:** This paper reports upon a number of issues identified by applicants in the application procedure for vocational/general professional training with the aim of raising awareness to improve this largely successful scheme.

Vocational training (VT) has been mandatory since October 1993 for newly qualified graduates wishing to be entered on the local health authority list to practise National Health Service dentistry as a principal. New graduates on training programmes are known as Vocational Dental Practitioners (VDPs). Within Scotland, training is centred on approved training practices with a complementary educational support programme of 30 study days.

The aims of dental VT for the General Dental Service are:<sup>1</sup>

- to introduce VDPs to general dental practice in a structured and supervised manner;
- to enable personal strengths and weaknesses to be identified and built

upon through a planned programme of training;

- to enable VDPs to practise and improve their skills free from undue financial pressure;
- to promote the implementation of peer and self review and the need for professional education, training and audit as a continuing process;
- to engender a commitment to lifelong learning.

These aims are in broad accord with those pertaining to England, which seek to enhance clinical and administrative competence and to promote high ethical standards and quality of care for patients.<sup>2</sup>

Within Scotland there are 100 VT places, which are managed through regional centres in Aberdeen, Dundee, Glasgow and Edinburgh. Some graduates may wish to pursue careers in either the Hospital or Community Dental Services whilst keeping their future career options open and three General Professional Training (GPT) schemes administered

through Dundee, Edinburgh and Glasgow cater for their development needs. These schemes enable the graduate to experience a broad range of working environments.

Although the application procedures aim to achieve the best match of trainer and VDP, there is a certain degree of variation in how this is achieved: some schemes circulate a list of trainers and invite candidates to apply direct to them; another method is to hold a job fair, where prospective VDPs may meet trainers, and then attempt to match the VDP's preferences for a trainer to the trainer's preferred choice of candidate (the so-called 'matching scheme'). As can be expected, competition for places is keen. Although it has been demonstrated that the geographical location of a practice is considered vital to job selection, the financial and social pressures to gain employment are likely to persuade all but the most determined to accept the first post that is offered.<sup>3</sup>

A number of papers have examined the views held by recent graduates regarding their undergraduate courses.<sup>4-6</sup> Although the graduates' own, subjective, assessment of their abilities in certain disciplines was low upon qualification, confidence levels had significantly improved towards the end of VT,<sup>6</sup> indicating that VT is meeting its aims. However, an area where attention may be required is the selection process itself. Informal conversations with final-year students have revealed much unhappiness with the present process. This has also been explored and reported by others in relation to the release of organizational information to potential

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- Average number of miles travelled 465.5
- Number of interviews for men related to number of applications
- Number of interviews for women unrelated to number of applications
- Of respondents, 11% believed high academic achievement a positive disadvantage to placement
- Application process inefficient and distrusted by candidates

**Box 1.** Key findings of the questionnaire.

candidates<sup>3</sup> and the possibility of the influence of genderism or racism on the selection of a VDP.<sup>3,7</sup> Although the respondents considered that the list of practices offering VT was not published at an optimum time, no clear consensus was reached as to when the best time was. In addition, concerns were raised about the large numbers of practices prospective candidates visited just before sitting the final examination.<sup>3</sup> Genderism or racism was considered by the prospective VDPs likely to influence or possibly to have influenced the trainer's choice,<sup>3</sup> although a later study concluded that the perception of such disadvantage was greater than the reality within the experience of most trainees.<sup>7</sup>

It was in the light of apparent continued



**Figure 1.** The geographical distribution of places attended for interview by Dundee undergraduates as indicated by the presence of red map pins.

disquiet regarding the application process that the present work was undertaken, with the aim of collating and summarizing the experiences of undergraduates at Dundee Dental School to assist in the continued evolution of the process as it stands today.

## MATERIALS AND METHOD

A questionnaire was constructed and administered to the 49 final-year dental students at Dundee Dental School in June 2001. It was to be completed anonymously and sought to ascertain the numbers of students applying for vocational training, general professional training or both. In addition, information on the gender and ethnic origin of each respondent was sought. Students were asked to comment upon the helpfulness of the information they had received on the application procedure for each scheme. They were invited to indicate the number of applications they had submitted, the number of interviews attended, together with their final dental school clinical continuous assessment grade. They were also asked to comment upon any feedback they may have received following an unsuccessful application and to list the towns/cities they visited for interview. In an attempt to estimate the total number of miles travelled, towns/city names were entered into the computer package AutoRoute Express™ (Great Britain 98) (Version 6.0, Microsoft Corporation, USA) and the distance of road travel calculated for a round trip, visiting all places, starting and finishing in Dundee. Finally, to ensure that the full range of views held by the prospective VDPs was revealed, they were asked to give their views on the selection process in free-form text.

The responses were read independently by both authors and a list of keywords developed to summarize the sentiments expressed. This was refined at a joint meeting of the authors where a final series of keywords was allocated to each response.

## RESULTS AND STATISTICAL ANALYSIS

Key findings from the study are listed

in Box 1.

The questionnaire return rate from those required to do VT/GPT was 75% (36 respondents). [Note: Dundee trains up to five overseas students per year; these are excluded in this calculation]. Of these 19 had applied for VT, 10 for GPT and 7 for both schemes. Of those who gave their ethnic origin, 22 were Caucasian, one Indian, one Chinese and one mixed. One respondent did not indicate his/her sex; of the others, 15 were male and 20 female.

Figure 1 summarizes the geographical distribution of the posts where individuals obtained interviews. The mean estimated number of miles travelled was 465.5 (S.D. = 403.1; highest 1808; lowest 73.4; range 1733.6). The mean total number of applications submitted and the mean number of job interviews attended by the students according to gender are listed in Table 1. Analyses of variance revealed no statistically significant effects of gender upon the mean number of applications submitted or the mean number of job interviews attended ( $P > 0.05$ ). The number of applications submitted by male graduates and the number of interviews received were correlated linearly ( $R = 0.77$ ) but no such relationship was evident for the women ( $R = 0.08$ ). The number of interviews received by either gender was unrelated to the final dental school clinical assessment grade (men  $R = 0.06$ ; women  $R = 0.05$ ).

Table 2 summarizes the major comments made by the respondents upon the selection process, in descending rank order of frequency. Some 78% of respondents made comment in this way. As can be seen, the main comments related to the organization of the application and interview process, with some 11% believing that high academic achievement was a positive disadvantage to placement.

Of the 18 respondents who completed that section, 22% reported that they had received feedback following an unsuccessful interview.

With the exception of two candidates, all respondents gained a place on the VT/GPT schemes to which they applied.

	Men	Women
Number of applications submitted	14.2 (13.9)	16.6 (12.4)
Number of interviews attended	8.6 (9.1)	10.7 (6.0)

**Table 1.** The mean total number of applications submitted and number of interviews attended. Numbers in parentheses are the standard deviation of the observation.

**DISCUSSION**

Currently, the selection process for VT/GPT takes place in the run-up to the final examination. This involves considerable investment of time, effort and financial commitment on the part of the candidates in order to attend the necessary interviews. Although its disruptive effect upon both teaching and stress levels of the students has been reported, no clear consensus on preferred scheduling was reached.<sup>3</sup>

The mean number of interviews observed in the present study (Table 1) is similar to that reported by other studies,<sup>3</sup> and indicates a great deal of travel. The method used to approximate the mean mileage covered in this study makes no allowance for multiple trips to and from home unless our respondents indicated a multiple journey (few responded in this way and so it is likely that the true mean number of miles travelled exceeds our estimate). This has considerable effect on study time and imposes an additional financial burden upon students (student debt on graduation has been reported to be of the order of £3000–£10 000<sup>8,9</sup>). Many of the students travelled by car, which, given the rural location of some of the practices visited, was a necessity but was seen as a barrier by the 17% of respondents who did not have a car. There is thus the potential that prospective trainers were not given the opportunity to select from a full range of candidates.

The present timing of the selection process precludes students from gaining any financial assistance in attending for interview: students in receipt of a grant are apparently ineligible to apply for the Job Seekers Allowance – for which, upon graduation, they may (according to individual circumstance) be eligible.<sup>10</sup> Of course this must also be seen in the context of the excellent employment

prospects, as illustrated by the high success rate of dental graduates gaining employment (100% of the students reported in this paper eventually gained employment), and their protected income whilst on the VT/GPT scheme.

A finding of potential concern was the lack of any obvious relationship between the number of applications female students submitted and the number of interviews received. This contrasts with that observed for male applicants, for whom the two quantities were strongly linearly related ( $R = 0.77$ ), and therefore the number of interviews a candidate would be expected to receive, for a given number of applications, was predictable. In light of our statistical finding that gender has no influence upon the mean number of job interviews attended, there is insufficient evidence to say that discrimination according to gender is in operation, but suffice to say that applications lodged by women are treated differently from those of men. Anecdotal reports indicate that genderism in vocational training has either been explicitly expressed by denying a female applicant an interview<sup>11</sup> or considered by candidates to have (or possibly to have) influenced a trainer’s selection of a VDP.<sup>3</sup> This may

therefore be an area where continued vigilance is required.

Once an interview was obtained, a number of issues of concern were raised by the respondents. Of these, perhaps the most pressing was the candidate’s dislike of the so-called ‘matching scheme’ operated by a number of VT schemes in an endeavour to best match the VDP’s preferences for a trainer to the trainer’s preferred choice of candidate. It is evident that, despite instructions to the contrary, a certain amount of canvassing of favoured candidates is practised by some trainers in order to secure their first choice of trainee. As most trainers are independent contractors, this is probably not surprising: selection of inappropriate personnel may cause irreversible damage to the reputation of their practices. This therefore raises the question of the workability of such a scheme and may account for some of the expressed perception of inefficiency in the application process. This application mechanism may require review and modification in light of these findings.

Dental VT aims (amongst other things) to promote the implementation of peer and self review,<sup>1</sup> and it is therefore disappointing to learn that only 22% of respondents had received any feedback on their performance after an unsuccessful interview. The application process is an educational process in itself and, according to Mullins,<sup>12</sup> without effective feedback there can be no learning. Feedback

Comment	Percentage of sample making comment
Disliked regional variations in application procedure.	31
Application process inefficient	22
Aware of canvassing of ‘favoured’ candidates – this practice disliked	22
Stressful process	19
Hampered by lack of car to travel to interviews	17
Rushed application process produced pressure to make an ill-considered decision	14
Clarity of application procedure poor	14
Matching scheme distrusted	14
High academic achievement perceived as a disadvantage	11

**Table 2.** Summary of major comments upon the selection process.

should be objective, specific and timely and give a clear indication of how other people perceive behaviour and performance.

Finally, the perception of more than one in ten of the respondents that high academic achievement was a positive disadvantage to gaining a VT position was somewhat worrying. To a certain extent this is countered by the observation that the number of interviews received was unrelated to the final dental school clinical assessment grade. Learning may be considered to be a two-way process between trainer and VDP. This has been found to be of positive benefit in higher education where, for example, students' knowledge of information technology has been harnessed and imparted by cultivating a situation analogous to the VDP/trainer relationship in order to enhance the outdated (or absent) skills of the

lecturer.<sup>13</sup> The opportunity to develop such a relationship should be seized upon and enhanced to the benefit of both parties.

The information presented in this paper is intended to provide a focus for discussion with the principal aim of further improving an already established and largely successful scheme to serve its consumers better.

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BOOK REVIEW

**Teeth for Life for Older Adults.** By P. Finbarr Allen. Quintessence Publishing Co. Ltd., New Malden, 2002 (124pp., £28.00). ISBN 1-85097-056-4.

*Teeth for Life for Older Adults* has been written by Dr P. Finbarr Allen, a senior lecturer/consultant in Restorative Dentistry at the University Dental School and Hospital, Cork. Dr Finbarr Allen's clinical interests are in fixed/removable prosthodontics and geriodontology. The main aim of the book is to encourage the General Dental Practitioner to retain as many teeth as possible and avoid the edentulous state.

The first two chapters of this book describe the physical and psychological changes that occur following the loss of teeth. Chapter two particularly highlights the changing attitudes of the elderly with most expecting to retain teeth for life. A point is made about how the edentulous state should be a controlled transition if unavoidable. Chapter three covers most of the factors that threaten oral health in the ageing population, for example: systemic diseases, effect of drugs,

periodontal disease, root caries, tooth wear and poor fitting prosthesis. The next three chapters go into some detail, with the first of these explaining how periodontal disease is not an age-related problem and its treatment should be as for the norm. Root caries is discussed along with its management and treatment. Following on is tooth wear; this chapter covers aetiology, prevention and whether one should intervene or have a conformative approach. Root canal therapy is a very important option in the saving of teeth and a particular point is made about how age should not hinder this treatment. Throughout the book it is maintained that teeth should be retained and spaces filled but, at the same time, the idea of the functional occlusion is presented. The next problem covered is one of edentulous spaces, these can be replaced with a fixed or well designed removable prosthesis. Finally, the idea of the overdenture is discussed and how this should be the end point of restorative intervention and not complete dentures if at all possible.

This book is written in a very simple and logical style. An aim and an outcome are presented at the beginning of each

chapter and at the end of each section is a neat conclusion. Most of the discussed topics have a book list that can be referred to if further reading is required.

As a GDP, I found this text a good overview of age-related changes. The undergraduate student may find this to be a useful compendium.

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|------------|---------------|
| 1. C       | 6. B          |
| 2. A, C, D | 7. A, B, D    |
| 3. A, C, D | 8. A, B, C, D |
| 4. A, B, C | 9. A, B, C    |
| 5. A, C, D | 10. A, B, C   |