

# Junior Trainees Group (JTG) of the British Association of Oral and Maxillofacial Surgeons (BAOMS) conference 2018: overview of the conference and analysis of delegates' feedback

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## Abstract

The Junior Trainees Group (JTG) of the British Association of Oral and Maxillofacial Surgeons (BAOMS) and the JTG Annual Conference aim to support pre-registrar trainees interested in OMFS. The theme of the 2018 conference, “Research and Innovation” was disseminated through a diversity of expert speakers and interactive workshops. This paper provides an overview of the conference and analysis of the delegates' feedback to show how it represented their interests and influenced their decisions to pursue OMFS. Online questionnaires assessed demographics and the impact of the conference on numerous aspects of the decisions made about careers by delegates at different levels of training. A Kruskal Wallis test with post-hoc pairwise comparisons was done to assess the significance of differences between groups. A total of 135 delegates completed the questionnaires (13% dual-qualified; 13% second-degree medics; 18% second-degree dentists; 6% singly-qualified medics; 41% singly-qualified dentists; 5% first-degree medics; and 4% first-degree dentists), and 141 submitted abstracts of which 32 poster and 12 oral presentations were accepted. A total of 79/135 (59%) were members of the BAOMS. Word-of-mouth was the commonest way by which delegates became aware of the conference. As the stage of training advanced, they agreed more that it represented their training level and influenced them to pursue research and attend the BAOMS 2018 conference. The JTG conference is the only national meeting for pre-registrar trainees, and this year there were record numbers of delegates and abstracts. As the JTG grows, we continue to assist juniors to pursue their involvement in OMFS units and to participate in research and collaborative projects. Our goals are to expand as a national platform to represent junior trainees who are interested in OMFS, and to support them as they progress towards registrar training. © 2019 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

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## Introduction

The Junior Trainees Group of the British Association of Oral and Maxillofacial Surgeons (BAOMS) (henceforth referred to as JTG) is the platform that represents pre-registrar junior trainees who are interested in pursuing a career in oral and maxillofacial surgery (OMFS) in the United Kingdom. With nearly 900 members at the time of writing, the group is unique amongst specialty organisations that represent junior

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surgical trainees in that our members encompass a wide variety of different stages of training from both medical and dental backgrounds. The group supports junior trainees as they progress towards registrar training through a network of regional and national representatives, events, and an annual conference. Trainees are able to gain free membership through the JTG Facebook Group.<sup>1</sup>

The JTG Conference was held on 6–7 January 2018 at Cripps Court, Magdalene College, Cambridge. The theme was “Research and Innovation” so lectures focused on cutting-edge therapies to “showcase” the specialty and inspire junior trainees to consider OMFS. The conference consisted of topical lectures from expert speakers as well as workshops on the preparation of specialty training portfolios, mandibular plating, skin surgery, and tracheostomy. It offered delegates an opportunity to present their work through posters and oral presentations, and to socialise at a black-tie formal dinner at the college.

We aimed to present an overview of the conference to promote the JTG and OMFS. We also analysed delegates’ feedback to gauge how well the conference represented those at different stages of training and influenced their decisions about their careers. We hope our findings will encourage future JTG committees to maximise recruitment to OMFS at subsequent conferences.

## Methods

### Conference outline

Table 1 illustrates the conference outline. Thirteen OMFS consultant-led lectures, one OMFS registrar-led lecture, and one radiology consultant-led lecture were held in the main lecture theatre. Four parallel interactive OMFS consultant-led workshops were held in seminar rooms.

Sponsorship was obtained from the BAOMS, Stryker, Dental Defence Union (DDU), Royal Society of Medicine (RSM), Royal College of Surgeons of Edinburgh (RCSEd), European Association of Craniomaxillofacial Surgeons (EACMF), and Ostem.

### Delegates’ feedback

Delegates were sent online questionnaires (Fig. 1) before the conference, and completion was a prerequisite to obtain a continuing professional development (CPD) certificate. The questionnaire assessed their level of agreement with statements regarding the content and value of the conference, as well as its influence on various aspects of the decisions being made about training or careers. Responses were based on a Likert-type scale (1: strongly disagree to 5: strongly agree). Feedback data were summarised in Microsoft Excel and analysed with IBM SPSS Statistics for Macintosh, version 24 (IBM Corp).

Table 1

Conference programme summarising speakers and workshops. Breaks, lunches, and free paper sessions were excluded (<sup>1</sup> = OMFS consultant; <sup>2</sup> = radiology consultant; <sup>3</sup> = OMFS registrar).

Time	Date
	<b>Saturday 6 January</b>
0920	Mr Andrew Dickenson <sup>1</sup> <i>Simulation in postgraduate education: what can really be achieved</i>
0950	Mr Andrew Gibbons <sup>1</sup> <i>Ballistic trauma in OMFS</i>
1030	Workshop 1 <i>ST portfolio preparation</i> Mr Hardee <sup>1</sup>
1115	Mr Jonathan Collier <sup>1</sup> <i>Obstructive sleep apnoea and the role of OMFS</i>
1150	Prof Simon Rogers <sup>1</sup> <i>Patient reported outcomes and the interface within research and innovation: make the difference</i>
1415	Mr Andrew Schache <sup>1</sup> <i>How to enter the world of research and secure funding</i>
1450	Prof Richard Shaw <sup>1</sup> <i>Medical management of oral dysplasia with sodium valproate</i>
1530	Workshop 2 <i>Plating the mandible</i> Mr Hardee, <sup>1</sup> Mr Fowell, <sup>1</sup> Mr Santhanam, <sup>1</sup> Mr Moss <sup>1</sup>
1615	Mr Andrew Sidebottom <sup>1</sup> <i>Updates in TMJ surgery</i> <i>My experience as editor of BJOMS</i>
	<b>Sunday 7 January</b>
0945	Mr. Alan Parbhoo <sup>1</sup> <i>The role of custom-made implants in OMFS trauma</i>
1015	Dr Jimmy Makdissi <sup>2</sup> <i>3D imaging updates in pre-operative planning</i>
1045	Workshop 3 <i>Skin surgery and facial plastics excision</i> Mr Santhanam, <sup>1</sup> Mr Parbhoo, <sup>1</sup> Mr Turner <sup>1</sup> Workshop 4 <i>Tracheostomy</i> Mr Cameron, <sup>1</sup> Mr Thompson <sup>1</sup>
1130	Miss Kanwalraj Moar <sup>1</sup> <i>What's new in left surgery</i>
1200	Mr Patrick Magennis <sup>1</sup> <i>Assessment and treatment planning in third molar surgery</i>
1230	Mr Chris McDonald <sup>3</sup> <i>Trainee collaborative projects and the maxillofacial trainee research collaborative (MTReC)</i>
1330	Miss Kathy Fan <sup>1</sup> <i>Integration of mental health assessment in maxillofacial surgery</i>
1410	Mr Robert Bentley <sup>1</sup> <i>The role of OMFS in major incident planning</i>
1445	Mr Jag Dhanda <sup>1</sup> <i>Research opportunities for OMFS surgeons; timing, projects, collaboration and training perspectives</i>

A Kruskal Wallis H test ( $p < 0.05$ ) was done to assess the significance of the differences in the levels of agreement across all stages of training for each of the statements shown in Table 2.

Stages of training were stratified into four categories: first-degree undergraduates (medics and dentists), singly-qualified medics and dentists, second-degree medics and dentists, and dual-qualified trainees. Pairwise comparisons with post-hoc Bonferroni corrections were done between these four cat-

Question	Options
Stage of Training	Undergraduate medic (first degree) Undergraduate dentist (first degree) Single qualified dentist Single qualified medic Doing second degree (studying medicine) Doing second degree (studying dentistry) Dual qualified DCT Dual qualified FY1-CT2
Gender	Male Female
How did you hear about the conference? (select all that apply)	Email Facebook Twitter JTG Website Via department Word-of-mouth
Indicate your reason for attending (select all that apply)	Present work as poster/oral presentation Attend workshops Keep up-to-date with OMFS practice Meet other likeminded trainees and speakers For CPD Help with my decision to pursue OMFS
How many previous JTG conferences have you attended?	0-1 2 3 >3
What were the best aspects of the conference? (select all that apply)	a. An opportunity to present my work b. Meeting likeminded trainees c. Hearing from expert speakers d. Learning more about OMFS current practice e. Other (comments)
Please state your response to the following statements (strongly disagree [1], disagree [2], undecided [3], agree [4], strongly agree [5]):	a. The conference represented my background and level of training well b. The conference was good value for money c. I found the conference interesting d. I found the conference useful e. I found the conference venue was suitable f. The trade fair and sponsors' stands were appropriate
Attending the JTG Conference 2018 has directly influenced my decision to (strongly disagree [1], disagree [2], undecided [3], agree [4], strongly agree [5]):	a. Apply for a second degree (if applicable) b. Apply for OMFS ST1 (if applicable) c. Apply for OMFS ST3 (if applicable) d. Join the BAOMS Junior Trainees Programme (JTP) e. Consider undertaking formal research in OMFS (MSc/MD/PhD) f. Consider applying as a JTG regional or national representative g. Attend the BAOMS Annual Scientific Meeting 2018

Fig. 1. Abridged version of the online questionnaire sent to delegates (DCT = dental core trainee; FY1 = foundation year 1 doctor; CT2 = core surgical trainee year 2; CPD = continuing professional development).

egories for each of the statements to identify where the differences were between specific groups.

## Results

### Conference demographics

A total of 143 delegates registered for the conference, and 135 completed the questionnaire. Of them, 79 (59%) were members of the BAOMS. A total of 141 abstracts were submitted, with 32 accepted for poster, and 12 for oral, presentation. Fig. 2 shows the composition of the delegates by stage of training and sex. The male:female ratio was 50:50 (67 men, 68 women). One-third of the delegates were medicine-first (n = 45), and 67% were dentistry-first (n = 90). Singly-qualified doctors or dentists comprised the largest training level (n = 62, 46%), followed by second-degree

medics or dentists (n = 41, 30%), dual-qualified trainees (n = 18, 13%), first-degree undergraduate medical or dental students (n = 12, 9%), and specialty doctors or dentists (n = 2, 1%).

Fig. 3 shows the number of previous JTG conferences attended by the delegates. For 103 (76%), this was their first or second; 20 (15%) had attended two, seven (5%) had attended three, and five (4%) had attended more than three. There was no significant difference between medicine-first and dentistry-first trainees or sexes.

Delegates were asked to indicate their reason for attending the conference (Fig. 4). The commonest reason was to meet other like-minded trainees and speakers (n = 97, 72%), followed by the wish to keep up to date with OMFS (n = 79, 59%), to present their work (n = 48, 36%), to help to decide whether to pursue OMFS (n = 46, 34%), to maintain CPD (n = 42, 31%), and to attend workshop(s) (n = 40, 30%).

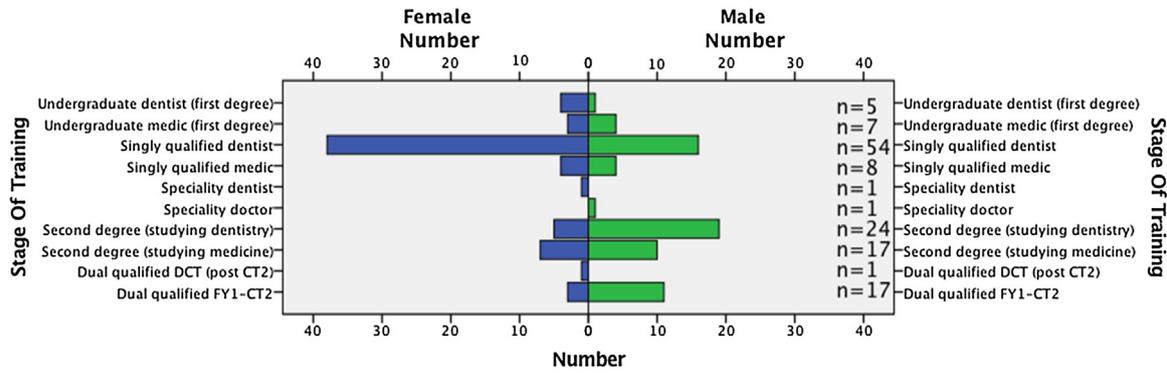


Fig. 2. Composition of conference delegates stratified by stage of training and sex. The total numbers for each stage of training (men plus women) are shown on the right-hand side (DCT = dental core trainee; FY1 = foundation year 1 doctor; CT2 = core surgical trainee year 2).

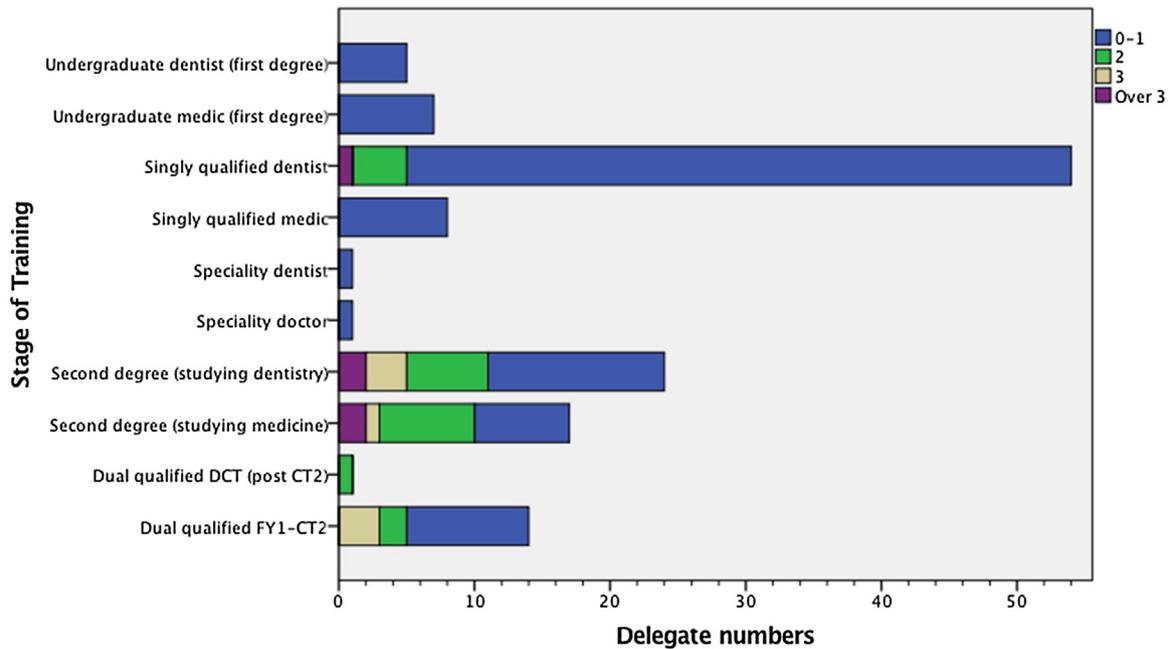


Fig. 3. Number of previous JTG conferences attended by delegates according to stage of training (DCT = dental core trainee; FY1 = foundation year 1 doctor; CT2 = core surgical trainee year 2).

**Conference feedback (Table 2)**

*The content of the conference represented my background and level of training well*

Overall, most delegates agreed or strongly agreed that the conference represented their background and level of training. There was a significant difference in the overall distribution of responses across stages of training ( $p=0.038$ ). After pairwise comparison, there was a significant difference between undergraduates (median response “agree”) and those with dual qualifications (median response “strongly agree”) ( $p=0.032$ ), and between those with

single (median response “agree”) and dual qualifications ( $p=0.016$ ).

*The conference was good value*

Most delegates agreed or strongly agreed that the conference was good value. There was also a significant difference in the overall distribution of responses across stages of training ( $p=0.037$ ). After pairwise comparison, there was a significant difference between undergraduates (median response “agree”) and those with a dual qualification (median response “strongly agree”) ( $p=0.013$ ), and between those with single (median response “agree”) and dual qualifications ( $p=0.026$ ).

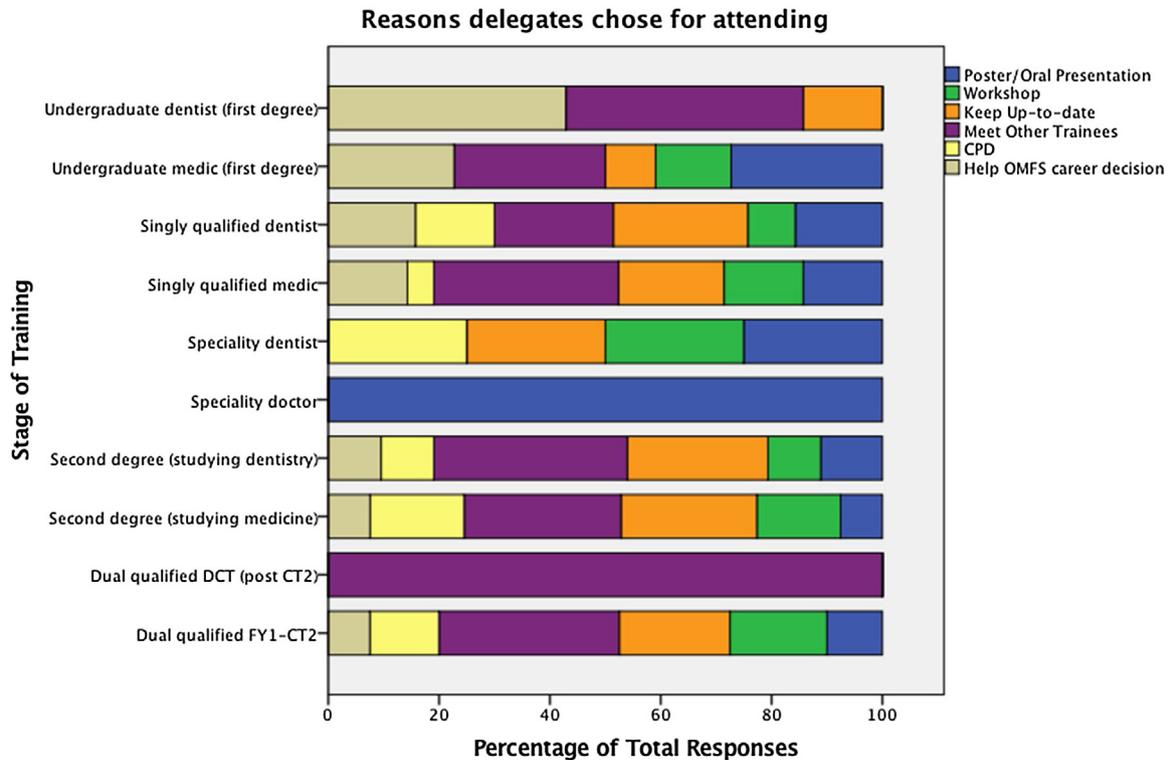


Fig. 4. Distribution of what delegates thought were the best aspects of the conference. They selected all those that applied. The chart shows the percentage of total responses by those at each stage of training (DCT = dental core trainee, FY1 = foundation year 1 doctor, CT2 = core surgical trainee year 2).

#### *The conference was interesting*

Most delegates strongly agreed that they found the conference interesting. There were no significant differences among the groups ( $p = 0.132$ ).

#### *The conference was useful*

Most delegates agreed or strongly agreed that the conference was useful. Post-hoc pairwise comparison did not identify any significant differences among individual groups.

#### *The conference directly influenced my decision to join the JTP*

Most delegates agreed that the conference influenced their decision to join the junior trainees' programme (JTP) and there were no significant differences among groups ( $p = 0.113$ ).

#### *The conference directly influenced my decision to consider undertaking formal research*

Whereas singly-qualified delegates were generally undecided as to whether the conference had influenced their decision to undertake formal research, all those at other levels of training generally agreed. There was a significant difference across the stages of training ( $p = 0.008$ ) which, after pairwise com-

parison, was specifically between singly-qualified (median response "undecided") and second-degree delegates (median response "strongly agree") ( $p = 0.003$ ), and between those with a single or dual qualification (median response "strongly agree").

#### *The conference directly influenced my decision to consider applying as a JTG representative*

Again, whereas singly-qualified delegates were generally undecided as to whether the conference had influenced their decision to apply to be a JTG representative, those at other levels agreed that it had. Post-hoc pairwise comparison did not identify any significant differences between individual groups.

#### *The conference directly influenced my decision to attend the BAOMS annual scientific meeting (ASM) 2018*

First-degree undergraduates were generally undecided as to whether the conference had influenced their decision to attend the BAOMS ASM 2018. Trainees with single or dual qualifications generally agreed, and second-degree students strongly agreed with the statement. These differences were significant ( $p = 0.001$ ).

After pairwise comparison, there was a significant difference between undergraduates (median response "undecided") and singly-qualified trainees (median response

Table 2

Statements relating to the conference and future decisions about careers: analysis of stage of training on Likert-type scale (1 = strongly disagree; 2 = disagree; 3 = undecided; 4 = agree; 5 = strongly agree).

Statement and stage of training	Median (range) response	p value
<i>The content of the conference represented my background and level of training well:</i>		
Dual qualified	5 (4–5)	0.038*
Second degree	5 (3–5)	
Singly qualified	4 (3–5)	
First degree undergraduate	4 (3–5)	
<i>The conference was good value:</i>		
Dual qualified	5 (4–5)	0.037*
Second degree	5 (3–5)	
Singly qualified	4 (3–5)	
First degree undergraduate	4 (3–5)	
<i>The conference was interesting:</i>		
Dual qualified	5 (4–5)	0.132
Second degree	5 (4–5)	
Singly qualified	4 (3–5)	
First degree undergraduate	5 (4–5)	
<i>The conference was useful:</i>		
Dual qualified	5 (4–5)	0.039*
Second degree	5 (3–5)	
Singly qualified	4 (3–5)	
First degree undergraduate	5 (3–5)	
<i>The conference directly influenced my decision to join the JTP:</i>		
Dual qualified	4 (2–5)	0.113
Second degree	5 (1–5)	
Singly qualified	4 (3–5)	
First degree undergraduate	4 (3–5)	
<i>The conference directly influenced my decision to consider undertaking formal research:</i>		
Dual qualified	4 (3–5)	0.008*
Second degree	4 (2–5)	
Singly qualified	3 (2–5)	
First degree undergraduate	4 (3–5)	
<i>The conference directly influenced my decision to consider applying as a JTG representative:</i>		
Dual qualified	3.5 (2–5)	0.033*
Second degree	4 (2–5)	
Singly qualified	3 (2–5)	
First degree undergraduate	4 (3–4)	
<i>The conference directly influenced my decision to attend the BAOMS annual scientific meeting 2018</i>		
Dual qualified	4 (2–5)	0.001*
Second degree	5 (3–5)	
Singly qualified	4 (3–5)	
First degree undergraduate	3 (3–4)	

A Kruskal Wallis H test was done to assess the significance of overall differences in the distribution of levels of agreement with each statement across all stages of training ( $p < 0.05$ ).

\* denotes a significant result (JTP = junior trainees' programme).

“strongly agree”) ( $p = 0.003$ ), and between undergraduates and those with dual qualifications (median response “agree”) ( $p = 0.000$ ).

## Discussion

The JTG conference is the only national meeting that is specifically geared towards pre-registrar trainees interested in OMFS. This year it was the most successful yet, with record numbers of delegates attending and abstracts submitted. Demographic data showed similar numbers of men and women, an interesting fact considering data have previously shown that 83% of OMFS registrars were male.<sup>2</sup> The male:female ratio of first-degree delegates was 1:2 and this reversed to 2.5:1 in second-degree delegates and beyond. The ratio was equal in first-degree medics. Clearly, in comparison with other groups, fewer singly-qualified female dentists, in particular, go on to pursue OMFS. Twice as many first-degree dentists attended than first-degree medics, which agrees with previous demographic studies, and possibly reflects the relative lack of exposure to OMFS by medics compared with dentists.<sup>3–5</sup>

The social aspects of the conference featured highly on the list of reasons why delegates attended. Meeting other like-minded trainees was the commonest reason. Encouragingly, most junior trainees were more likely to attend the conference to help them to decide whether to pursue a career in OMFS. Both of these facts confirm that the conference is an ideal forum at which to disseminate information about the specialty and foster good relations between junior trainees (and speakers) nationwide.

As the stage of training advanced, delegates agreed more that the conference represented their background and level of training. One of the challenges of organising a conference that can cater for different levels of trainees across medicine and dentistry is to ensure the content stimulates and inspires the entire spectrum without alienating any particular group. Though the conference was pitched more towards qualified doctors and dentists than first-degree undergraduates, it was reassuring that the most junior delegates still found it generally useful and interesting, despite feeling that some of it was (understandably) beyond their scope of knowledge and experience. Still, for future JTG committees, it may be worth exploring the addition of a workshop for second-degree delegates.

With “Research and Innovation”, as the theme, it was important to gauge the impact of the conference on research inclinations. Its impact was greater on second-degree and dual-qualified trainees, possibly because they were already more committed to the OMFS pathway. Given that a study

has previously shown that only 10% of OMFS registrars were keen to include research in their careers as consultants, and the general proclivity in OMFS to avoid any addition to non-clinical training, this is an encouraging sign.<sup>2</sup> As the same study also showed that 77% of trainees intended to complete a fellowship, encouragement at an early stage to participate in research is more likely to improve the success rates of OMFS registrars who apply for highly competitive interface fellowships.

Second-degree and first-degree students agreed more than singly or dual-qualified trainees that the conference had influenced their decision to apply to be JTG representatives, though this was not significant. It may be because work as a full-time trainee may deter potential applicants because of perceived constraints on time, and the second degree potentially could be seen as a time to bolster CVs as much as possible before the next phase of applications. Concordantly, second-degree students agreed more than those at other levels that the conference had influenced their decision to attend the BAOMS ASM 2018. Whilst this did not mean that other trainees were not likely to attend, our aim was to evaluate the impact of the conference itself on the decisions made by the delegates.

There were some limitations in the study's methods. For a more robust understanding of factors that influence the decision-making process, a qualitative study design would have yielded more informative results. This, however, was impractical given that delegates would be unlikely to complete extensive free-text answers to multiple online questions.

## Conclusion

As an expanding forum that connects junior trainees interested in OMFS, the JTG Conference 2018 has shown encouraging signs for the future of research and engagement

in the specialty. Though the conference could be made more accessible to the most junior members, delegates generally affirmed their decisions to pursue OMFS through their attendance. The JTG aims to continue to promote the interests of the specialty at junior level through future events, and to support national collaborative projects.

## Conflict of interest

The JTG of BAOMS Conference 2018 received some sponsorship from BAOMS, Stryker, Dental Defence Union (DDU), Royal Society of Medicine (RSM), Royal College of Surgeons of Edinburgh (RCSEd), European Association of Craniomaxillofacial Surgeons (EACMF), and Ostem.

## Ethics statement/confirmation of patients' permission

Not applicable.

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