

CAREER GUIDE

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

bda.org/students



Contents

| | | |
|------------|---------------------------------------------------|-----------|
| 01 | Introducing the British Dental Association | 6 |
| | Your trade union | 7 |
| | Your professional association | 10 |
| 02 | The future dental market | 12 |
| 03 | Career options | 20 |
| 3.1 | After graduation | 22 |
| | Dental Foundation Training/Vocational Training | 22 |
| | Dental Core Training | 23 |
| | Postgraduate qualifications – MJDF/MFDS | 26 |
| 3.2 | General practice | 28 |
| | Working in practice | 28 |
| | Mixed practice | 28 |
| | NHS practice | 35 |
| | Private practice | 36 |
| | Specialist private practice | 40 |
| | Dental corporates` | 42 |
| | Dentists with special interests in practice | 46 |
| | Locum dentists | 48 |
| | Roles in general practice | 50 |
| | Contracts | 54 |
| | NHS contracts in England and Wales | 54 |
| | HS/NHS contract in Northern Ireland and Scotland | 57 |
| 3.3 | Salaried services | 60 |
| | Hospital dental services | 60 |
| | Oral Surgery and Maxillofacial Surgery (OMFS) | 63 |
| | Oral Medicine | 65 |

| | | |
|------------|-----------------------------------------------------------|------------|
| | Oral Surgery | 66 |
| | Orthodontics | 67 |
| | Paediatric dentistry | 68 |
| | Restorative dentistry | 69 |
| | Community dentistry/Salaried Primary Dental Care Services | 72 |
| | Dental Public Health | 78 |
| | Academic dentistry and research | 82 |
| | Armed Forces | 86 |
| 3.4 | Other career options | 88 |
| | Implant dentistry | 88 |
| | Prison dentistry | 90 |
| | DFT educational supervisor | 92 |
| 04 | Portfolio career | 94 |
| 05 | Developing your career | 98 |
| 06 | Contracts and agreements | 100 |
| 07 | Professional responsibilities | 104 |
| | Ethical and legal aspects of dentistry | 105 |
| | General Dental Council (GDC) | 108 |
| | Continuing Professional Development (CPD) | 111 |
| | Specialist societies | 115 |
| | Professional indemnity and income protection | 116 |
| | Managing your finances | 118 |
| | Tax, National Insurance and Student Loan repayments | 120 |
| | Further help | 123 |
| | Other BDA resources | 123 |
| | Useful contacts | 124 |
| | Abbreviations | 125 |

3.1 After graduation

Dental Foundation Training / Vocational Training

Immediately after graduation, the majority of UK graduates undertake Dental Foundation Training (DF1) or Vocational Training in Scotland (VT) in order to work in an NHS general dental practice. In the NHS, across the UK, Foundation Dentists (FDs) or Vocational Dental Practitioners (VDPs) spend a year in approved practices whilst undertaking training. DFT/VT can provide new graduates with a broad overview of career choices and a good understanding of the NHS system.

DFT/VT introduces new graduates to general practice and gives them a protected environment to work in for a year. Each FD/VDP has a trainer/educational supervisor in the same practice. In some practices, two dentists may share this role. The trainer provides the FD/VDP with supervision and help whenever it is needed, as well as meeting with them for regular tutorials. The trainer takes responsibility for the acts and omissions of the FD/VDP in NHS terms, but the FD/VDP, as a registered dentist, will be liable for their conduct and for patient wellbeing.

During your DFT/VT year you will usually spend four days a week practising dentistry, and one on 'day release' at the study day course, plus regular in-practice tutorials with your DFT/VT trainer.

Another option is a Longitudinal DFT scheme. These provide the opportunity to combine working in primary dental care and secondary care. Effectively, participants combine the DFT/VT year and the Dental Core Training Year 1 through this programme. This is currently done on a weekly rotation.

You should receive information about the DFT/VT system either at the beginning of your final year or just before your university summer break, as the application process commences at the start of the autumn term.

The information is provided by your dental school with involvement from the HEE

Dental Core Training

After Dental Foundation Training, additional training years are referred to as Dental Core Training (DCT) and are optional. Formerly known as 'Senior House Officer' (SHO) positions, these posts are aimed at developing elements of primary and secondary care in a variety of settings. Some HEE regional offices/deaneries also use schemes which

alternate between a practice and hospital setting on a weekly or bi-weekly basis.

The initial one-year DCT post is called DCT1. DCT recruitment (UK wide) has been nationalised, with applications opening in January.

To find out more call our education advisors on 020 7563 4133 or visit copdend.org.uk

Dental Core Training – should you do it?

Sheena Patel and Roshnee Patel have completed Dental Core Training (DCT1) roles in oral and maxillofacial surgery at the Queen Alexandra Hospital, Portsmouth. They explain the advantages and disadvantages of Dental Core Training roles.

Advantages of Dental Core Training

1. Expand knowledge

Whilst the BDS programme will cover the essentials required to practice dentistry, Dental Core Training (DCT) allows the newly-qualified graduate to enhance their skills and expand their knowledge in a sub-speciality of their choosing. This pathway provides a dedicated learning environment, directed by senior specialists in the field, and is therefore ideal for anyone looking to enter the specialty training programmes or those looking to provide more comprehensive treatments in practice.

2. Character building

Working in an environment outside of general practice encourages organisation and time management, team work, communication skills and a deeper understanding

of one's individual limitations. It also requires the ability to work under pressure, the flexibility to adapt to new environments and the ability to use your initiative when faced with a new challenge. Not everyone will be suited to this role. Some personalities will thrive whilst others will find it too challenging. It is important to know the right role for you!

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 the Faculty of Dentistry and Oral and Craniofacial

Sciences, King's College London 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.”

A young dentist 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.

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 mono-specialties: Endodontics, Periodontics and 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.

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
- And much more...

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

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.

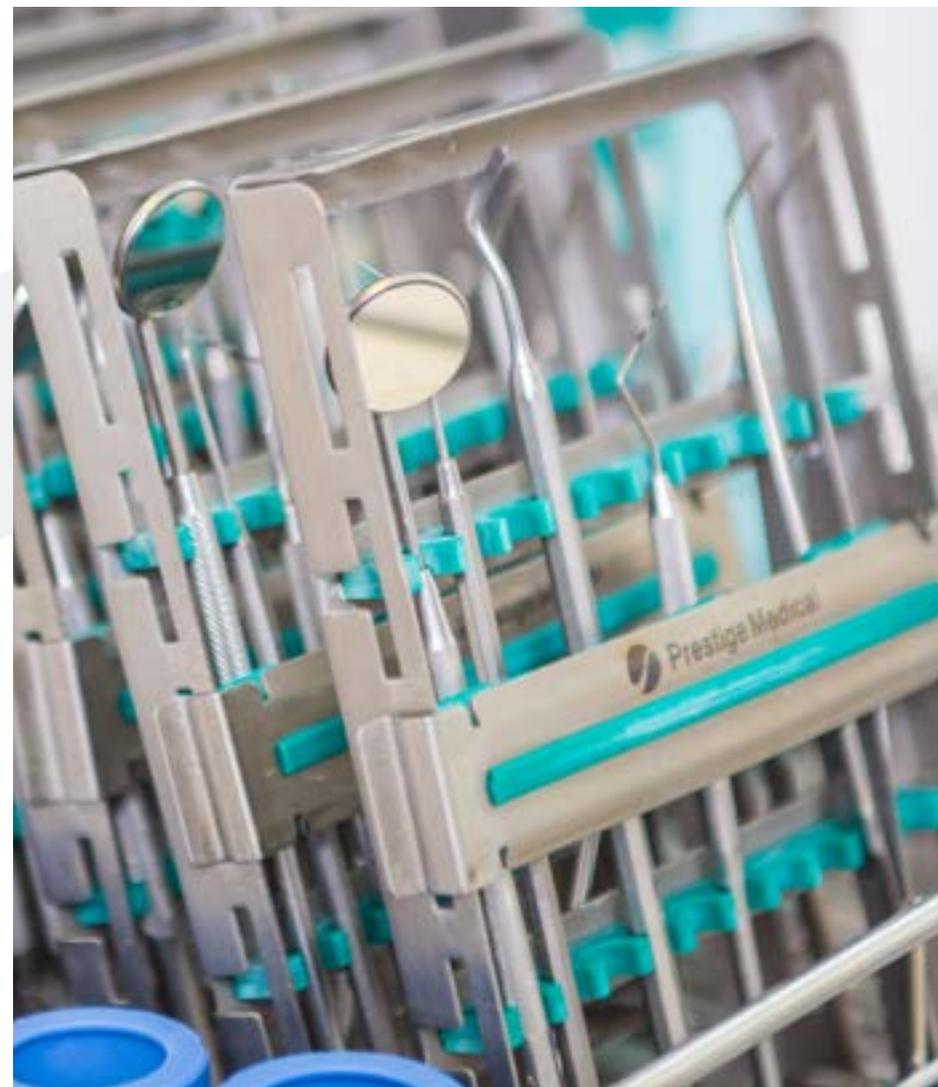
If you want to offer implants in general practice, there are many more routes available. But there is much variation in the content and quality of training. Consider

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.”



06

Contracts and agreements

Whatever career path you choose, it is important that you make sure you have a robust contract of employment or associate agreement in place. If you are a self-employed associate, this is even more vital as you do not benefit from the same legal rights as employed dentists. It is also vital to have your contract checked by an expert.

We have a team of expert advisors to help you with legal paperwork and a free associate contract checking service is available to all members.

Contracts and agreements

Whatever career path you choose, it is important that you make sure you have a robust contract of employment or agreement in place. There are two types of arrangement:

1. Associate agreement – for self-employed dentists (associates working in general practice)
2. Contract of employment – for employed dentists (mainly salaried services and becoming more popular for corporates).

Self-employed dentists: Associate agreements

If you are a self-employed associate it is vital that you have an agreement in place, as you do not benefit from the same legal rights as employed dentists. It is also very important to have this checked by an expert before signing. More than half of the calls to our Practice Support Team are the result of associate agreement disputes. An early review, done before you start work, can save you a great deal of heartache in the long run.

Associate contracts should cover the following:

- Names and addresses of the parties
- Date of commencement
- Facilities provided by the practice owner, such as equipment and staff, and how any interruption in the provision of these facilities will be dealt with
- Hours and time off
- Financial arrangements, such as the collection of fees, payment for facilities and laboratory costs
- Arrangements for seeing patients privately and/or on the NHS (in England and Wales the UDA target)
- Maternity or paternity leave
- Locum arrangements
- Termination, including notice of termination and restrictive clauses
- Retention fees.



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.



@TheBDA



@british-dental-association



@thebritishdentallassociation



@british-dental-association

British Dental Association

64 Wimpole Street, London, W1G 8YS

bda.org | 020 7935 0875 | students@bda.org