



# Careers in Dentistry



Faculty of  
Dental Surgery  
ROYAL COLLEGE OF SURGEONS OF ENGLAND



## A career in dentistry

Dentistry is a rewarding career choice for any individual. It is so much more than providing a check-up or a filling for a patient - the work includes diagnosing and treating teeth and mouth problems, as well as work to prevent dental disease and promote oral health.

It provides a secure career that can be pursued both in the UK and overseas. Even if you focus your career in one area, every day in dentistry is different. Here at The Faculty of Dental Surgery we support the wider dental team so whether you are a general dentist practitioner or a surgeon specialising in Oral and Maxillofacial Surgery (OMFS) we have courses and exams available to you, but first, let's have a look at your career pathway options!



## Academic dentistry

### Specialty information

'My clinical specialty is orthodontics, which is concerned with the diagnosis, prevention, and treatment of abnormalities associated with the developing and mature dentitions. We also manage irregularities of dental occlusion and the inter-relationship of hard and soft tissues within the dentofacial complex in both children and adults.

I am a clinical academic, so I combine my clinical work with academic dentistry – undertaking research and teaching within the field of orthodontics. I was fortunate enough to obtain an MRC clinical training fellowship and spent four years doing a full time PhD in the field of developmental biology. It was a real culture change working in a full-on research laboratory as opposed to my previous work which focused on orthodontics! It was quite a challenge but with excellent support and funding it was something I really enjoyed and formed the basis of the research I am still doing today. Following this, I combined senior registrar training in orthodontics with post-doctoral research and was then appointed as a senior lecturer and Hon consultant in orthodontics at KCL.'

### How to succeed and tips in getting a training post

A broad range of post-registration work experience in primary and secondary care is an essential platform for entry into academic training within any specialty of dentistry. In addition, there is a need for academic dentists working in primary care. The MFDS examination is also a good demonstrator of postgraduate educational achievement in dentistry and a useful stepping stone for career progression.

There are several routes to academic dentistry – through appointment as an Academic Clinical Fellow (ACF) in a specialty area (or primary care); or as a funded PhD student. The advantage of an ACF post is that it provides the trainee with dedicated research time while also undertaking clinical training. The ACF is expected to establish their area of research interest, generate some data and apply for PhD funding through a clinical fellowship. A clinical academic has to balance their research commitments with clinical work, teaching and administration, which can be a tough ask. However, if you develop a strong research portfolio you will always be successful as a dental clinical academic.

The next stage would then be appointment as a lecturer or academic clinical lecturer, normally in a dental school and then progression to senior lecturer, reader and ultimately professor (this is the conventional training route), although many academics have successfully followed alternative pathways. The best advice I could give to any aspiring academic is the need to be competitive within their field of chosen research. Dental research can be a little insular and restricted to specialty-specific areas and I think there will be a greater need for dental academics to collaborate and branch out in their areas of research in the future. There are certainly many exciting new opportunities in research.

### A day in the life...

Professor Martyn Cobourne FDS RCS, FDS Orth RCS, PhD

Professor of orthodontics, oral & craniofacial sciences, King's College London Consultant in orthodontics, Guy's and St Thomas' NHS Foundation Trust

My working days are varied and split between research, teaching and clinical commitments within a large university dental faculty. My research involves managing basic science laboratory and clinical research groups; while my clinics include personal treatment sessions, diagnostic and multidisciplinary clinics and postgraduate supervision. I also run the orthodontic postgraduate programme which involves a large commitment to teaching and managing a cohort of orthodontic trainees from the UK and abroad.

## Aesthetic dentistry

### Specialty information

Dr Konstantina Dina Dedi DipDS, MS, FACP

Specialist in prosthodontics, director of aesthetic dentistry programmes, principal clinical teaching fellow, University College London (UCL) Eastman Dental Institute.

My clinical specialty is prosthodontics and I practise and teach with a special focus on aesthetic dentistry. Aesthetic dentistry refers to rebuilding and replacing teeth and redesigning smiles using natural and youthful looking materials and restorations, designed on sound prosthodontic principles. It is a very creative, rewarding and fulfilling area of dentistry and designing and building a patient's smile can change their life.

It is not a recognised specialty but a very popular clinical dentistry focus area. Aesthetic dentistry procedures come under the overlapping training and clinical practice of prosthodontics and restorative dentistry, it focuses on the specific knowledge of materials and procedures and artistic combination of health and beauty in oral rehabilitation. In the UK, there are only part-time or flexible learning university programmes in aesthetic dentistry. The majority of the hands on training is lab-based skills and postgraduates apply the acquired knowledge on patient cases in their practice. Established full-time training programmes in Aesthetic Dentistry exist in the USA including supervised patient care as part of the training. These are either one year fellowship programmes or three year full time programmes called operative dentistry programmes. Comprehensive aesthetic restorative dentistry includes training on ceramic veneers, crowns, inlays, on lays, whitening, composites and dental adhesion.

### How to succeed and tips in getting a training post

Dr Konstantina Dina Dedi DipDS, MS, FACP

Specialist in prosthodontics, director aesthetic dentistry programmes, principal clinical teaching fellow, University College London (UCL) Eastman Dental Institute.

Before choosing a training programme, my advice would be to thoroughly investigate the content and detailed curriculum of the programmes available, find out about the amount and type of hands on training the programme provides and choose a programme that will give you empowering evidence based knowledge to be in control with confidence of your dentistry and treatment and materials choices. Attending open house taster sessions of each programme is a good way to meet with the teaching staff and other postgraduates and to visit the facilities or experience a teaching day in the programme. I would strongly recommend to attend some of the annual congresses in aesthetic dentistry where colleagues can see recent advances in treatments and meet worldwide known aesthetic dentistry educators and opinion leaders.



## Community dental services

### Specialty information

Community dentistry is generally referred to as the salaried service. It is officially called the Salaried Primary Dental Care Service in England and Wales (SPDCS), the Public Dental Service (PDS) in Scotland and the Community Dental Service (CDS) in Northern Ireland. Dentists have a contract of employment and service standards to meet. The work is dependent upon the service specification agreed with commissioners and is often challenging and stressful, yet rewarding. Salaried primary care dentists work in a number of different clinical settings with a variety of support staff and often work in close liaison with health and social care professionals to deliver effective care to their patients. The standard of dentistry provided in the service is high and DCPs are well trained. For a new graduate, it is a very stimulating environment to learn in. Benefits include an organised clinical management structure and the support of peers, access to structured study leave and financial help with relevant additional training, and non-salary benefits, such as paid annual and sick leave and full NHS maternity pay and leave.

### How to succeed and tips in getting a training post

The recruitment process is more formal than for General Dental Practitioner (GDP) roles and it is best to know a little about the service that you are applying for, along with knowledge of the host trust if applicable. If it is a first CDS post, have examples of patient cases from other roles that have required that extra knowledge or support to be successful. Always take up the opportunity to discuss the post with someone in the service before application. A good application form will help you to be shortlisted for interview.

### A day in the life...

Mrs Sarah Procter BDS; LLB (Hons)

Associate Director for Dental Services

The days are varied within CDS. My role is predominantly special care dentistry. We start with a daily briefing. Then the first patient of the day may be an anxious adult requiring inhalation sedation for restorations, followed by new patient assessments of a patient referred into the service by their GDP. I work with patients with learning disabilities whose care is shared with the special care consultant in the local acute trust and patients that require British sign language interpreters. The afternoon may bring dental care for a patient who cannot transfer from a wheelchair and requires the wheelchair tipper to be treated or it may be a clinical supervision session where staff groups can meet to discuss cases, new procedures or new techniques or a training session for immediate life support or clinical holding.

#### Sarah-Jane Snape, Band B Specialist in Paediatric Dentistry Lancashire

'Working in the Community Dental Service means I can provide care for some of the most vulnerable in society, spend time with them addressing their needs and working with them to improve their oral health.'

#### Tarek Mahmoud, Band B Senior Dental Officer Lancashire

'The infrastructure of working in the salaried services is excellent and the clinical governance far exceeds that of most general practice settings, in my opinion. In addition, the nurses and support staff are highly motivated, well qualified and helpful.'

## Dental and maxillofacial radiology

### Specialty information

Dental and maxillofacial radiology is concerned with the diagnosis of dental and maxillofacial abnormalities using x-rays and imaging modalities such as computed tomography, Cone Beam Computed Tomography (CBCT), magnetic resonance imaging and ultrasound. We work very closely with dentists and dental specialists to enhance their diagnostic capability, so that patients are diagnosed and managed efficiently and effectively. The specialty has evolved significantly in recent years with the introduction of more advanced imaging into dental practice, known as CBCT.

CBCT allows the production of three-dimensional images of the teeth and jaws which dentists and doctors can use for the diagnosis and management of various pathological conditions. For example, a patient presenting with wisdom teeth that are close to the nerve can now be imaged with CBCT and a very accurate image of the relationship between the tooth and the nerve can be established so safer surgery can be carried out. With more patients opting for implant treatment, CBCT plays a very important role in the workflow of implant placement. Dentists are adopting a fully digital workflow that allows the production of guides that promote safer and more precise implant placement.

### How to succeed and tips in getting a training post

Dental and maxillofacial radiology is becoming more popular as more advanced imaging modalities are utilised by dentists in primary and secondary care. There is a significant need for dental and maxillofacial radiologists to support dentists in not just the management of patients, but also in providing training in the use of these modalities. It is expected that candidates applying for dental and maxillofacial radiology have a recognised dental degree as well as an MFDS or MJDF with post qualification experience. It is expected that candidates show interest in the specialty by being members of the national society, which is the British Society of Dental and Maxillofacial Radiology (BSDMFR) and perhaps carry out some audit or research projects that involve radiology. Like any application for specialist training, the process is competitive so the candidate should be an enthusiastic, hardworking individual who demonstrates commitment towards a career in dental and maxillofacial radiology.

### A day in the life...

Dr Jimmy Makdissi FDS RCS Eng, DDR RCR, DDS

Consultant in dental and maxillofacial radiology, Queen Mary University London.

Dental and maxillofacial radiologists are expected to carry out a combination of tasks in a normal working day, including interpreting dental x-rays and specialised investigations such as CBCT, CT or MRI. They are expected to supervise junior members of staff such as dental core trainees or specialist trainees in carrying out these interpretations. They are also involved in the teaching of undergraduate and postgraduate students and a vast range of practitioners in topics relating to radiology. There is huge potential for research in the field, specifically with more imaging modalities being adopted by dentists and therefore the dental radiologist is expected to contribute and support various specialties in conducting research projects involving radiology.

In summary, dental and maxillofacial radiology is an exciting career, no two days are exactly the same. You are likely to be involved in clinical service, education and research. It is very likely that you will be based in a hospital environment but expand your career to involve private practice.



## Dental public health

### Specialty information

Dental public health consultants and specialists hold a unique position, combining a strong base in clinical dentistry with specialist public health training. DPH is concerned with the oral health of a population rather than individuals. As a small, flexible, strategic discipline we have significant influence on population health and health services by working across organisations and systems alongside public health colleagues, policy makers and dental professionals, to impact on population health and patient outcomes.

The specialty is supported by an active academic base which is involved in epidemiology, health services research, tackling health inequalities and research on the prevention of disease and promotion of oral health. It involves lots of networking and coordinated action locally and nationally. Some consultants hold wider public health responsibilities for a section of society such as children or older people, depending on local organisation. We also hold close working relationships with professional leaders at national and local levels. Consultants work across six domains of health promotion, healthcare public health, health protection, health intelligence, workforce capacity building, and academia. Anyone wishing to join the specialty should first gain a breadth of experience across different disciplines of dentistry.

### How to succeed and tips in getting a training post

First, gain as much experience as you can across dentistry in primary, community and secondary care. Second, try to get a Dental Core Trainee (DCT) post with some DPH experience. Connect with your local consultant, and see if you can shadow them, and perhaps assist with a project. Try to speak with trainees about their work and experiences. If you are an undergraduate student who realises early on that DPH may be the specialty for you, try to get early experience with the academics in your university. Third, join the British Association for the Study of Community Dentistry and attend conferences so that you gain deeper insights. Finally, learn what is needed to apply for a training position. When national recruitment is happening in England you will need to go through the first stage of the general public health application process so do plan well in advance so that you are confident when tackling the numeracy and literacy test.

### A day in the life...

Professor Jenny Gallagher MBE, PhD, MSc, BDS, DCDP, FDSRCS(Eng), DDPHRCs(Eng), FHEA.

My day starts after school drop off and a run to have a bit of time to reflect. Mornings are spent catching up on emails, completing the paperwork and feedback for an assessment of a specialist registrar where I observed an individual lead a session. I then have meetings to discuss whether there have been any new COVID-19 outbreaks and if my assistance is required. An afternoon can also vary, in this case I had a clinical harm review process which involved a meeting with commissioners to review the data on the increasing waiting lists across secondary care in our area. I have a 1-1 with my specialist registrar in Dental Public Health, talking through his preparation for his Intercollegiate Specialty Fellowship Examinations (ISFE) and any other matters we haven't had chance to catch up about recently. New emails have come in about all sorts of topics: updates on COVID-19 from Public Health England; updates on NHSEI workstreams; request for my contribution to as a consultant within our specialist association (BASCD) of which I am a member.

Emma Hall-Scullin, Consultant in DPH, PHE NW

'You have the privilege of working with diverse teams across the whole health and care system, collaborating to deliver solutions to improve the oral and general health of the whole population and of some of the most vulnerable groups in our communities.'



## Endodontics

### Specialty information

Endodontics is a dental specialty with a pursuit to prevent, diagnose and treat pulpal and periradicular disease. It is not just a technical discipline, but also requires a deep understanding of the pathophysiology of the affected tissues by these diseases in order to execute ever-increasing biologically based therapies. Endodontists must also have a good understanding of restorative dentistry.

### How to succeed and tips in getting a training post

If you are interested in Endodontics I would recommend joining the British Endodontic Society and asking an endodontist (they are very friendly!) if you can watch/shadow them for a period of time to see what the job is really like. Getting experience in different fields of dentistry early on in your career is very important and a good way to do this is through different DCT jobs. This will put you in an environment where you can also build your CV, which is important in order to have a strong application if you are going for a specialty training post.

### A day in the life...

Dr Phillip Tomson BDS, PhD, MFDS RCSEd, RCSEng, FDS (Rest Dent) RCSEd

Senior clinical lecturer and Honorary consultant in restorative dentistry, University of Birmingham and Birmingham Community Healthcare Trust.

Variety is the spice of life and this is important to consider and try to build into your job long-term because however highly trained you become, doing the same thing repeatedly can become tiresome. As a clinical academic, I am privileged to have an incredibly rewarding and diverse job and no two days are the same. As a consultant running a clinical service I not only deliver treatment to my own patients but have the responsibility for delivering safe high quality care by a whole team of dentists. I have the opportunity to work with and mentor highly motivated talented individuals, which is incredibly rewarding. I am fortunate to teach young bright undergraduates and guide them at such a formative stage of their career. In terms of research, I work with more bright people (there is a recurring theme here) and am lucky to attempt to answer research questions with the ultimate aim of improving patient care and outcomes.

In summary, dental and maxillofacial radiology is an exciting career, no two days are exactly the same. You are likely to be involved in clinical service, education and research. It is very likely that you will be based in a hospital environment but expand your career to involve private practice.

#### Professor Philip Lumley, University of Birmingham

'I have been privileged to have been involved in Endodontics for over forty years and seen many changes. In particular, it grew from a Cinderella subject to a specialty, and most importantly the introduction of the operating microscope, the biggest step forward since the introduction of radiography. Seeing is believing ...'

#### Hal Duncan, Consultant in Endodontics, Dublin Dental University Hospital

'During my work as a general practitioner, endodontics started to appeal to me. Why? Firstly, it involved treating disease, I never felt very comfortable with selling dentistry to patients, but in endodontics if it needs to be done due to presence of disease, this is unequivocal. Not only that but it helps patients who are in pain! Finally, without wanting to offend anyone, it avoids the need for a technician and an additional variable, therefore it is really is just what I can do as an operator with the patient and the tooth. That can of course be a blessing or a curse...'

#### Biraj Patel, Endodontist, University of Texas Health Science Center San Antonio, USA (former student University of Birmingham)

'Endodontics is one of the most rewarding specialties as a healthcare provider. Having the ability to diagnose and alleviate patients who are in pain is one of the most satisfying and fulfilling aspects of the specialty. I find all aspects of endodontics enjoyable, and there is quite some variation between cases. As an endodontist, there is more than just performing root canal treatments, it is also a surgical specialty with a large volume of cases being endodontic microsurgery. In addition, the last 10-15 years has seen a large increase in our ability to manage pulpal disease conservatively with vital pulp therapies and the introduction of regenerative procedures for necrotic open apex teeth. The field of endodontics has a heavy biological basis and is therefore driven by scientific research. For me, the biggest reward is the ability to apply scientific principles and practical skills to help patients.'

## Implant dentistry

### Specialty information

Implant dentistry is not a recognised specialty in dentistry. The 'Scope of Practice' guidance from the General Dental Council (GDC) identifies dental implant treatment as an additional skill that a dentist can develop. Qualified general dental practitioners in the UK are not expected to be competent in practicing implant dentistry without further training and the GDC emphasises the importance of appropriate postgraduate training prior to practising dental implants.

There are many training courses in implant dentistry with significant variation in content. More formalised training is university based leading to a postgraduate qualification and is either full time or part time, with stepwise progression from a certificate, diploma and master's degree in implant dentistry. Short courses can develop skills in specific techniques, be affiliated to a particular brand, or offer a non-university-based certificate with continuing professional development and a greater focus on hands on techniques and mentoring of cases. There is no minimum set requirement in mentored cases, but it is generally accepted that a recognised period of training with a formal assessment with certification and a period of mentoring would fulfil the training requirements.

### How to succeed and tips in getting a training post

The essential skills for successful implant dentistry rely on both advanced surgical and restorative techniques, to separate the two is a disadvantage. It can require competency in complex exodontia with ridge preservation techniques to more advanced surgical techniques such as aseptic techniques including bone and connective tissue grafting and sinus lift techniques requiring considerable clinical exposure.

The importance of understanding more complex restorative techniques such as occlusion and aesthetic dentistry also cannot be understated. Treatment planning and sequencing treatment is important but managing patients' expectations effectively in a lengthy treatment modality will ensure success and avoid complications and complaints. Offering implant dentistry as a treatment option for your patients gives scope for offering considerable improvements in quality of life for edentulous patients, this is most dramatically seen in long term edentulous cases with poor lower denture retention and stability due to a severely resorbed ridge. Denture stabilisation with implants can be a life changing event improving functional and aesthetic outcomes.

### A day in the life...

Mr Jag Dhanda BSc(Hons), BDS (Bris), MFDSRCS (Eng), MBBS(Lon), MRCS(Eng), FRCS(OMFS), PhD  
Consultant maxillofacial/head and neck reconstructive surgeon, Queen Victoria Hospital

A typical day in the life of an implant surgeon usually involves patient consultations, with all patients requiring detailed treatment plan letters and consent forms. There will be a review of patients with previous treatment, stage 1 treatment or implant placement, or stage 2 with exposure, impressions and fitting of restorations. There is a growing trend in digital workflow and minimal access techniques with full arch rehabilitation.



## Military dental careers

### Specialty information

There are military dental officers in all three services, the Royal Navy, the Army and the Royal Air Force. While there are differences between the forces, there exists one common strand; that is delivering high level dental care to service personnel to enable them to effectively carry out their duty. This care is delivered in the firm base, at home and on operations, be that land or sea.

A dental career in the military is unique. You will be expected to be both a confident clinician and an officer, leading and managing civilian and military personnel. The leadership training you will receive as part of your officer training is world renowned and will push you in ways that dental school never reached. The military demands high standards. The support, further educational development and training opportunities open to you are varied and extensive. Another unique aspect of a military career is the sporting and adventurous training opportunities. Physical fitness and robustness are essential qualities in a military officer and all three services devote time and funding in sport including weekly organised physical training and representative sport, the opportunities are endless.

### A day in the life...

Colonel Andy Case BChD, LDS RCS (Eng), L/RADC

Depending on the role you are in and where in the world you are serving an average day can take many different forms and one thing a military career will deliver on is variety. Most Dental Officers are based in Defence Primary Healthcare Centres, which are well equipped modern dental practices delivering primary dental care similar to that you would expect to carry out as a General Dental Practitioner. In a typical working day you would treat emergencies, do routine inspections and treatments. The administrative load is greater than that of an average associate as you will be the senior dental officer leading a team of military and civilian staff. The focus remains on delivering high quality treatment to our patients. If you are interested in a career in the military my advice would be to contact the individual services to discuss the role and get a feel for which suits your personality and lifestyle best. There are medical entry standards and a testing selection process required for all of the services.



# Oral and Maxillofacial Pathology (OMFP)

## Specialty information

Oral and Maxillofacial Pathology (OMFP) focuses on the assessment and diagnosis of pathology affecting the oral mucosa, teeth, jaws, sinuses, salivary glands and surrounding structures. Training takes approximately five years. Some trainees undertake a PhD to pursue an academic career. During your training, you will spend one year in a general pathology department learning about pathology from different anatomic sites. Consultants often work within general histopathology departments as specialists in OMFP/head and neck pathology and many posts are linked to dental and medical schools for fulfilling teaching and research activities.

## How to succeed and tips in getting a training post

You'll need to have a naturally inquisitive mind and enjoy unravelling a difficult diagnosis! Given the range and complexity of pathology that can present in the head and neck region, you will have to be fairly academic but enthusiasm to learn is a key element we look for. You may have won prizes as an undergraduate or postgraduate, written journal articles or presented at local or national conferences. Most trainees take further professional exams such as MJDF or MFDS at the Royal Colleges. Often diagnoses are not clear-cut and require further investigations and special tests. This may involve reading numerous textbooks and journal articles to understand how new and emerging tumours are to be diagnosed. You will therefore need to enjoy keeping abreast with the latest developments.

## A day in the life...

Daniel Brierley BDS (Hons), MFDS RCS (Ed), MFDS RCS (Eng), FRCPath, PhD, SFHEA

Senior clinical teacher and Honorary consultant in Oral and Maxillofacial Pathology, University of Sheffield

A typical day will start with the macroscopic assessment of biopsies and resection specimens in the laboratory. For cancer specimens, this involves describing the specimen and using special inks to mark important resection margins. We measure the size of the tumour and its proximity to the margins. We then select appropriate samples to ascertain the completeness of excision and to determine the tumour type, depth of invasion and any other prognostic features.

The rest of the day is devoted to reporting cases using histological slides or digital images. OMFP encompasses all sorts of different pathology from lichen planus, to salivary gland tumours, rare sarcomas and metastases from other parts of the body. We work closely with other specialties, particularly OMFS, oral surgery and oral medicine. The relationships and dialogue we build with our clinical colleagues is very important and often means we can refine diagnoses, explain how rare tumours may behave or even discuss cases which have challenged us all. This communication is also evident at the multidisciplinary team meetings which are held weekly to discuss head and neck cancer in the region. The pathologist presents their diagnoses which often determine the type of treatments required to manage a patient's disease.

There are regular opportunities to be involved with teaching, particularly if you are an academic. This, combined with any research you may be undertaking, makes the job both varied and satisfying.

### Prof. Keith Hunter from Sheffield

'When I was considering doing oral pathology, Gordon MacDonald said to me that (at that point about 60 years old), he was still excited to go to work each day to see what pathological puzzle he would be presented with. I thought that to still be that excited after all these years, there must be something really great about academic pathology. And so it has proved...'

# Oral and Maxillofacial Surgery (OMFS)

## Specialty information

Oral and Maxillofacial Surgery (OMFS) is the surgical specialty that bridges between dentistry and medicine. All specialists in OMFS (and specialty trainees) are both doctors and dentists. Most start as dentists but some are doctors first. Although the training pathway appears long on paper, the age on joining the OMFS specialist list is similar to other surgical specialties.

## How to succeed and tips in getting a training post

If you are interested in OMFS, there is a scheme on the specialty association BAOMS called a Taste of OMFS. It is aimed at everyone from dental students and medical students to anyone interested in broadening and deepening their OMFS knowledge and understanding. By completing some elements they can receive a letter from the BAOMS President acknowledging their participation in the scheme. For some more effort over a 12 month period, they can receive a letter of completion for that year. Membership of BAOMS is not needed.

For those seriously considering a career in OMFS, they can join BAOMS and sign up for the Mentoring & Support Programme (MSP). Entry to the MSP is through a meeting with an OMFS training programme director. MSP provides access to the same online portfolio as specialty trainees so they can evidence their progression prior to second degree studies, during their second degree and during their studies.

There are two types of specialty training posts. ST1 run-through includes training in core surgery. It is the most competitive route into specialty training. ST3 is for those who have completed core surgical training and passed their MRCS exam. ST3 has the best appointment ratio in surgery. Almost everyone who has both degrees and their MRCS will be appointed to ST3, most in the training rotation in which they want to work.

## A day in the life...

Mr Patrick Magennis FRCS (OMFS), FFDTC RCS Edin, FDS RCS (Eng)

Consultant Oral and Maxillofacial Surgeon, Liverpool University Hospitals NHS Foundation Trust

It is tricky to give a representative day in the life of an OMFS surgeon, as most days and posts are different. Some consultants, focus could be managing trauma, cancer & reconstruction, facial deformity, cleft lip & palate and craniofacial surgery. Whatever their focus, surgeons would usually have at least one or sometimes two all day operating lists every week. They would have a mixture of general and specialist outpatient clinics. On-call depends on the size of the unit with some units sharing the workload across 16 consultant colleagues. In many units, consultants spend a week on the front line of trauma and infection to break up their normal job.

The nature of OMFS consultant posts and our on-call makes OMFS one of the most family friendly surgical specialties, and the upward trend in the number of female trainees and specialists support this.

Anne Begley, Consultant OMFS Surgeon, Liverpool.

'OMFS is a great specialty and a fun career. My job focuses on managing patients with facial and dental deformity problems requiring surgery to correct this (called orthognathic surgery) and also patients with serious problems with their jaw joints. I am married to an OMFS consultant and we have two children. We have found that training and work in OMFS have been compatible with family life. Come and join us!'

Fazilet Bekiroglu, Consultant OMFS Surgeon, Liverpool.

'My sub-specialty interest is cancer surgery, removing tumours from the head, face, neck and jaws and reconstructing the defect using tissues from the patient's own arm, leg, hip or shoulder. The operations are long, complex and challenging for the whole team but the results when you cure a patient or just make their final time tolerable are enormously satisfying. Away from work, I love skiing and walking in the Lake District. Working in a large department with lots of colleagues means that most of my weekends are free to enjoy.'

Daljit Dhariwal, Consultant OMFS Surgeon, Oxford.

'I tell people I have the best job in the world... and I do! I am proud that Thames Valley has 60% female trainees and 30% female consultants and probably the most diverse OMFS Department in the UK. I work part time as a single parent of 6 year old twins, one of whom has a disability. My predictable timetable allows me to balance surgery and being a hands-on mum and carer. The surgeons of the future will work with greater flexibility and work life balance so it is a great time to pursue OMFS.'

## Oral and Maxillofacial/Head and Neck

### Specialty information

OMFS/HN surgeons are trained in both reconstructive and ablative (removal of cancer) head and neck surgery. The training pathway includes full Oral and Maxillofacial Surgery (OMFS) training. In addition to this, most OMFS/HN surgeons will have also completed subspecialty training with a fellowship in the UK, or abroad, for a focused period of training in free tissue transfer or free flap surgery. In this reconstructive approach, tissue is taken from anatomical sites such as the thigh, lower leg, hip or forearm and used to reconstruct the head and neck with microvascular techniques to revascularise the flap. There are three medical specialties that perform surgery in the head and neck region. Ear Nose and Throat/Head and Neck (ENT/HN) surgeons, plastic surgeons and OMFS/HN surgeons. There are distinctions between the scope of practice of these three specialties in head and neck surgery.

The primary modality, or treatment, for pharynx and larynx cancer is radiotherapy. ENT/HN surgeons are in the main ablative surgeons. Their reconstructive repertoire includes local or pedicled flaps, usually required in recurrence cases. Like ENT/HN surgeons, OMFS/HN surgeons also perform salivary gland surgery. Plastic/HN surgeons are in the main reconstructive surgeons offering the full scope of reconstruction including free tissue transfer, they are rarely ablative HN surgeons. Like plastic/HN surgery, OMFS/HN surgeons also surgically treat cutaneous malignancy. OMFS/HN surgeons are both ablative and reconstructive surgeons and our dominance, as a specialty, in head and neck reconstruction is reflected in 80% of free flaps for head and neck cancer being performed by OMFS/HN surgeons. We are also trained in access to the head and neck and calvarium as well as dentofacial rehabilitation.

### How to succeed and tips in getting a training post

The ability to operate independently requires an in depth understanding of anatomy and a medical degree is essential in understanding how to manage the surgically complex patient in the perioperative period. Our operations can be long and require stamina and good teamwork. Good communication skills are essential, especially with difficult conversations when breaking bad news. Good interpersonal skills are also essential to manage large teams. Most people can be trained to operate but natural flare with dexterity gives an economy of movement. The fine motor skills in dentistry are no different to the fine motor skills required in OMFS/HN surgery.

### A day in the life...

Mr Jag Dhanda BSc(Hons), BDS (Bris), MFDSRCS (Eng), MBBS(Lon), MRCS(Eng), FRCS(OMFS), PhD  
Consultant Maxillofacial/Head and Neck Reconstructive Surgeon, Queen Victoria Hospital

I attend the Monday morning pre ward round debrief and handover at 8am. This is followed by a ward round to review all post-operative head and neck patients. I am expected to attend theatres at 9am to debrief on the patient and sequence of the operation, delegating responsibilities to my team. I see any of my post-operative patients for follow up between 9-10am and then return to theatres for my major case patient who will have been anaesthetised and is ready for surgery. I will consider the skill mix of surgeons in training and delegate according to training requirements and ability. Major ablative and reconstructive surgery often has two consultant surgeons operating. I will either be performing the ablative surgery with neck dissection or raising the free flap. After the ablation, the free flap is inset, and microsurgery begins usually late afternoon. Finally, after the flap is revascularised, we complete flap inset and close the surgical sites and then transfer the patient to intensive care. Non-operating days are filled with ward rounds, clinics and multidisciplinary meetings.

Mr Monty Garg, TIG Head and Neck Fellow, Queen Victoria Hospital.

'OMFS/HN surgery is technically challenging, reconstruction of the head and neck is one of the most complex anatomical sites. It requires a high level of spatial awareness and three-dimensional appreciation of anatomy with some of the most advanced surgical techniques such as microsurgery. Although the pathway is long, I would do it again if I had to.'

## Oral medicine

### Specialty information

The clinical practice of oral medicine is focused upon the non-surgical management of disorders of the soft tissues of the mouth, the salivary glands and abnormalities of sensation and movement of the orofacial region. Unlike many other specialties, the patients who attend oral medicine units have disease that is rarely plaque-induced and can cover a gamut of widely differing aetiological drivers that may include genetic, immunological, infectious, neoplastic and/or degenerative mechanisms.

Specialist oral medicine care is predominantly delivered in units within the dental hospital setting, with some also taking place in oral and maxillofacial surgery units in District General Hospitals (DGHs). The management of patients often requires a multidisciplinary approach with specialists from many fields of dentistry (eg periodontology, oral surgery, prosthodontics and special care dentistry) and medicine (eg psychiatry, Oral and Maxillofacial Surgery (OMFS), haematology, dermatology and gastroenterology)

### How to succeed and tips in getting a training post

Higher training in oral medicine predominantly takes place in dental hospitals, although some time may be spent in units with DGHs. Training may be 3 years for those who have a GMC-recognised medical qualification or 5 years, who are “singly” qualified. Clearly securing a post requires a candidate to demonstrate that they have an interest and some experience of clinical oral medicine and have a level of competencies that will allow them to enter training and quickly gain additional skills to set them firmly on the path.

A demonstration of an aptitude for oral medicine can come from many sources, for example participation in relevant audits, publication of case studies, reviews or original research in good journals, active participation in the British and Irish Society for Oral Medicine (BISOM) and/or helping patient-led groups. Involvement in BISOM is useful as potential trainees can meet those in training to gauge whether the training will fulfill their wishes. The majority of training posts are funded by the Higher Education England (HEE) or its equivalents in Scotland, Wales and Ireland, although a small number are available as part of the NIHR Integrated Academic Training (IAT) programme (Academic Clinical Fellows (ACFs) and Academic Clinical Lecturers (ACL) that is directed towards trainees who wish to have both clinical and research training. All potential candidates must go through National Benchmarking, but clearly the more an individual is able to demonstrate a commitment and talent for Oral Medicine the greater the likelihood of securing a training post.

### A day in the life...

Professor Stephen Porter MD PhD FDS RCS

Institute Director, UCL Eastman Dental Institute, London

There is remarkable diversity in the clinical needs of the patients (and their families) – disease ranging from potential or actual malignancy, to immune-driven bullous disease to pain reflecting (or causing) psychological upset – that in turn ensures that clinical work is not repetitive nor unfulfilling. Consultants in oral medicine may be engaged in a wide array of activities that include local or national leadership roles, assisting with research, delivering education to a wide variety of groups as well as public engagement events. No day is the same as the previous one and for those with roles in universities, who have to work within 2 different systems, each with their own goals, it is possibly even more challenging.

**Molly Harte, Specialty Doctor in Oral Medicine, UCLHT Eastman Dental Hospital.**

‘I enjoy the unique multidisciplinary team working environment that oral medicine offers. There is always the opportunity to collaborate and learn from specialists in both medical and dental fields and excellent team work with these colleagues can make a real difference to a patient’s outcome.’

**Krupa Patel, NIHR Academic Clinical Fellow in Oral Medicine, UCLHT Eastman Dental Hospital and UCL Eastman Dental Institute.**

‘I have loved the diagnostic challenges it can bring, and the growth and learning it offers through interaction with other medical specialisms. Being such a niche specialty, it is not without its challenges in trying to explain what we do to most professionals, but I hope through being a part of and faced with that challenge, I can help raise awareness.’

**Stefano Fedele, Professor and Honorary Consultant in Oral Medicine UCL Eastman Dental Institute and UCLHT Eastman Dental Hospital and Oral Theme Lead of UCLH/UCL NIHR Biomedical Research Centre.**

‘It is really rewarding being able to enhance the lives of patients who sometimes have disease that others have sometimes struggled to manage.’

### Specialty information

Oral surgery is the branch of dentistry involved with the diagnosis and surgical management of conditions and lesions affecting the hard and soft tissues in and around the oral cavity. It involves treatment of children, adolescents and adults and also includes medically compromised and dentally anxious patients. Oral surgery is provided in a range of environments and by clinicians with different surgical skill levels. Some oral surgery care is also provided by oral and maxillofacial surgeons as the clinical skills and competencies of the two specialties overlap.

The most common pathway to become a specialist usually involves dental foundation training followed by dental core training with some of the time being spent in an oral surgery or OMFS unit. The ideal time to start specialist training is around 4-5 years post qualification. Most applicants will take a specialist training pathway and will have completed RCS examinations at MFDS/MFGDP level. Academic training pathways (ACF/ACL) also exist and applicants have to go through the national recruitment programme in a similar manner to NHS trainees as well as a local academic recruitment process.

### How to succeed and tips in getting a training post

It goes without saying that an interest in, and a love of, oral surgery is absolutely crucial and successful applicants have all managed to show these characteristics through their applications and interviews. Good clinical, communication and leadership skills are all beneficial qualities although these will be taught throughout the training programme. Competition is tough as there are limited training posts available so most successful applicants are usually enthusiastic and highly motivated. It is crucial that applicants show evidence of carrying out audit/service improvement projects. CPD in oral surgery along with membership of an oral surgery specialist society is looked on favourably.

Most applicants will have published articles in peer reviewed journals, and extra credence is given to first author research papers. Poster and oral presentations at conferences are seen as highly desirable and again those presenting at international conferences will be rated more highly than those attending national or local events. Prizes, especially nationally awarded ones add extra weight to the application, as do evidence of leadership/management training or positions held. MFDS/MFGDP demonstrate commitment to postgraduate learning and attainment and recently many applicants have done other training to gain a certificate or diploma in allied topics such as education to demonstrate further commitment.

### A day in the life...

Dr Judith Jones BDS, MSc, FDS RCS, PhD, FHEA, FDS (OS) RCS

Reader/Honorary Consultant in Oral Surgery, QMUL/Barts Health NHS Trust

As a consultant, the morning may be spent on a local anaesthetic minor oral surgery list where I work with junior staff members. The cases will have been seen on a consultant clinic previously so all preoperative tests have been completed and the patients made aware of what treatment they will be undergoing. We start with a meeting to make all of the team aware of the plan for the session. I will treat the patients who need more complex surgical procedures or those who are more difficult to manage, either from a medical or social perspective, with a junior assisting me. For the less complex cases the junior will be the primary surgeon with me assisting and advising them as necessary. Common procedures that are carried out are removal of impacted wisdom teeth, soft tissue biopsies, expose and bonds of impacted canines and removal of straight forward teeth on medically compromised patients. At the end of the session we will discuss any salient or learning points.

In the afternoon I may have an outpatient clinic. Patients will have been referred to the clinic from local GDPs, GMPs and from different specialties within the hospital for a range of hard and soft tissue oral and peri-oral conditions. I will see and examine patients, arranging and interpreting different investigations (radiographs, CBCTs, CTs, MRIs, blood tests and biopsies) and deciding on treatment plans. Treatment can be delivered under local anaesthetic, local anaesthetic and intravenous sedation or general anaesthetic, and treatment is tailored to each patient's individual needs. At the end of the clinic, letters are dictated to all referring clinicians, and checks are made to ensure that all bookings of further treatment episodes or investigations have been uploaded onto the computer system.

**Dr Adrian Thorp, Specialist Primary care Oral Surgeon / Training Programme Director for Health Education and Improvement Wales, North Wales**

'The specialty of oral surgery is far wide and reaching and ultimately gives me a lot of variety in the type of work I perform. It is one of the only specialties where hard and soft tissue surgery is combined on a daily basis. The patient interaction of often complex procedures and utilisation of sedation technique during my working day also gives me great variation. Primary care oral surgery can often be the first and only contact for patients and they may not need to enter into the hospital services, which is paramount when local treatment should be provided by local surgeons ideally within primary care.'



## Orthodontics

### Specialty information

Orthodontics is the dental specialty concerned with facial growth, development of the dentition and the occlusion. It involves assessment, diagnosis, interception and treatment of malocclusions and facial irregularities with removable and fixed appliances. It aims to improve the appearance and function of the teeth and jaws as well as having positive psychosocial benefits.

Input from other dental/medical/surgical disciplines is often required. Orthodontic services are largely provided by specialist practitioners working in primary care. They are also provided in secondary care for complex, multidisciplinary cases and for the provision of specialist training. Other career pathways include the Community Dental Services (CDS) and university academia. As well as the NHS, there is an ever-growing private market for orthodontic treatment, particularly for adults. The most common pathway to become a specialist usually involves dental foundation training followed by dental core training with some of the time being spent in an oral surgery or OMFS unit. The ideal time to start specialist training is around 4-5 years post qualification. Most applicants to a three year specialist training pathway will have completed RCS examinations at MFDS/MFGDP level. Academic training pathways (ACF/ACL) also exist and applicants have to go through the national recruitment programme in a similar manner to NHS trainees as well as a local academic recruitment process.

### How to succeed and tips in getting a training post

Orthodontics is a popular and hugely rewarding branch of dentistry. It is both intellectually and physically challenging and requires a high level of manual dexterity and problem-solving skills. Specialist training in orthodontics at postgraduate level takes place in secondary care over a three year period. There is a high demand for these training posts. They are always oversubscribed and competition is fierce. Candidates must hold a recognised dental degree as well as an additional qualification such as MFDS/MJDF. Individuals usually have at least five years further dental experience on from their primary dental qualification.

You need to be a good all-rounder with respect to your earlier training in a variety of posts and have a high degree of self-motivation and organisational skills. You need to be an enthusiastic individual and be able to demonstrate your commitment and relevant experience towards your orthodontics career goal.

### A day in the life...

Mr David Morris FDS.RCS, MSc, M.Orth.RCS, FDS Orth.RCPS

Consultant orthodontist at Leeds Dental Institute and the lead clinician coordinating the treatment of combined orthognathic patients

Orthodontics provides great personal and professional satisfaction. The big advantage that orthodontics has over other specialties is that, due to the inherent 2-3 year treatment time period, you are able to build a special rapport with your patient and their family. You are also in the pivotal position to see individuals transform in front of your eyes from a shy, introvert child to a confident, smiling young adult. The day may start with a meeting with colleagues or a 1:1 clinical meeting with one of the orthodontic postgraduate students. A clinical session will often be a mixture of patients already under active treatment as well as review patients who are yet to start or have completed their treatment and are in retention. Keeping patients regularly informed about their treatment progress and answering their questions is a constant requirement of the job. Good communication skills and managing their expectations is the key to a happy patient!

For me, the time consuming part of a patient's treatment is still the initial "bond-up" of their fixed appliances. However, time spent achieving accurate bracket placement and thinking hard about the treatment mechanics will pay dividends down the line. Good oral hygiene and dietary control by the patient is paramount in avoiding some of the well-known risks of orthodontic treatment. This needs to be re-stressed to most patients regularly throughout their active treatment period.

The most exciting appointment for a patient is always their "debond" visit when their fixed appliances are removed, teeth polished and retainers fitted. This is an emotional day for many patients and it is lovely to see their range of initial reactions and hear their heartfelt appreciation. This is what gives an orthodontist "the buzz" and feeds their job fulfilment.

**Hayley Llandro, Consultant Orthodontist, Newcastle and Sunderland**

'Orthodontics presents a new problem-solving challenge with every patient you treat, which is great professionally as it keeps you up-to-date and on your toes. Watching the joy spread across a patient's face looking at their new smile for the first time brings me great personal satisfaction as well. I feel privileged to be part of a profession that really can change someone's life, as it did for me many years ago.'

### Specialty information

Paediatric dentistry is primarily the provision of specialist oral health care for children from birth up to 16-years. Our role is to ensure that children reach adulthood with a positive experience of dentistry and optimum oral health. Of course, the vast majority of children in the UK are looked after by non-specialists in general dental practice, but some young patients may require referral to a specialist paediatric dentistry service. These children may have complex dental needs such as developmental dental and oro-facial conditions, severe traumatic dental injuries, oral medicine or oral pathology presentations. Or they may have serious medical conditions that complicate even simple dental treatment and therefore require expert care with support from medical colleagues. Another reason for specialist referral might be because the child has severe dental anxiety, behavioural or specific learning needs, that preclude them from being able to accept dental treatment. Paediatric dentists are skilled in behaviour management and psycho-educational techniques and can support these children, with or without pharmacological adjuncts. In addition to a wide spectrum of dental, medical and behavioural needs, children may also sadly have complex and adverse social circumstances.

However, paediatric dentistry is not just concerned with clinical practice, it is a specialism that vociferously advocates for the delivery of high quality and accessible oral health care for all children. Much of this work is undertaken through our professional organisation, the British Society of Paediatric Dentistry (BSPD) which has around 600 members. Paediatric dentistry is also a very research-active and collaborative specialty.

### How to succeed and tips in getting a training post

Professor Helen Rodd MBE, BDS (Hons), FDS RCS Eng (Paed), PhD

Honorary Consultant in Paediatric Dentistry, School of Clinical Dentistry, University of Sheffield.

There are around 260 specialists/consultants in paediatric dentistry working in the UK which is wholly inadequate to meet the demands of the population. We need to grow our workforce so that all children have an equitable access to specialist care. However, it remains highly competitive to secure a training post and you need to show you are an exceptional candidate. Be authentic and enthusiastic. You have to genuinely enjoy looking after children to embark on a paediatric dentistry career. Use your time as an undergraduate to get to know your paediatric dentistry tutors (and specialist trainees) and seek their advice and mentorship. Before applying to National Recruitment, gain a broad experience of different areas of dentistry, in various settings. Ideally, you need to have experience of working in general dental practice (DFT), doing an on-call oral and maxillofacial surgery post, and a community/paediatric dentistry training post. In these training posts, try to maximise your involvement in treating children and ideally conduct an audit or service evaluation that specifically relates to paediatric patients.

### A day in the life...

Christopher O'Donnell, specialty registrar, Charles Clifford Dental Hospital, Sheffield, describes the variety of patients he looks after.

Every day as a paediatric dentistry trainee is different, and it is this variety which continues to keep clinical practice both interesting and challenging. Unlike other dental specialties, paediatric dentistry covers all aspects of oral care so, on a daily basis, I might undertake preventive or restorative care, simple orthodontics or minor oral surgery. For some of my patients, treatment provision needs to be supported by pharmacological interventions such as inhalation sedation, intravenous sedation and general anaesthesia. Good communication and establishing trust are paramount when treating children, as is being up to date on the intricate details of Disney, Pixar, Paw Patrol and Fortnite! Specialty training facilitates the development of excellent evidence-based clinical skills and specialised knowledge. It is helping me cultivate effective interpersonal communication skills with parents and other members of the dental team and specialties, as well as the very children and adolescents I am treating. The possibilities and opportunities within dentistry are limitless and for me, there is no position more rewarding than a career in paediatric dentistry.

#### Pathanjali Kandiah, Consultant in Paediatric Dentistry, Charles Clifford Dental Hospital, Sheffield

'The practice of paediatric dentistry is one that is evidence-based but one that works flexibly, not only to meet the changes of environment but also to reflect the needs of the children and their families. The complexity of management of traumatic dental injuries, dental anomalies and children living with medical problems, gives a unique insight into some of the most challenging periods in a child's life. Children are often referred to specialised services due to 'poor' cooperation or being 'too anxious' to cope with routine care but in fact most children can cope, and the challenge is often finding the best coping mechanism and giving the child the voice. Whether it is providing psychological support, treatment under local anaesthesia, sedation or general anaesthesia, the driver is often the child who helps in making the decision on how we provide dental care. I was once told that paediatric dentistry was 'simple' dentistry for 'difficult' patients but what I have found over the years is that complexity of the dental presentations, social and personal circumstances poses multiple challenges. Having trained in paediatric dentistry and now being a consultant, I feel I am still learning every day. I feel that it is a privilege to work with children and their families. However challenging it can be, there is immense reward in seeing children do well as they transition into adolescence and adulthood.'

### Specialty information

Periodontics (and periodontology) involves those parts of dental practice related to care of those teeth supporting teeth, and more recently also dental implants. This ranges from diagnosis and treatment of periodontal and periimplant diseases through to liaison with other specialties and reconstructive surgeries to manage the consequences of tissue damage and loss intraorally, either alone or before, during or after other therapies. Our specialty is strongly evidence based and we have strong scientific links with many other clinical and nonclinical fields, from genetics and cell biology, inflammation and wound healing, systems biology and biomaterials to psychology, behavioural science and public health. We basically aim to help people keep their teeth where gum disease is either a risk or a problem, to help them continue to function and look better, and to optimise the outcomes of implant treatment and to prevent or manage periimplant disease.

### How to succeed and tips in getting a training post

There is currently strong competition for specialist training posts in periodontics. The number of NTN-holding posts is limited and many are Academic Clinical Fellow (ACF) or Academic Clinical Lecturer (ACL) posts. These are aimed at those who are either working towards or who already have a PhD and need to complete specialist training. Many of those who wish to follow this pathway will study for a MClintDent in periodontology. At the end of either of these pathways, aspiring specialists will be required to pass a membership in periodontics examination from a UK Royal College. Those who do not hold NTNs will then present their portfolio to the General Dental Council for admission to the specialist list in periodontics.

Potential applicants for these programmes should have a broad experience relevant to the field that they wish to enter. This means that one may normally expect candidates to have, as a general minimum, 3 years' post-graduation experience. This should be ideally in a combination of hospital and practice posts (community setting is also acceptable instead) and these should have allowed candidates to understand the nature of work, demands and activities in these workplaces and ideally should also have involved exposure to more advanced surgical activities alongside management of restorative dentistry/periodontics cases and evidence of a degree of responsibility and autonomy in practice. Strong applications show evidence of commitment to and understanding of the specialty, evidenced by, for instance, having shadowed or worked with specialists and engaged with specialist societies such as BSP or EFP during previous years. Awareness of current clinical and other developments and research activities in periodontology and involvement in research or publications in reputable journals are also helpful. Candidates will have normally passed MJDF, MFDS or MFD and may also sometimes have a further degree (although this is by no means essential).

### A day in the life...

Professor Mark Ide BDS MSc PhD FDS(RestDent) FDSRCS(Eng) FHEA. Professor in Periodontology. Honorary Consultant, Specialist in Periodontics, Prosthodontics and Restorative Dentistry, King's College London.

This can range from hospital or community based practice to "high street" practice, which may be either self-funded or arranged as part of an NHS contract with commissioners. Many periodontists have a mixed week, either working in more than one practice location or combining practice(s) with other activities such as teaching, research or hospital or community work. Most patients who are seen are referred but the majority will have advanced periodontal problems, complex medical histories, are especially susceptible or have complex interdisciplinary needs. Sometimes it will be the periodontist who will be able to identify more complex aspects of care and work with colleagues to provide the most appropriate care for the patient. Periodontists also have close working relationships with referring practitioners and with dental care professionals in their own or referring practices.

Treatment load ranges from nonsurgical therapies through a range of resective and regenerative procedures through to mucogingival soft and hard tissue reconstructive procedures. Periodontists will work with others to facilitate provision of prosthodontics and orthodontic care, and may also provide preoperative site reconstruction as well as implant placement. Increasingly, the management of peri-implant disease takes up more time and this field continues to develop. Many periodontal therapies are becoming less invasive and the majority are performed under magnification. Patient therapy responses are reviewed and ongoing care planned, and over time periodontists will develop a community of cases undergoing long term care, alongside those being managed for more localised or acute problems. The nature of this case load requires regular communications and planning with both patients and colleagues, so the whole working day often contains elements of administrative work alongside treatment planning.

# Prosthodontics

## Specialty information

Prosthodontics is the branch of dentistry which is concerned with the functional and aesthetic restoration of damaged teeth and replacement of missing teeth. While general dental practitioners will provide some or all of these treatments, prosthodontists have been trained to assess, diagnose and comprehensively manage the most complex problems. While some teeth may be restored with fillings or ceramic restorations milled digitally at the chair-side, most prosthodontic restorations are still made in the dental laboratory as is the case for crowns, fixed bridges or removable dentures as a few examples. In some situations, prosthodontic solutions may also be required to replace missing soft and hard tissues, affected congenitally, by disease or as a result of trauma, to provide function and aesthetics. Looking forward, innovation in prosthodontics will be dependent upon developments in materials science and implant dentistry alongside advances in digital technologies.

## How to succeed and tips in getting a training post

To apply for a training post, trainees will need a strong academic record and be at least two years post BDS. Training takes three years full-time or four years part-time, is normally self-funded, and enables dentists to develop up-to-date skills, knowledge and expertise in the field of prosthodontics.

Most trainees will work toward a master's degree and then sit a membership examination such as the MPros at one of the Royal Colleges. This will contribute to a portfolio of evidence for assessment by the General Dental Council (GDC) with regard to acceptance onto the specialist list in prosthodontics. Working as a specialist in prosthodontics in practice, hospital or academic settings are all possible and some may wish to do a PhD (an extra three years) to pursue an academic career with both NHS and university commitments.

Applicants should get as much experience as possible of different specialty areas and work environments to be sure about their plans. Once decided, always be enthusiastic, plan five years ahead and know what must be achieved to realise this five-year plan. Although some generic skills can be acquired, a good standard of communication and a keenness to learn are all essential.

## A day in the life...

Professor Andrew Eder BDS MSc MRD FDSRCS FFGDP FHEA

Emeritus Professor of Restorative Dentistry, UCL Eastman Dental Institute, London

Specialist in Restorative Dentistry and Prosthodontics, Private Practice, London

For over three decades, I have enjoyed a mixed career. In the practice setting, it is all about teamwork and delivering the very best care whether it is for a routine check-up, consultation for an anxious new patient or spending a few hours preparing multiple worn teeth. Working as a clinician is hard but rewarding, and it is not just about the hours or working within regulatory frameworks but also the stress of challenging clinical situations. However, there are so many positives; looking after wonderful patients for over three decades has allowed me to see them grow, just as I have grown. For some families, I now have the pleasure of looking after several generations. In the hospital or academic setting, it may appear similar at the micro-level of seeing newly referred patients or providing the very best patient care but it is very different at the macro-level where each team member has a specific role contributing to the delivery of the overall strategy of the department. As a result, each day might include elements of teaching, research and administration with the weighting of each of these shifting as required to support the most immediate need.

Dentistry offers so many opportunities and I have absolutely no regrets.

**Liam Addy, Consultant in Restorative Dentistry, Cardiff.**

'Prosthodontics allows you to work closely with the other restorative specialties as well as oral surgery and orthodontics, which always keeps the job exciting and enriching.'

**Aws Alani, Consultant in Restorative Dentistry, London.**

'There is no greater satisfaction in dentistry than the restoration of an edentate space.'

**Sophie Watkins, Consultant in Restorative Dentistry, London.**

'I enjoy prosthodontics because of the variety of treatment options and the skills involved, making it always interesting and challenging, often involving the opportunity to work with a variety of other specialties. It is lovely to be able to make a real change to patients' appearance and function, often at the end of a long treatment journey.'

## Restorative dentistry

### Specialty information

Restorative dentistry is concerned with the rehabilitation and management of diseases affecting the mouth, teeth and supporting structures. It integrates the specialties of endodontics, periodontics and prosthodontics (including dental implants). The specialty has evolved in response to various factors, such as increased life expectancy, awareness and expectations of patients. There is also a greater understanding of the emphasis in contemporary restorative dentistry to prevent oral diseases developing and to maintain oral health. More recently, recognition of the importance of the specialty in the formation of multidisciplinary clinical teams means that patients with complex problems such as hypodontia, oral cancer and traumatic injuries in particular can be offered optimal holistic care.

### How to succeed and tips in getting a training post

The best consultants in restorative dentistry strive for the highest quality of patient care they can provide; they are continually exploring ways to improve and are excellent at working within a team collaboratively. On a practical level, many of the complex and intricate procedures the specialty demands require well-developed hand-eye coordination, 3-Dimensional visualisation and high levels of manual dexterity. Broad-based clinical experience including dental practice and hospital positions, including maxillofacial surgery, prior to application is worthwhile. This allows development of essential core skills and can give applicants an idea of the level of commitment involved.

The process for recruitment to specialty registrar training posts for restorative dentistry is undertaken annually at a national level. It involves submitting evidence, interviews and often practical test components which are assessed. Maintaining a comprehensive well-documented portfolio including audits, presentations, publications, logbook of clinical cases and experience throughout all previous appointments is important. Any prizes will enhance the application and specialist society websites often have details regarding annual awards available. Showing commitment to the specialty is important, focusing projects towards the specialty, attending conferences and relevant societies can help demonstrate this.

### A day in the life...

Mr Robert Crawford BDS MSc MFDS RCS(Eng) FDS(Rest Dent) RCS

Consultant in Restorative Dentistry, RNENT & Eastman Dental Hospitals, UCLH NHS Foundation Trust, London

Work typically begins preparing for clinics, correspondence and managing referrals throughout the day. In the mornings I often work with a clinical team to undertake new patient clinical assessments. I get a huge amount of enjoyment from training others to pass on the skills and knowledge I have acquired during my career so far.

I'm privileged to work in a progressive environment with enthusiastic colleagues who are always eager to learn more. Afternoons can vary widely, including multidisciplinary treatment planning clinics, surgery, personal or supervised treatment or research, to name a few. I am a clinician at heart and particularly enjoy treating patients with complex problems. For me, one of the most rewarding aspects of the role is knowing that your guidance has allowed someone else to improve and to progress closer to fulfilling their potential, so that they can develop to become autonomous consultants working to the highest achievable levels.

Some days are long, but for me it is not an issue when you are doing work that you enjoy. I try to relax when I can in the evenings to recharge for what is always a completely different set of challenges the following day.

#### Amardip Kalsi, Consultant & Lead in Restorative Dentistry, Cambridge University Hospitals

'It is highly stimulating and satisfying to manage compromised patients who may be suffering with the unique hurdles thrown up by head and neck cancer, cleft lip & palate, hypodontia and trauma. The ability to lead a service, collaborate and train within the specialty, especially in terms of its broad reach and interactions across other specialties and job roles, also gives a versatile and enjoyable career.'

#### Geoff St George, Consultant in Restorative Dentistry, RNENT & Eastman Dental Hospitals

'It is highly stimulating and satisfying to manage compromised patients who may be suffering with the unique hurdles thrown up by head and neck cancer, cleft lip & palate, hypodontia and trauma. The ability to lead a service, collaborate and train within the specialty, especially in terms of its broad reach and interactions across other specialties and job roles, also gives a versatile and enjoyable career.'

#### Steve Bassi, Consultant in Restorative Dentistry, RNENT & Eastman Dental Hospitals

'Restorative dentistry is a specialty that offers so much. From providing highly technical treatment to interacting with colleagues in other specialties in the multidisciplinary care of patients, there is the opportunity to find something you really enjoy. There is nothing quite like improving somebody's quality of life, and seeing your patient truly smile. For me, restorative dentistry does this on a regular basis.'

## SAS doctors and dentists

### Specialty information

SAS doctors and dentists play a significant role in the delivery of clinical services in the NHS. The SAS grade currently enjoys unprecedented recognition and support by all major stakeholders and regulators, and has representatives in almost every organisation relevant to medicine and dentistry, including Royal Colleges, Specialty Associations, Trade Unions and Medical PG Deaneries.

In dentistry, the grade offers a great opportunity and career choice for many dentists who prefer to practise in the hospital environment within specialist units and maintain a long lasting good work-life balance. The grade also offers an exciting alternative to specialty training, with a chance for motivated dentists to practise and gain significant experience in the branch of dentistry they are interested in, at their own pace with flexible working conditions, as well as the opportunity to widen their scope of practice to areas not readily available in primary care practice, such as conscious sedation, advanced surgical and restorative techniques, skin surgery, care of physically and mentally compromised patients, oncology and emergency trauma services, etc. while enjoying the financial, legal, educational and career development support given to NHS employees in the form of study leave budgets allowing them to invest in furthering their knowledge, skills and qualifications, local staff committees and crown indemnity, mentorship from experienced and senior colleagues, and local deanery SAS specific support.

Many SAS dentists enjoy getting involved in teaching and training of junior members of their teams as well as managerial and leadership roles in their departments and in the wider healthcare organisational structures. Some of them also contribute to research and innovation within their specialties, regularly present and publish their work and even progress to academic and consultant roles, if they are successful in their application to join the relevant GDC specialist list through its academic route.

### How to succeed and tips in getting a training post

Success in securing a SAS grade post is similar to any other hospital based appointment, which is generally based on essential and desirable personal specification. Essential specs are usually related to qualification, professional registration and memberships, years and level of experience related to the specialty, communication, teaching and research skills, motivation and team working abilities. Desirable specs would normally involve supplementary postgraduate qualifications and dental education, audits, publications, quality improvement projects and presentations in regional meetings and national conferences in the fields of practice relevant to the post.

Selection criteria are mainly designed to recruit the best candidates suitable for the post based on fulfilment of the essential and desirable specs as well as good interview performance and the long-term plans of the department, since these posts are substantive posts regulated by the employment laws and supported by trade unions and royal colleges. A good tip is to show evidence of special interest in the field/ branch of dentistry relevant to the post applied for and to keep a logbook, supplemented with work based assessments, of previous experiences, especially those in this field. A strong portfolio rich in postgraduate learning and extracurricular activities enhances the chances of the candidate to secure a job.

### A day in the life...

Hesham Emam BDS, MSc, MFDSRCSEng, FFDRCSI, PGDME

Specialty Doctor in Oral & Maxillofacial Surgery, Morriston Hospital, Swansea

There is never a dull moment in the life of a motivated SAS dentist. The variety of clinical activities in Hospital Services include consultation and treatment outpatient clinics, theatre sessions, clinical governance and multidisciplinary meetings, and management of a wide scope of dental emergencies. Also, depending on the specialty, it may include inpatient admissions, ward rounds and complex patient management within a multi-specialty team approach. Initially it is usually a steep learning curve, that requires a considerable amount of learning, adapting and resilience, but as SAS dentists mature in the role, they find their job less stressful, highly rewarding and enjoyable. The autonomy, flexibility and hands-on pattern of work as well as team working and constantly acquiring new skills are some of the attractive aspects of this role, which is an everyday story in the life of the SAS dentist.

Vinita Shekar BDS MFDSRCS LLM, Specialty Doctor – OMFS, Ninewells Hospital, Dundee, Chair of SAS Forum, RCSEng

'Being a SAS Surgeon in Oral & Maxillofacial Surgery has been a rewarding career with great work-life balance. It has offered me endless opportunities, helping me tailor my career with much independence and great pride.'

### Specialty information

Special care dentistry is the field of dentistry that looks after the oral care of some of the most vulnerable adults and young people in society (children with additional needs are largely cared for by paediatric dental services). It is concerned with the improvement of oral health of individuals and groups in society who have physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, or, more often, a combination of a number of these factors. In order to treat complex patients, special care dentists must adopt a holistic approach, taking in to account the more complicated requirements of patients, and treatment may be carried out using behavioural management techniques, conscious sedation and general anaesthesia.

Despite the formal training programmes on offer, any clinician can treat people with special needs in a variety of settings including general dental practice, community dental services and hospitals and, frequently, oral care is shared between generalists and specialists. An example of a patient whose care may be shared between generalists and specialists in special care dentistry is a patient who is living at home with moderate dementia who has been experiencing pain and discomfort from multiple broken teeth which require extraction due to repeated courses of infection.

### How to succeed and tips in getting a training post

To be a special care dentist, you need to be willing to roll your sleeves up and get your hands dirty, a good sense of humour is also handy! Before applying, it is advisable to get a broad experience of as many different areas of areas of dentistry as possible in several different settings such as the community dental service, general dental practice and the hospital dental service as you will be providing comprehensive dental care for your patient.

To help your application, you will need to show an interest in, and understanding of, working with people with disabilities. This experience may come from outside dentistry, such as volunteering at a social club for adults with disabilities, helping at a riding school for the disabled, helping to support elderly people in their homes or being involved in a charity that supports people with additional needs. When selecting the trainees through national recruitment, we look for competent, mature, skilled dentists who can demonstrate a broad range of experience in dentistry. Clinical skills are very important as often the special care dentist has to treat patients in less than optimal conditions. It is also very important that the candidate can demonstrate that they are a flexible team player and able to adapt to unforeseen circumstances and amend treatment plans as necessary in constantly changing situations.

Communication skills are very important in special care dentistry and, although these can be taught and developed, candidates should be able to demonstrate that they have good conversational skills, are able to pick up on social cues and are keen to learn. Regarding qualifications, candidates must hold a recognised dental degree and the majority of successful candidates hold an additional qualification such as MFDS/MJDF.

### A day in the life...

Mrs Charlotte Curl BDS(Hons) FDS RCS(Eng) DSCD RCS(Eng) DCLinEd (KCL)

Consultant in SCD, King's College Hospital NHS Foundation Trust

There is no such thing as a typical day in the life of a hospital special care dentist as every day is different! As a consultant, I may carry out a new patient clinic in the morning in which I see a variety of patients who have been referred to the service due to their complex needs, ranging from those with severe learning disabilities and challenging communication and behaviour will require an examination, special investigations and all of their treatment carried out under general anaesthetic to a patient with advanced alcoholic cirrhosis and hepatitis B who requires multiple extractions to be carried out yet has abnormal coagulation due to their liver disease.

In the afternoon, I may carry out dental treatment under general anaesthetic or using conscious sedation or behavioural management techniques on patients with special needs who are unable to have their treatment undertaken under local anaesthesia alone.

**Julie Edwards, Consultant in Special Care Dentistry, London**

'As a special care dentist I get to help some of the most vulnerable patients of society. In a world that is built for individuals without disability, these patients face constant struggle. I get to be part of a fantastic team that removes barriers to care for these patients, reducing their struggle in part and most of all get, to make a difference to people's lives on a daily basis.'

**Suzanne Burke, Consultant in SCD, N Wales/Liverpool**

'Special care dentistry gives an opportunity to help people for whom dental care is difficult. It brings complex challenges, but also brings the greatest rewards. It is so much more than 'fixing teeth'. It is a way of using our wide range of skills to improve health and to care for the whole person. Special care dentistry finds solutions and can build fairer access to oral health for all of society. It is a privilege to play a small part in making life better for our patients and their families.'