Virtual recruitment – should this be the future for dental core training?

Sidra A. Suleman,*1 Thomas P. Turner,2 Maliha A. Suleman3 and Huda Elwahed4

Key points

| The COVID-19 pandemic has had a considerable impact on the national recruitment process for dental core training. | It is important to consider the benefits and limitations of virtual interviewing and whether this format can produce reliable and fair results. | Applicants’ experiences of the virtual interview process should be taken into account when considering its implementation in future recruitment rounds. |

Abstract

Dental core training is a highly desirable and competitive training pathway which can support the development of a wide variety of skills and lead to a vast range of career opportunities. With there being limited training posts available, applicants need to perform well in interviews to be successfully appointed to a post which they desire. As a result of the COVID-19 pandemic, the interview process has been moved to a virtual platform. However, it is important to consider whether this virtual format is appropriate and whether this should be continued going forward. This paper aims to highlight the key strengths and weaknesses of the virtual interview process from both the candidate’s and interviewer’s perspectives.

Introduction

Dental core training (DCT) is a period of training of up to three years, which usually follows the completion of dental foundation training. It is usually conducted within a single or number of specialities. 1The first year aims to develop a ‘skilled generalist’, whereas the second year focuses on the development of more advanced skills, which are further developed and consolidated in the third year. After exiting the programme, trainees can apply for specialist training if they have satisfactorily completed the second year; however, alternative pathways into speciality training have now been developed. Alternatively, they may choose to work in general dental practice with enhanced competencies, or work in community- or hospital-based settings.1

Application to DCT is understandably very competitive and recruitment is currently done nationally. Applicants are assessed via a situational judgement test (SJT) and a virtual interview consisting of two scenarios, the format of which is shown in Figure 1.2 The SJT and each separate interview scenario is given equal weightage. Candidates are then ranked against their cohort based on their performance and allocated to training positions in line with their preferences.3

Recruitment to DCT has varied over the years and candidates may or may not have had experience of giving interviews in previous recruitment rounds. During the 2020–2021 recruitment cycle, candidates were assessed purely based on the SJT exam, as interviews were cancelled due to the COVID-19 pandemic.4 Prior to this, candidates were interviewed face-to-face; however, by shifting this to a virtual platform, they were reinstated for the following year. For recruitment to the

Fig. 1 Virtual interview format for 2022 recruitment cycle2

1Year 2 Dental Core Trainee in Restorative Dentistry and Orthodontics, William Harvey Hospital, Ashford, Kent, UK; 2Year 2 Dental Core Trainee in Restorative Dentistry, Oral Surgery and Oral Medicine, Glasgow Dental Hospital and School, UK; 3Foundation Dentist, Franklin House Dental Practice, Gillingham, Kent, UK; 4Year 1 Dental Core Trainee in Oral and Maxillofacial Surgery, William Harvey Hospital, Ashford, Kent, UK.

*Correspondence to: Sidra A. Suleman
Email address: sidraahmedsuleman@hotmail.com

Refereed Paper.
Submitted 5 June 2022
Revised 7 August 2022
Accepted 9 August 2022
https://doi.org/10.1038/s41415-022-5210-x
2021–2022 posts, an SJT cut-off mark was also introduced and only candidates achieving a certain score were interviewed. As trainees, we felt this added increased pressure to perform well in the SJT and candidates who performed well in interviews but struggled with the SJT were potentially disadvantaged. However, for the most recent recruitment cycle, all candidates were offered an interview regardless of their SJT score. Although the recruitment process had to be adapted to the circumstances at the time, as an applicant, the uncertainty surrounding DCT recruitment was a source of anxiety. However, as we emerge from the pandemic, an important question to consider is whether virtual interviews should continue to be used in the long term. In this article, we will explore this question and highlight the benefits and limitations of virtual interviews.

**Benefits of virtual interviews**

Delivering interviews virtually is much more cost-effective for both applicants and recruiters. The costs of venue hire are eliminated and less staff and resources are required. There is also a reduction in time away from clinical work for applicants and staff. Virtual interviews also remove the need to commute and may remove the need for overnight accommodation. Thus, hosting interviews virtually helps save time and money for applicants who predominantly have to self-finance these costs. However, it is important to note that for face-to-face interviews, expenses may be reimbursed up to a certain amount for both applicants and interviewers.

Another advantage of virtual interviews is the potential reduction in nepotism. For face-to-face interviews, candidates would typically attend their local interview centre, where they are more likely to be interviewed by someone who is familiar to them. Whereas, through virtual interviews, candidates can be assessed by interviewers from all over the UK and this increases the interviewer pool and reduces the risk of favouritism toward certain candidates. While current measures to ensure fairness in this regard, such as interviewers declaring conflicting interests, the presence of external assessors and having two interviewers are robust, we do feel that virtual interviewing helps further decrease the risk of nepotism.

With regards to the setting in which an interview is conducted, as an interviewee, it can be more comfortable to give an interview from home, as it is a familiar and safe environment. Students generally report experiencing lower levels of anxiety when conducting assessments virtually, as it is less intimidating and stressful. The element of peer anxiety is also removed, which is beneficial for candidates whose stress levels can be negatively influenced by others. Reduced stress levels can subsequently help candidates perform better; however, it may potentially disadvantage applicants who thrive under more stressful conditions. We also feel it may also be more difficult to differentiate between candidates who can and cannot perform well under pressure. The SJT exam also can influence an applicant’s performance, as those who struggle with this exam may feel added pressure to perform well in an interview. Whereas some candidates may perform well in the SJT but struggle with interviews. Thus, there are various stress factors that can affect a candidate's performance and these should be considered when designing interviews.

Delivering interviews virtually also gives greater flexibility when it comes to selecting or altering interview dates and times. This gives applicants more freedom of choice and reduces the hassle of trying to rearrange conflicting commitments. However, from personal experience, the process of booking an interview slot can be quite stressful, as several candidates are attempting to login at the same time to secure a slot of their choice. Due to work commitments, some candidates may not be free to book an interview at the time the slots are released; thus, there is also an element of luck when it comes to securing an interview date and time of your choice.

Using virtual platforms can also have long-term benefits for the environment, as it helps reduce the carbon footprint by predominantly eliminating the need to travel, which is a major contributor to carbon emissions. This is a key benefit considering current conservation and sustainability requirements. There is also a growing interest and push towards improving sustainability within dentistry and healthcare, as seen through initiatives such as virtual health care appointments, and virtual interviews may help with this.

**Limitations of virtual interviews**

With regards to virtual interviews, technology is not always reliable and software malfunctions or issues with internet connectivity have the potential to cause significant disruption for candidates. During the 2021–2022 recruitment cycle, there were disruptions to interviews due to a worldwide software failure affecting Microsoft Teams. As a candidate affected by this, it was quite stressful not knowing when or if I could give the interview and this disruption resulted in greater pre-interview anxiety. Although the recruitment team were very understanding and events like this seldom occur (failure rate of remote assessment is approximately 3% in the UK), it is important to consider how this may affect a candidate's performance during the interview. Furthermore, while technological issues may not necessarily appear to be a significant issue, candidates may still get anxious about potential disruptions.

Another shortcoming of virtual interviews is that it can be difficult to replicate the professional atmosphere that comes with being interviewed in a formal setting. Distraction from household members or unexpected interruptions are an additional concern. From personal experience, conducting interviews face-to-face is relatively easier in this regard, as it is a controlled environment and you do not have to worry about any disruptions, which in a home setting you could be held liable for. Examiner fatigue is also an important factor to consider. Although face-to-face interviews are not immune to this, the limited social interaction when using virtual platforms can make it difficult for some individuals to concentrate, especially when being in front of a computer screen for several hours in a given day. In the midst of the COVID-19 pandemic, ‘Zoom fatigue’ has become a recognised phenomenon and it is important to recognise its potential impact on the assessment of candidates, especially since interviews are not recorded, which can be an issue when disputes are raised.

Virtual platforms are also less personal and so it can be difficult for examiners to assess candidates’ empathy and non-verbal skills, such as body language. However, decreased non-verbal interactions do not necessarily impact upon interviewers’ perceptions of candidates. There is also a risk of bias against candidates who have less than optimal technological skills or visual location backgrounds. Bias related to an applicant’s physical attributes may be also pronounced on a virtual platform.

Such concerns have been raised about dental interviews in general in the *Equality impact assessment report on applicants for 2019–2021 dental foundation training recruitments*. This highlighted ‘significant differential performance gaps for some ethnic minority
applicants, which is particularly associated with communication stations. As a result, interviews have now been removed from the next dental foundation training recruitment cycle. This raises the question of whether such issues are also affecting the DCT recruitment process. The British Dental Association have stated that they do not believe recruitment involving only an SJT is a viable option going forward and we support this notion and advocate for further evaluation of bias in the DCT recruitment process.

**Satisfaction levels and outcomes associated with virtual interviews**

There are very limited studies looking at applicants’ satisfaction levels of virtual interviews, especially relating to dental recruitment in the UK. The current literature is predominantly centred on the experiences and feedback of virtual interviews for medical residency applicants in the United States. A survey of neurosurgery residency applicants revealed that only 34.7% were satisfied with the virtual interview process as a whole and 44.5% of the faculty felt that virtual interviews should not replace in-person interviews. This was mainly due to applicants feeling that virtual interviews were not as effective at assessing a candidate’s interpersonal skills and fitness for a programme.

On the other hand, a follow-up study of endocrine surgery fellowship interviews showed that 77% of applicants and 72% of staff felt that going forward, interviews should be partially or entirely virtual. Candidates generally felt that the virtual format did not decrease their opportunity or affect their ability to make a good impression. This highlights the differing experiences of interviewees and the importance of ensuring virtual interviews are piloted, standardised and continually reviewed in order to make necessary improvements. The implementation of a hybrid interview design is also a concept that could be explored to see if this can help achieve maximum benefits.

When recruitment takes place virtually, many applicants may also have concerns, such as ‘will the virtual interview process disadvantage me?’ and ‘am I more likely to perform better in-person?’ A pilot study was conducted comparing virtual and face-to-face interviews for recruitment to an anaesthesiology training programme in the United States. This study showed no difference in applicants being successfully admitted to the programme based on whether they had a virtual or face-to-face interview. Of particular interest is that candidates were able to choose which interview format they preferred and 75.1% of candidates completed face-to-face interviews and 24.9% of candidates participated in a virtual interview. Reasons given for candidates opting for a face-to-face interview included the benefits of being able to interact with current residents and geographic proximity. Whereas reasons given for candidates opting for virtual interviews included finances, travel concerns and clashes with other commitments. Allowing candidates to pick which interview type they would prefer is an interesting concept; however, further research is required to ensure this does not disadvantage candidates. From personal experience, we would opt for virtual interviews based on convenience and experience with this format. However, if the opportunity developed for practical skills to be assessed, we would be keen to attend a face-to-face interview to allow for this.

A similar study of 48 ophthalmology residency applicants revealed that there was no significant difference in the number of virtual versus in-person interview applicants that were placed in the top 25 of their rankings. However, due to the limited sample size, it is difficult to generalise these results and it is important to note that the virtual and in-person interview protocols were different. Furthermore, we cannot ascertain whether candidates who perform well in virtual interviews would also perform well in face-to-face interviews and vice versa. Thus, there is a need for further research looking into interview formats and its impact on outcomes.

**How could virtual interviews develop?**

By virtue of its nature, virtual interviews can only assess a limited number of non-practical skills. This potentially limits the scope of these interviews and the potential future development of them. Although virtual interviews may be used for DCT recruitment, it may not be a desirable substitute for recruitment to speciality training, as practical skills carry greater weightage having been assessed in previous recruitment cycles. On the other hand, it could be feasible to reintroduce the portfolio station. As trainees, we feel that our extracurricular achievements should contribute towards the recruitment process, as it reflects our hard work and commitment. However, we appreciate that it might not be entirely fair to assess applicants based on their portfolio, as some training units have greater opportunities and facilities for research, audits and publications. Also, more senior applicants would have had a greater amount of time to develop their CV in comparison to applicants who are applying with less years of postgraduate experience.

Another suggestion would be the addition of more interview stations to assess a wider range of knowledge and skills. A 2019 survey of 162 dental core trainee’s experiences of recruitment and training showed that approximately 50% of trainees disagreed with the statement that there was an appropriate number of stations at the assessment centre which allow all candidates to excel. At the moment, the majority of the DCT posts are based in oral and maxillofacial surgery; however, the interview scenarios generally cover a range of dental specialities. Therefore, some candidates may be in a better position to perform well in the interview, as they are in training posts focused on a specific speciality. For example, a dental core trainee in restorative dentistry may be better equipped to answer a restorative clinical scenario in comparison to someone who is doing DCT in oral and maxillofacial surgery. We feel that, by incorporating additional interview stations, a wider range of knowledge and skills can be assessed, which will allow candidates more opportunity to demonstrate their capabilities.

**Conclusion**

National recruitment to DCT is a rigorous and stressful process. Going forward, it is important to consider whether virtual or face-to-face interviews should be carried out. Hence, it is essential to obtain and utilise the feedback received from applicants to help guide this decision in order to enhance the quality of the interview and candidate satisfaction with the recruitment process. It would also be useful to incorporate feedback from examiners themselves, especially from those who may have first-hand experience of virtual interviews. At present, further research is required to ascertain which type and format of interviewing would produce fair and consistent results for recruitment to dental core training.
Ethics declaration

The authors declare no conflicts of interest.

Author contributions

Sidra A. Saleman: first author. Contributed to article design, drafting, editing and approval. Thomas P. Turner and Malika A. Saleman: joint second authors. Contributed to article drafting, editing and approval. Huda Elwahed: third author. Contributed to editing and approval.

References

1. UK Committee of Postgraduate Dental Deans and Directors. UK Dental Core Training Curriculum. 2016. Available at https://www.copdend.org/wp-content/uploads/2018/09/2016-12-14-UK-DCT-Curriculum-December-2016.pdf (accessed June 2022).

2. NHS Health Education England. Virtual interview overview. 2021. Available at https://dental.hee.nhs.uk/dental-trainee-recruitment/dental-core-training-dct/virtual-interviews-for-dental-core-training-dct (accessed June 2022).

3. NHS Health Education England. Overview of dental core training (DCT). 2021. Available at https://dental.hee.nhs.uk/dental-trainee-recruitment/dental-core-training-dct/dental-core-training-recruitment (accessed June 2022).

4. NHS Health Education England. Dental Recruitment Applicant Handbook 2020. 2020. Available at https://madeinheene.hee.nhs.uk/Portal/13/DentalRecruitmentApplicantHandbook2020.pdf (accessed June 2022).

5. NHS Health Education England. Dental Recruitment Applicant Handbook 2019. 2019. Available at https://www.bascd.org/wp-content/uploads/2019/11/Applicant Handbook 2019. 2019. Available at https://dental.hee.nhs.uk/dental-trainee-recruitment/dental-specialty-training/dental-specialty-training-dst/dct/dct-posts-regions. 2022. Available at https://dental.hee.nhs.uk/dental-trainee-recruitment/dental-core-training-dct/dct-posts-regions (accessed June 2022).

6. Edje I, Miller C, Kiefer J, Oram D. Using skype as an alternative for residency selection interviews. J Grad Med Educ 2013; 5: 503–505.

7. Shah S K, Arora S, Skipper B, Kalishman S, Timm T C, Smith A Y. Randomized evaluation of a web based interview process for urology resident selection. J Urol 2012; 187: 1380–1384.

8. Huppert I A, Hisao E C, Cho K C et al. Virtual Interviews at Graduate Medical Education Training Programmes: Determining Evidence-Based Best Practices. Acad Med 2021; 96: 1137–1145.

9. Kakadia R, Chen E, Ohyama H. Implementing an online OSCE during the COVID-19 pandemic. J Dent Educ 2020; 85: 1006–1008.

10. Mak V, Krishnan S, Chuang S. Students’ and Examiners’ Experiences of Their First Virtual Pharmacy Objective Structured Clinical Examination (OSCE) during the COVID-19 Pandemic. Healthcare (Basel) 2022; 10: 328.

11. Davies D R, Matthews G, Stammers R B, Westerman S J. Human Performance: Cognition, Stress and Individual Differences. 1st ed. Hove: Psychology Press, 2000.

12. Domingo A, Ridebinski R E, Stenson A et al. Virtual Residency Interviews: Applicant Perceptions Regarding Virtual Interview Effectiveness, Advantages, and Barriers. J Grad Med Educ 2022; 14: 224–228.

13. Duane B, Lee M B, White S, Stancliffe R, Steinbach I. An estimated carbon footprint of NHS primary dental care within England. How can dentistry be more environmentally sustainable? Br Dent J 2021; 223: 589–593.

14. Wainer C. Discussing the environmental impact of dental-associated travel – how do we build from the current COVID-19 crisis towards a more sustainable future within dentistry? Br Dent J 2022; 232: 437–440.

15. British Medical Association. COVID-19: changes to specialty training recruitment. 2021. Available at https://www.bma.org.uk/advice-and-support/actions-and-policy/covid-19/what-the-bma-is-doing/covid-19-bma-actions-and-policy/covid-19-changes-to-specialty-training-recruitment (accessed June 2022).

16. Wiederhold B K. Connecting Through Technology During the Coronavirus Disease 2019 Pandemic: Avoiding ‘Zoom Fatigue’. Cyberpsychol Behav Soc Netw 2020; 23: 437–438.

17. Vining C C, Eng O S, Hogg M E et al. Virtual Surgical Fellowship Recruitment During COVID-19 and its Implications for Resident/Fellow Recruitment in the Future. Ann Surg Oncol 2020; 27: 911–915.

18. Chang T C, Hodapp E A, Parrish R K et al. The Effect of Changing Fellowship Interview Format on Candidate Ranking Variables: The COVID-19 Experience. J Ophthalmol 2022; 2022: 7402079.

19. Vallejo M C, Price S S, Vaneck T W et al Virtual interviewing in the COVID-19 era: A survey of graduate programme directors. J Dent Educ 2022; 86: 535–542.

20. Behrend T, Taaddly S, Thompson I, Fekete D J. The effects of avatar appearance on interviewer ratings in virtual employment interviews. Comput Hum Behav 2012; 28: 2128–2133.

21. UK Committee of Postgraduate Dental Deans and Directors. Dental Foundation Training Recruitment. 2022. Available at https://www.copdend.org/postgraduate-training/dental-foundation-training/dft-recruitment (accessed June 2022).

22. British Dental Association. DFT recruitment moves to SJT only. 2022. Available at https://www.bda.org/news-centre/latest-news-articles/Pages/DFT-recruitment-moves-to-SJT-only.aspx (accessed June 2022).

23. Mohanty A, Caldwell D J, Hadley C C, Gibson A, Ravapay A, Patel A J. Virtual Interviews in Neurosurgery Resident Selection – A Work in Progress. World Neurosurg 2021; DOI: 10.1016/j.wneu.2021.08.074.

24. Geary A D, Wang T S, Lindeman B et al. Perspectives on virtual interviews – A follow-up study of the Comprehensive Endocrine Surgery Fellowship interview process. Surgery 2022; 171: 259–264.

25. Vadi M G, Malkin M R, Lenart J, Stier G R, Gatling J W, Applegate R L. 2nd. Comparison of web-based and face-to-face interviews for application to an anaesthesiology training programme: a pilot study. Int J Med Educ 2016; 7: 102–108.

26. Paaschuka S, Altenbernd T, Ober R R, Harvey E M, Miller J M. Residency interview video conferencing. Ophthalmolog 2013; 119: 426.

27. NHS Health Education England. Interviews: Dental Speciality Training recruitment. 2021. Available at https://www.bascd.org/wp-content/uploads/2019/11/DentalRecruitmentApplicantHandbook2019.pdf (accessed June 2022).

28. Donnell I C, Foley J I. Dental core training: the trainee perspective. Br Dent J 2020; 228: 782–790.

29. NHS Health Education England. Dental Core Training. 2022. Available at https://madeinheene.hee.nhs.uk/sites/default/files/Dental%20Recruitment%20Applicant%20Handbook%202021.pdf (accessed June 2022).