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**Title:** A Survey on the Cost of Oral Surgery Dental Specialty Training

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## Introduction

Following graduation, the cost for an individual trainee to achieve completion of specialist surgical training has been estimated to be between £20,000 to £71,431.<sup>1</sup> Furthermore, there are other non-monetary costs to consider, including poor work–life balance and the burden on family or home life.<sup>2,3</sup> As a result of specialty training, trainees have reported negative impacts on their physical and mental health, financial security, interpersonal relationships and their ability to settle down in a permanent home.<sup>2</sup> Living costs are also on the rise, with an increase of 2.4% a year on average in the UK between 2006 and 2018.<sup>4</sup> With the new National Health Service (NHS) junior doctor contract in England introducing a different pay scale to those in other UK regions, salaries now vary widely between oral surgery training posts. Other studies have highlighted the commitment and expense required to build mandatory portfolios to enter training.<sup>5</sup> Low morale, burn-out and poor job satisfaction have been reported amongst surgical trainees, leading some to consider abandoning their careers.<sup>6</sup> Most importantly patient outcomes have been linked with doctors' welfare at work, thus highlighting the importance of addressing these issues.<sup>7</sup>

Much of the literature has focused on medical specialty training<sup>1,2,8,9,10</sup>, but here we will consider the cost of training in a single dental speciality, oral surgery, which is a recognised EU specialty. Following three years of training, candidates are eligible to sit the Tri-collegiate Membership in Oral Surgery examination (MOral Surg) leading to Certificate of Completion of Specialty Training (CCST).<sup>11</sup> Subsequent to an extended training programme of at least 24 months, trainees may then be eligible to sit the Intercollegiate Specialty Fellowship Examination (ISFE) post-CCST.<sup>12</sup> Training is overseen by the Specialist Advisory Committee (SAC) for oral surgery and there is a competitive entry process via national recruitment, usually following the completion of dental foundation and core training years. In addition to the investment made to enter specialty training, trainees must then maintain professional expenses, pay for relevant courses, attend conferences and often obtain higher qualifications in order to meet the expectations required for the completion of training. The main aim of this study was to assess the financial and non-monetary costs of oral surgery dental specialty training for those in the UK and Ireland.

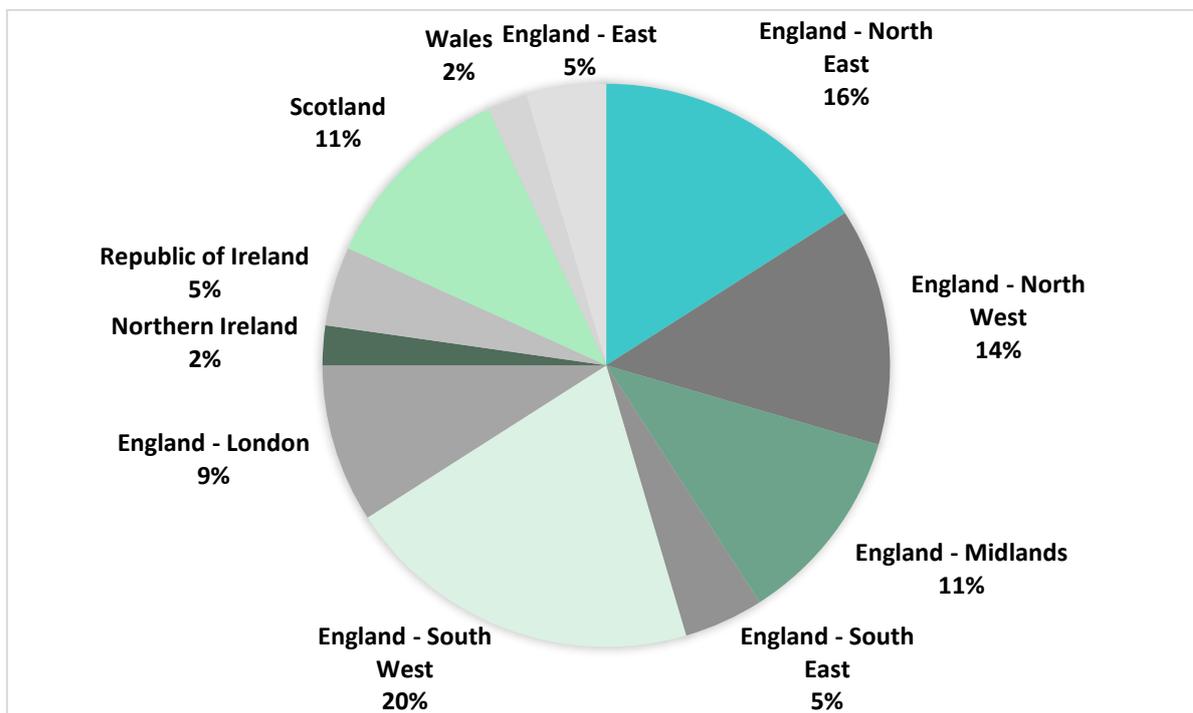
## **Methods**

A 22-question online survey using Surveygizmo® (<https://www.surveygizmo.com>) was developed and distributed to all current UK and Ireland oral surgery trainees in 2018. The survey consisted of open free text, binomial and variable scale responses; related to the cost of training. Participants were invited to the study via email link, using the national oral surgery trainee mailing list. They were not offered any incentive and all results were anonymised through the Surveygizmo® platform. All survey questions were compulsory and only completed questionnaires were analysed. Data collection took place between 13<sup>th</sup> January 2019 and 13<sup>th</sup> May 2019. Following a discussion between researchers and oral surgery trainees, no ethical concerns were raised, and it was considered in the best interests of trainees to collect and publish this data. No ethical approval was deemed to be required. At the time of the survey distribution, there were 45 oral surgery trainees in the UK and Ireland.

## **Results:**

A total of 43 (96%) oral surgery trainees responded to the survey, with similar proportions at each stage of training ST1 (36%), ST2 (25%) and ST3 (23%). Only nine percent had completed 3-year training and were currently in post-CCST positions. A small number of participants, 7% were in less than full time training (LTFT) training. Respondents were well distributed, based in training posts across the UK and Ireland (see **Figure 1**). The vast majority (77%) described their training position as a specialty registrar (StR), 14% as Academic Clinical Fellows (ACFs), 2% as Academic Clinical Lecturers (ACLs) and 7% as Clinical Teaching Fellows. All trainees in this study had National Training Numbers (NTNs) in oral surgery.

**Figure 1:** The location of oral surgery trainees who responded from across the UK and Ireland.



### *Obligatory costs*

Trainees reported the obligatory costs for oral surgery specialty training as summarised in **Table 1**, including; the General Dental Council (GDC) annual retention fee (ARF) of £890, annual charges for use of the International Surgical Curriculum Programme (ISCP) of £130, an average indemnity fee of around £250 (depending on the provider) and examination fees, with every trainee having taken either the Member of the Faculty of Dental Surgery (MFDS) or Membership of the Joint Dental Faculties (MJDF) exam, plus the three-year exit MOral Surg examination. Over one third (34%) of trainees had already sat the MOral Surg examination. Additionally, there is a GDC specialist list registration fee of £345 and a further annual specialist ARF fee of £72 to be paid on completion of training. Those who continue onto post-CCST training recorded the £1950 fee to sit the ISFE exit examination. Most members reported membership to relevant societies such as the British Association of Oral Surgeons (BAOS) and at least one other organisation such as the British Dental Association (BDA).

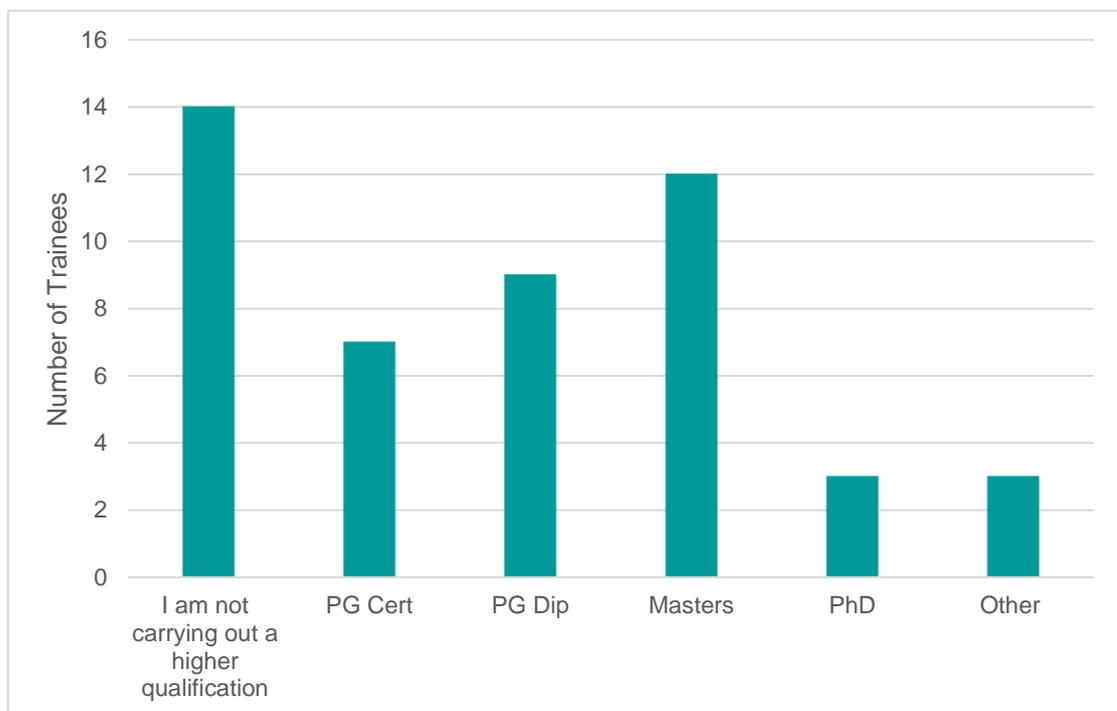
**Table 1:** An example of the annual obligatory professional costs incurred by an oral surgery trainee.

<b>Obligatory annual costs</b>	<b>Amount (£)</b>	<b>Reason</b>
<b>General Dental Council ARF</b>	£890	Obligatory and annual
<b>GDC specialist registration fee plus specialist ARF</b>	£345 plus £72 (specialist ARF)	Required to register as a specialist following training
<b>International Surgical Curriculum Programme (ISCP)</b>	£130	Obligatory and annual
<b>Estimated Indemnity fee</b>	£250	Obligatory and annual
<b>British Association of Oral Surgeons (BAOS)</b>	£80	Professional society annual membership
<b>British Dental Association (BDA)</b>	£425	Professional society annual membership
<b>Total</b>	<b>£2192</b>	
<b>Other costs</b>	<b>Amount (£)</b>	<b>Reason</b>
<b>Examination fee (MFDS/MJDF)</b>	£1190	Desired for training number
<b>Examination fee (MOral Surg)</b>	£1500	Required for training completion
<b>Examination fee (ISFE)</b>	£1950	Required if completing post-CCST
<b>Total Examination Costs</b>	<b>£4640</b>	
<b>Total Annual Costs</b>	<b>£2192 to £4142</b>	

### *Additional higher degrees or postgraduate qualifications*

Over two-thirds (68%) of oral surgery trainees had enrolled on a postgraduate degree e.g. PhD/Masters, or other higher qualification e.g. Postgraduate Certificate (PG Cert), Postgraduate Diploma (PG Diploma) during their training (see **Figure 2**). Of these only 4.5% were fully funded and nearly half received no funding, with the majority of trainees spending up to £5000 and a further 10% spending in excess of £20,000. The mean average spend on courses, incurred during training, was £9240. Nearly half (48%) received no bursary or grant funding to help with the cost of higher degrees or further postgraduate qualifications.

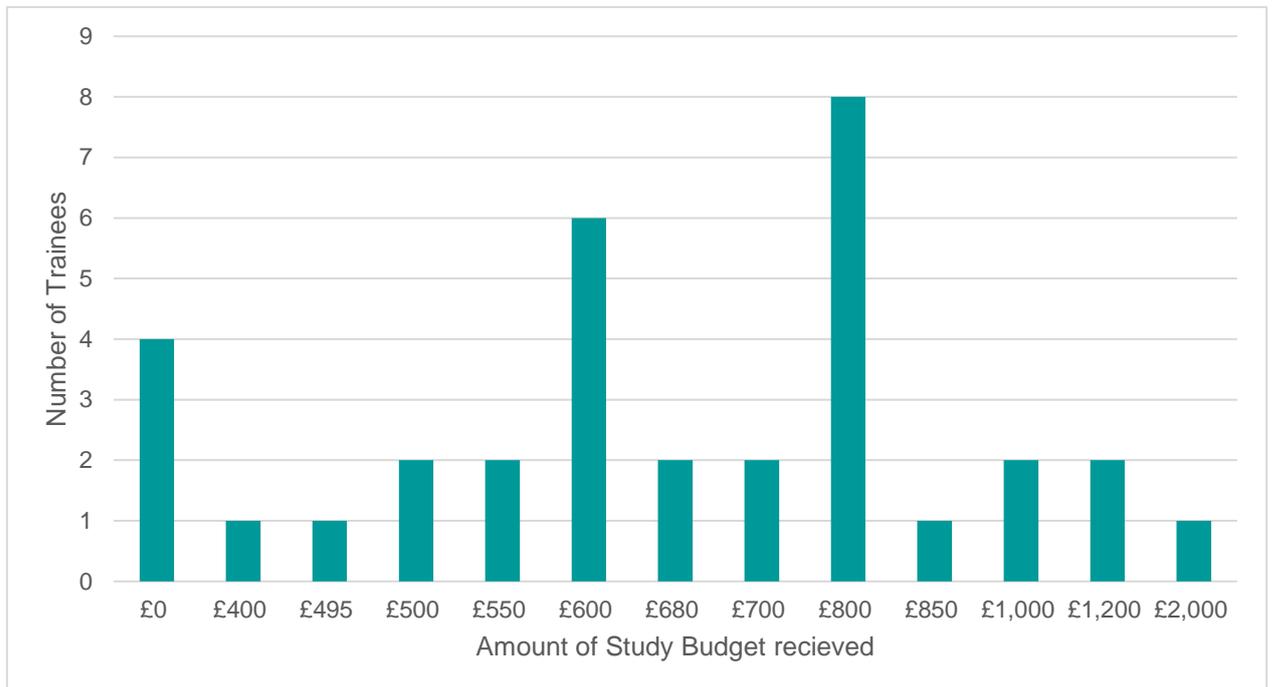
**Figure 2:** The number of oral surgery trainees undertaking a postgraduate degree or higher qualification.



### *Study budget disparity*

Trainees reported vast disparities in financial support, with study budgets ranging from £0 to £2000 across deaneries (see **Figure 3**). The mean average study budget received was £687 and nearly 10% of trainees reported having no study budget allowance whatsoever. Some trainees stated that applications for study leave for relevant oral surgery courses and conferences had been rejected by their trust.

**Figure 3.** The variation in total amount of study budget received by oral surgery trainees in UK and Ireland.



#### *Trainee financial support*

Around half of respondents (45%) felt there was negligible or limited guidance in accessing financial support. Most of the trainees stated that they wanted more guidance with regards to funding from their professional societies, trainers and training programme directors (TPDs). Interestingly, 88% would like more advice from their peers on this matter.

#### *Additional costs incurred*

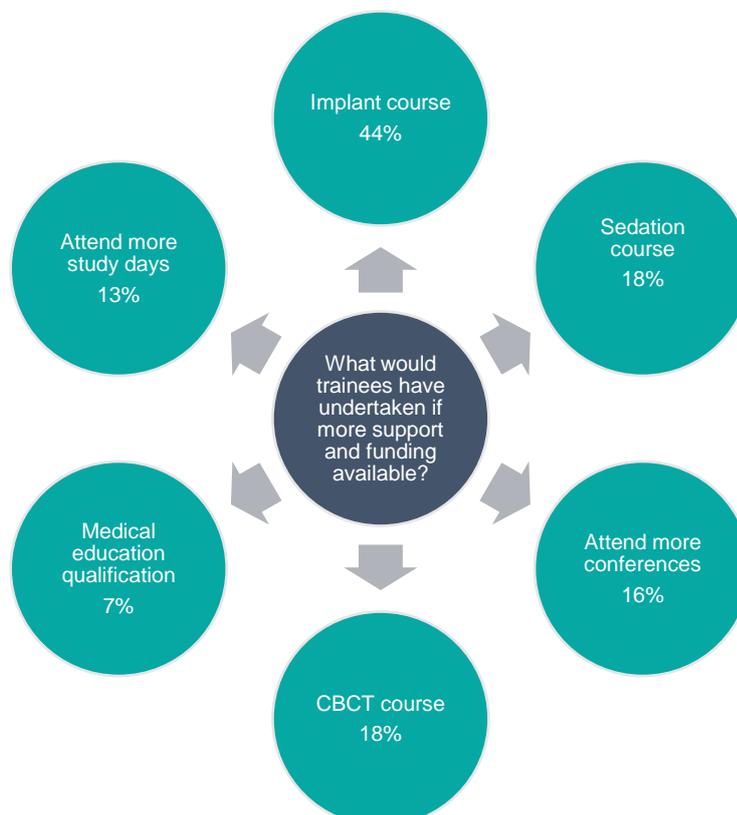
Additional associated costs included childcare, travel, parking, specialist equipment, core continual professional development (CPD), further qualifications, conferences and textbooks. Thirty-nine percent of trainees had purchased specialist equipment to benefit their surgical practice, such as dental loupes, surgical kits and theatre shoes, spending in the range of between £1000 - £4999. Almost all (96%) trainees had attended at least one scientific conference within the last 12 months, with 59% having attended between two and five conferences during the same period. A minority of trainees (7%) reported attending more than ten scientific meetings over the past year. Expenses included conference registration fees, travel and accommodation, with total

costs spent on conferences throughout training ranging from £1000 to £15,000. The mean average spend on conferences, incurred during training, was £2830.

### *Open questions*

In the open free-text section asking for “Any other thoughts or comments on the cost of training?”, some participants claimed they were in debt as a result of completing oral surgery training but felt that this was essential to evidence curriculum competencies. There were a number who reported working additional out of hours and weekends to cover their training costs. When asked “What would they have undertaken if more support and funding was available?”, trainees stated they would have attended more conferences and study days, possibly undertaken further qualifications and completed more courses (see **Figure 4**). There was a call for greater funding for contemporary courses in dental implantology, cone beam computed tomography (CBCT) and piezo surgery in order to advance oral surgery training, with many not having access to this locally.

**Figure 4.** A diagram summarising what oral surgery trainees stated they would have undertaken if more support and funding was available (percentage % responses).



## Discussion

Several papers have highlighted the potential barrier the cost of surgical training presents in medicine, however, this is the first study to focus on a dental speciality, oral surgery.<sup>1,2,8,9,10</sup> This subject clearly engages trainees given the very high response rate of 97% we received in this survey. A cross-sectional study by O'Callaghan *et al.*, with 906 responses from a variety of medical surgical trainees across the UK and Ireland demonstrated that on average a trainee spends £9105 on courses, £5411 on conferences and £4185 on examinations.<sup>1</sup> We report similar costs for dental specialty trainees in oral surgery, with obligatory costs per year of up to £4142 (**Table 1**) and a mean average spend of £9240 on courses, £2830 on conferences and £4640 on examinations respectively. In a related medical specialty, oral and maxillofacial surgery, total obligatory and professional costs appear to have risen by more than 40% since 2007.<sup>9</sup>

Several oral surgery trainees reported non-obligatory costs such as childcare and hospital parking. Others noted the issues they had due to relocating for training coupled with the cost of commuting. One paper showed a third of surgical trainees had moved to a new house five times or more during their training and a minority (7.6%) had done so up to 10 times.<sup>2</sup> O'Callaghan *et al.* found that 93% of surgical trainees reported a negative impact on their ability to settle down in a permanent home.<sup>2</sup> Dentists in oral surgery specialty training appear to have similar disruption to their personal lives, which may be as a result of the lack of training posts available, often meaning they need to relocate to secure a post.

Our survey highlights a lack of financial support available for oral surgery trainees in comparison with their outgoing costs, with participants reporting significant national variation and an average annual study budget of only £687. There is clearly an ongoing "postcode lottery" with regards to study budgets, differing not only by deanery and country but also by chosen pathway (i.e. academic versus clinical routes through training). The budget application process in some areas appears to be confusing, difficult to navigate and so a more standardised, transparent approach is required. This is now in place for NHS medical trainees following the 2018 Health Education England (HEE) study budget amendments and a similar system must be established for dentists.<sup>13</sup>

One limitation of this survey is that tax exemptions would apply for professional subscriptions and examinations, which were not factored into these calculations, however these would not significantly reduce the substantial overall burden of cost for trainees. Another consideration is that UK trainees are usually salaried by the NHS throughout specialty training posts, whereas those in the Republic of Ireland are not. Irish and UK trainee systems are different in terms of fee structures, with those in the Republic of Ireland typically paying substantial tuition fees for oral surgery training which includes a doctorate of over £20,000. These values may have impacted the results with respect to higher degrees and postgraduate qualifications.

Financial support for surgical trainees has been compared with other career paths in the public and private sector. Stroman *et al.* compared the cost of surgical training against an NHS accountancy graduate programme and those trained by Price Waterhouse Cooper (PwC).<sup>8</sup> They showed that PwC, fully fund their accountants in training and examinations and NHS graduate schemes also had a well-supported study package for accountancy trainees, who are entitled to up to £11,193, covering the full cost of their professional examinations.<sup>8</sup> While external grants and bursaries may exist for oral surgery trainees, they can often be difficult to access and extremely competitive. There is an obvious need to better advertise, guide and signpost trainees towards these funding opportunities which should come from their peers, training programme directors (TPDs) and the deanery. Another suggestion is to significantly reduce the cost of advanced and core training courses for trainees and we would ask that providers consider this when planning a programme. We support the call by The Association for Surgeons in Training (ASiT) for all obligatory training costs for completion of speciality training to be funded.<sup>1,2</sup>

## **Conclusion**

A standardised, transparent and more substantial financial support system is required for oral surgery trainees given the already high and probably rising costs of training. This survey of oral surgery dental specialty trainees in the UK and Ireland adds to the existing body of evidence for medical specialties that shows there is inadequate financial support for trainees to complete the expected curriculum expectations.

## References:

1. O'Callaghan J, Mohan HM, Sharrock A et al. Cross-sectional study of the financial cost of training to the surgical trainee in the UK and Ireland. *BMJ Open* 2017; 7: e018086.
2. O'Callaghan J, Mohan HM, Harries, RL. The non-monetary costs of surgical training. *Bull R Coll Surg Engl* 2018; 100: 339–344.
3. Jaunoo SS, King TR, Baker RF, Adams HL. A national survey of reasons why students and junior doctors choose not to pursue a career in surgery. *Ann R Coll Surg (Suppl)* 2014; 96: 192-194.
4. Office for National Statistics. Living costs and food survey. (2018). Retrieved 1<sup>st</sup> September 2019 from:  
<https://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/livingcostsandfoodssurvey>.
5. Rich A, Viney R, Needleman S et al. 'You can't be a person and a doctor': the work-life balance of doctors in training – a qualitative study. *BMJ Open* 2016; 6: e013897.
6. Adams S, Ginther DN, Neuls E, Hayes P. Attitudes and factors contributing to attrition in Canadian surgical speciality residency programs. *Can J Surg* 2017; 60: 247-252.
7. Scheepers RA, Boerebach BC, Arah OA et al. A systematic review of the impact of physician's occupational well-being on the quality of patient care. *Int J Behav Med* 2015; 22: 683-698.
8. Stroman L, Weil S, Butler K, McDonald C. The cost of a number: can you afford to become a surgeon? *Royal College of Surgeons of England The Bulletin*. 2015; 97: 107-111.

9. Varley I, Kumar A. Cost of training in oral and maxillofacial surgery: beyond the second degree. *Br J Oral Maxillofac Surg.* 2016; 54: 956-958.
10. Isaac R, Ramkumar D, Ban J, Kittur M. Can you afford to become an oral and maxillofacial surgeon? *BMJ.* 2016; 352: i163.
11. Specialty Advisory Committee in Oral Surgery. (2014). Specialty Training Curriculum Oral Surgery. Retrieved 22nd September 2019 from: <https://www.gdc-uk.org › docs › oral-surgery-curriculum-february-2014>.
12. Specialty Advisory Committee in Oral Surgery. (2010). Career Development Framework for Appointments in Oral Surgery. Retrieved 22nd September 2019 from: [https://www.rcseng.ac.uk › rcs › fds › careers › jcptd › cdfca\\_os\\_2010](https://www.rcseng.ac.uk › rcs › fds › careers › jcptd › cdfca_os_2010).
13. Vijay V. The new study leave and study budget system of trainees: what you need to know. *British Journal of Hospital Medicine.* 2018; 79: 288-289.