

Career Guide

Everything you need to know to start a successful career in dentistry



NEW

Dentists with
special interests
in practice

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02

The future dental market

In this chapter, Dr Janine Brooks MBE and Professor Nairn Wilson CBE look at **changing patient demographics**. They discuss the impact this may have on the **future dental market and your potential career choices**.



Dr. Janine Brooks MBE CEO of Dentalia Coaching and Training Consultancy

Janine's career highlights currently include being Educational Inspector for the GDC; Non-executive Director for CDS CIC, (a dental social enterprise); Lead Clinical Tutor Law and Ethics, Bristol University Open Learning for Dentists programme; Founding Partner of Dental Mentors UK; a Partner in the Dental Coaching Academy; a Coach for Thames Valley Professional Services Unit; Trustee of the Dentists Health Support Trust, and last but not least CEO of a coaching for leadership and training consultancy to dental professionals.

Her qualifications include MCDH, DDPHRCS, MSc in Health Informatics and a Doctorate in Medical Ethics from Keele University. Janine received an MBE for services to dentistry in 2007, and was awarded a Fellowship of the Faculty of General Dental Practice by election in 2010.

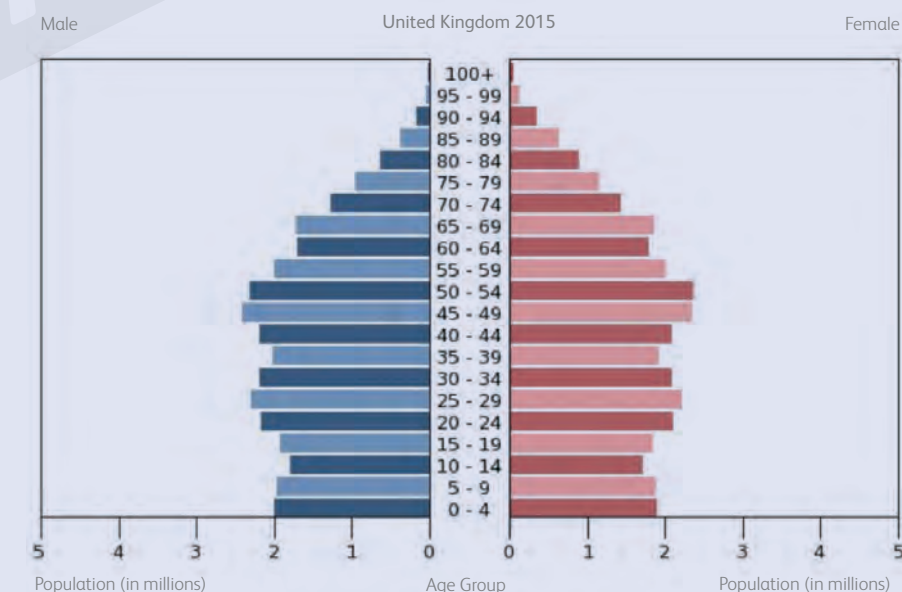
Changing demands for dentistry

The needs and demands for dentistry change over time as society changes, people change and diseases change. Dentists need to be aware of the patterns of population demographics and changes to disease levels. If not, our business will suffer. There is little point in choosing a career pathway if there will be no need or demand for it from patients. A simple piece of career advice is: don't assume patients or oral disease will always remain the same – both are constantly changing.

When thinking about demographic trends what is it helpful to consider? There are many changes to our population. Some sectors are increasing in size whilst others

are decreasing. For example, the number of older people is increasing, whilst the number of younger people is decreasing but is likely to stabilise. The older age groups will continue to predominate for some decades, however this is not evenly spread across the United Kingdom; some areas have more older people, particularly the very old. When thinking about where you wish to practise, you should consider the population profile and whether it matches the sort of dentistry you wish to provide.

Population Pyramid 2015



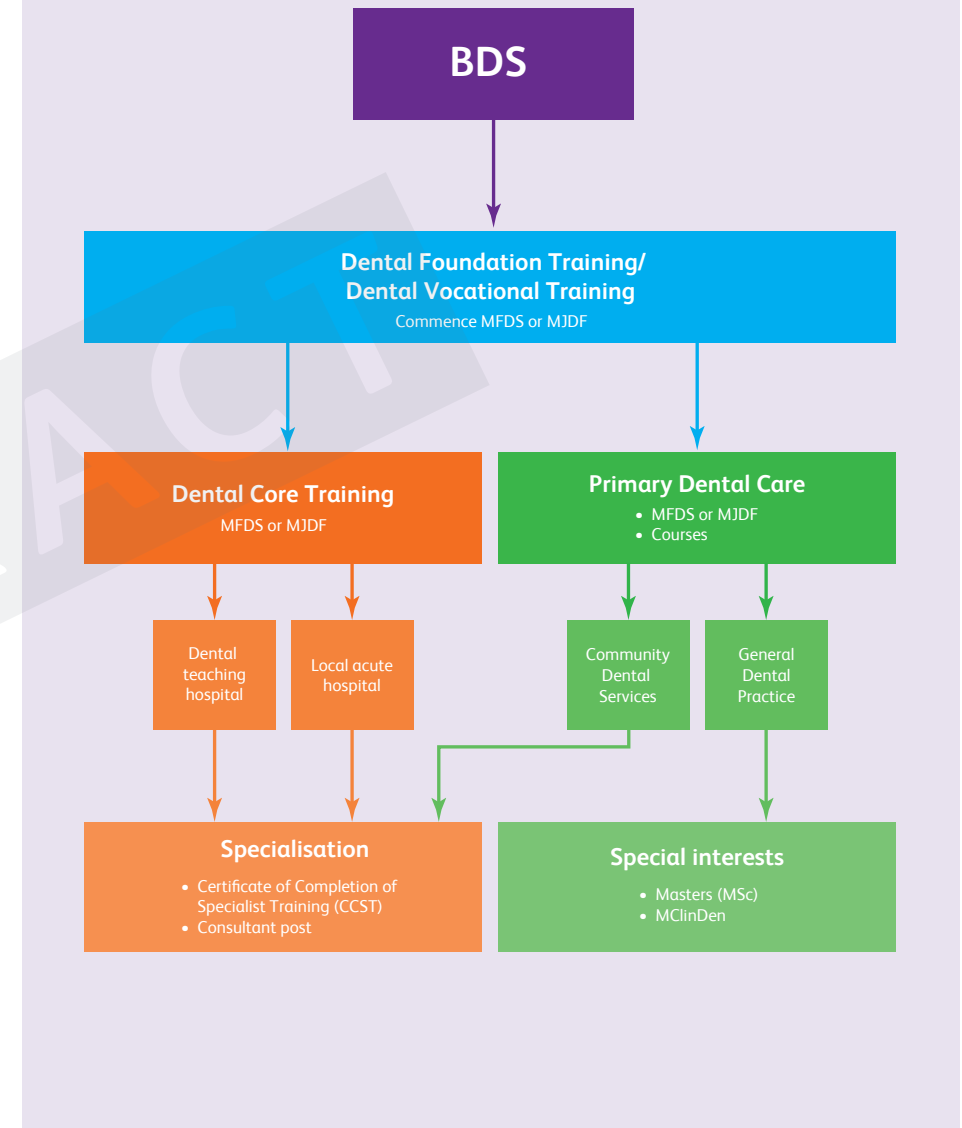
Source: US Census Bureau, International Data Base

03

Career options

After graduation there are broadly two career paths you can follow. This chapter looks at each of these different options in depth.

General overview of career options in dentistry



Source: Laura Assassa and Ulrike Matthesius, British Dental Association 2016

3.2 General practice

A popular choice for many graduates is to work in general practice. This chapter outlines the different roles in general practice and gives advice on working with your dental team.

It also looks at working in an NHS, mixed, private or corporate practice, plus gives helpful information about NHS/HS contracts.

Working in practice

There are several different areas of general practice you can choose to work in:

- Mixed practice
- NHS practice
- Private practice
- Specialist private practice
- Dental corporate.

This chapter gives an insight into each area.

Mixed practice



The majority of UK dental practices offer a mix of NHS and private dentistry. In this section, Professor Nairn Wilson CBE, former Dean of King's College London Dental Institute

and Manchester Dental School, explains how this works.

“Very few UK dental practices are purely private or NHS, most offer a mixture of the two. This means practices will have a combination of private patients and NHS patients. However, there is cross-over between the two groups, usually when NHS patients choose to purchase an individual service privately, for example receiving a check-up on the NHS and then paying privately for an elective procedure.

Offering NHS and private care alongside each other can address many issues faced by practitioners; however, the practitioner must ensure that the patient fully understands the arrangements and the costs involved

While a mix of NHS and private care may be confusing for the patient, such arrangements offer the opportunity for all treatment needs and expectations to be met, increasing patient satisfaction and professional fulfilment.”



Harman Chahal, Chair of the BDA Young Dentists Committee, describes a typical day working in a mixed practice.

“Working in a mixed practice is in some ways a mixed bag. There is a sort of day-to-day routine but no two days are the same. I have my overall routine that the day revolves around, but dealing with patients can sometimes mean even the best laid plans go awry. That’s not to say it’s a bad thing – far from it. It makes you improvise, forces you to adapt and grow. Most importantly it stops the job going stale!

My daily routine

My day-to-day routine is pretty regular. I wake up about 7am, get ready for the day and listen to Radio 4 on the way in. Knowing the morning’s news gets you ready to chat with patients and means you don’t just talk about the weather.

I get in about ten minutes early and see patients from 9am until lunch, with some emergency slots in place. I then see patients from 2pm until 5pm.

Getting in early lets me get settled and look at the day list to see what I have ahead of me. The plan is always to have enough time booked for everything, but the nature of the job means you will have unexpected issues coming up, such as emergency patients or a large filling ending up as an endodontic treatment.

Looking at the day list at the start lets me see pinch points or areas where I might have a little leeway so I can plan when I can take care of the extra jobs that inevitably crop up, including the paper work. Luckily the practice is computer-based so it is easy to get most of it done as you go, but there is correspondence to catch up on, referrals to write, audits to carry out, and so on.

My daily patient load mostly consists of regular check-ups with a few new patients and work such as fillings, root canals, extractions, crown or bridge preparations and denture construction and lots of periodontal work. I work

3.3 Salaried Services

This chapter looks at working in the hospital dental service and the salaried services. It looks at your options to specialise and the choices you will have to make if you decide to go down this route.

Hospital dental services

Job overview

The primary role of the hospital dental service is the provision of specialist advice and treatment for cases of special difficulty. These are referred to hospitals by general dental, salaried dental services and medical practitioners, or for patients admitted to hospital as a result of trauma. The hospital service also provides outpatient care in special cases where there are medical considerations that make it desirable for patients to be treated in a hospital setting.

Specialist hospital services are provided from two settings – local acute hospitals and dental teaching hospitals.

The acute hospitals usually manage patients requiring oral and maxillofacial, orthodontic and restorative dentistry services.

The dental teaching hospitals, in addition, offer opportunities for the management of patients, training and research in other dental specialties (see below).

A dentist working in a hospital post has the same terms and conditions of service as hospital doctors, as well as a very similar career structure. The hours may not be flexible and time will be spent 'on call', sometimes resulting in long working sessions. Dentists generally work as part of a team, have access to specialised diagnostic facilities, and work with consultants from other medical and dental specialties.

Career pathway

Your career will usually start in dental core training (DCT) followed by a specialty training post. Following three or more years of training, there are the options of career grade specialist or consultant appointment.

DCT recruitment is centralised in Scotland and national recruitment has been introduced in England, Wales and Northern Ireland.

Within the dental specialties, career pathways vary slightly, but all those aspiring to enter specialist training should complete two years of postgraduate training. This will usually include a minimum of one year in a secondary care post, for example in a dental hospital or district general hospital. Completion of the MJDF or MFDS diploma at this point may also help future applications you will make.

You can then apply for a formal training programme in your chosen specialty and become a Specialist Registrar (StR). There are various examinations and diplomas that you will need to complete during your training. Once you have completed your training satisfactorily, a Certificate of Specialist Training (CST) will be issued and will entitle you to have your name on the specialist list held by the GDC.

If you are interested in specialty training, young dentist Reena Wadia gives her top tips on what you need to think about. Find out more: bda.org/Pages/specialitytraining.aspx

Specialisation

The GDC has established distinctive specialist titles for a range of branches of dentistry. This decision was taken for a number of reasons, but largely to protect patients from unjustified claims of specialist expertise.

Specialist lists:

- Oral Surgery
- Dental Public Health
- Restorative Dentistry and its monospecialities: Endodontics, Periodontics, Prosthodontics
- Orthodontics
- Paediatric Dentistry
- Oral Medicine
- Oral and Maxillofacial Pathology
- Oral Microbiology

- Dental and Maxillofacial Radiology
- Special Care Dentistry.

The specialist list for Oral and Maxillofacial Surgery is held by the General Medical Council (GMC), due to the requirement for an undergraduate medical degree, and is covered by separate legislation.

Reena Wadia, a young dentist, talks about a typical day whilst doing specialty periodontology training at [youtube.com/watch?v=EfWvI221sOU](https://www.youtube.com/watch?v=EfWvI221sOU)

Claire Stevens, a consultant in paediatric dentistry, talks about her job and career pathway at bdjstudent.co.uk

Panna Shah, a specialist in special care dentistry, explains more about her role at bdjstudent.co.uk

Dr Helen Falcon MBE, former Postgraduate Dental Dean and former Chair of the UK Committee of Postgraduate Dental Deans and Directors (COPDEND), has written a detailed guide to dental specialty training.

This free guide gives an overview of dental specialty training in the UK and aims to support potential trainees with a guide to the key issues you need to consider and the main organisations that are involved in specialty training. It covers:

- GDC specialist lists and how to join them
 - Dental specialty training programme
 - Self-funded and funded training posts
 - Part-time versus full-time training
 - Applying for a specialty training place
 - Recruitment and selection
 - Application forms and CVs
 - Academic training and postgraduate research
- Plus much more...

To download your copy of this free guide, go to bda.org/associates then choose 'Dental Specialty Training'. You will need to log in to access the guide.

Orthodontics

This section covers orthodontics within hospital. In addition there is a growing amount of NHS orthodontics done by specialists in primary care. In orthodontics there is a clear difference between specialists who have done three years training then work in practice, compared with hospital consultants who have done another two years post-CCST training. Lots of contracts have been awarded to deliver specialist orthodontics in primary care in recent years. See the 'dentists with special interests' section on page 48 for more details about orthodontics in primary care.



Anshu Sood, Specialist Orthodontic Practitioner, Rotherham, gives her thoughts on working in orthodontics.

"The career pathway to the orthodontic specialty encourages exposure to clinical environments outside the realms of the average dental practice. Although the career pathway is long and there is the inevitable requirement to fulfil criteria for entry to the Membership of Orthodontics (MOrth) programme, there is a wealth of experience to be gained in the various disciplines of dentistry. This will serve you well throughout your career, regardless of your eventual career choice. In addition, it will provide you with a window into the world of these other specialties that may even lure you away from your chosen field or open up new possibilities.

Research shows that poor appearance of teeth (goofy smiles and crooked teeth, for example) is one of the top three causes of bullying at school. Adults also suffer insecurities that an imperfect smile can create: lack of confidence and poor self-esteem for example.

The impact that straight teeth have on people cannot be underestimated. So much of our confidence and self-esteem is linked to the way that we look, how we perceive ourselves

and how others perceive us. It is a pleasure to see a patient's eyes light up when they see themselves brace-free for the first time with their new smile. And the creation of this smile with minimal invasive treatment is aligned with our beliefs to maintain and save natural tooth tissue wherever possible.

There are challenges with NHS orthodontic treatment. Funding is more and more limited with restrictions on eligibility and we are not yet at a stage where parents see the cost of orthodontic treatment as a necessary expense for children – unlike in North America.

However, we are all living in an appearance-driven society that positively encourages people to seek cosmetic dental treatment, including child and adult orthodontics. This gives us the chance to provide orthodontics in conjunction with restorative colleagues: such as for space redistribution with implants or for up-righting teeth in preparation for a bridge placement. Private orthodontics is one of the fastest growing fields in UK dentistry.

Orthodontics as a career provides excellent job satisfaction and we are fortunate to be treating people who come out of personal choice, not necessity, and truly appreciate and value our clinical time and efforts."

Paediatric dentistry



Susan Parekh, Clinical Lecturer and Honorary Consultant, UCL Eastman Dental Institute, discusses career opportunities in paediatric dentistry.

"Paediatric dentistry is the practice, teaching and research into the comprehensive and therapeutic oral healthcare for children from birth to adolescence, including care for children who have intellectual, medical, physical, psychological and/or emotional problems.

It covers most aspects of oral healthcare: restorative care (including endodontic treatment and prosthetics); minor oral surgical procedures; and interceptive orthodontics. Paediatric dentists work closely with paediatricians, surgeons and anaesthetists as part of a team caring for children with complex medical problems. And they may work with other agencies, such as health visitors and social workers, in managing vulnerable children.

Paediatric dentistry can be done in independent practice (including NHS or private practice), the public dental service (PDS) or in a hospital. Working with children is extremely rewarding but can be difficult owing to time restraints if in general practice, although providing care there is still possible for children who are not anxious or do not have a need for more specialist care. The PDS setting employs dentists both with and without specialist qualifications.

Specialist training places can be very competitive now there is national recruitment for specialty and consultant training posts. After obtaining your BDS/BChD qualification, you will need to gain broad experience in general dentistry including hospital, community and general dental practice. A two-year foundation training or equivalent programme would give this range of experience. A maxillofacial post is also highly desirable, as is some additional experience of treating children.

You should do some audit projects and try to have one or two articles published. Attending local British Society of Paediatric Dentistry meetings will enable you to meet colleagues with similar interests and to learn more about the range of the specialty. These types of activities will help when applying for a specialty training post.

It takes three years to complete specialist level training and a further two years to complete to consultant level. Programmes for paediatric dentistry specialty training are available in hospital dentistry with some linked to salaried dental services. There is also the chance to do an Academic Clinical Fellowship programme. This provides both a clinical and academic environment designed to support those who have the potential to become researchers."

3.4 Other career options

There are many other career options open to you, including implant dentistry, indemnity, fitness to practise and prison dentistry. This chapter looks at these in more detail.

Implant dentistry



Pareet Shah, Senior Clinical Teaching Fellow and Implant Course Co-ordinator, UCL Eastman Dental Institute Specialist in Prosthodontics talks about opportunities within implant dentistry.

“Implant dentistry is one of the fastest growing branches of dentistry. Developing skills in dental implants is not only critical for clinicians specialising in prosthodontics, periodontics, restorative dentistry and oral surgery, but also is becoming a greater part of general dental practice.

Nowadays, patients are more discerning about their oral health and often want advanced dental procedures. Patient satisfaction from well-executed treatment is very high and this is the best part of practising implant dentistry. In the right case, implant treatment can provide many years of service with a relatively low complication rate. Ultimately, happy patients lead to happy dentists.

Being involved in a new field of any profession is exciting and rewarding – this is especially true for implants with its unique blend of prosthodontic and surgical aspects of dentistry.

With experience, the chance to become involved in education may arise. This adds variety to our jobs, helps us make new friends and keeps you up to date. It also gives you an excuse to travel abroad for conferences.

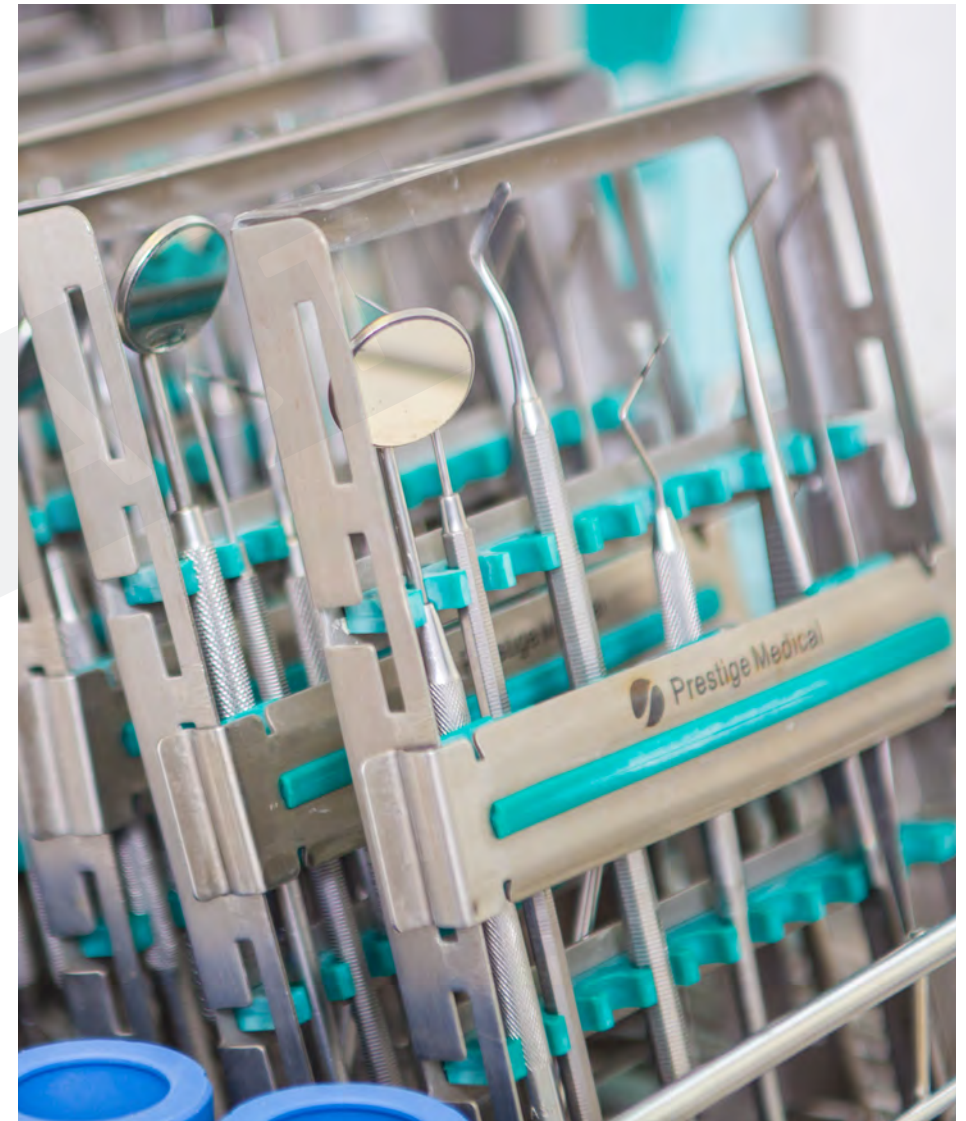
The initial challenge that anyone will face is choosing the right postgraduate training. To be proficient in implant treatment you would ideally need a sound understanding and ability in both prosthodontics and oral surgery. If you want to focus on just one aspect, say implant-placement surgery, you have to work in a wider team, with restorative dentists. It is important, therefore, to think about where you will be practising so you can do the most appropriate postgraduate education.

If you want to become a specialist, for example in prosthodontics, implant treatment will be a part of your curriculum because it will enable you to treat the more complex cases. But this pathway needs a significant financial and time commitment.

If you want to offer implants in general practice, there are many more routes available. But there is much variation in the content and quality of training. Consider a university diploma or certificate course. These are likely to be externally vetted so will have stringent quality control. Choosing an institution that also has in-house clinical

facilities is a must so you can develop your skills under the guidance of experienced clinicians. Speak to current and past students of any course that you are considering to find out if it will meet your needs.

Implant-related litigation has significantly increased. Most issues are related to consent, planning and treatment execution. Appropriate training should, however, reduce the risk of this.”



Career Guide

Everything you need to know to start a successful career in dentistry.

NEW

Dentists with special interests in practice

Written specifically for BDA student members, this guide is designed to help you with your future career choices.

Containing useful information about dental career options and career pathways, this guide gives helpful tips for success.

Experienced dentists give advice on a range of careers including general practice, specialisation and community dentistry.

GDPs give the lowdown on working for the NHS, mixed practices and dental corporates. They also give advice on developing special interests whilst working in practice and private dentistry.

British Dental Association

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