

COVY CONTROL CAREER IN dentistry

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How to Develop Your Career in Dentistry

How to Develop Your Career in Dentistry

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Dentalia Coaching & Training Consultancy



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Foreword

As someone who many might say reached the top of a dental career pathway, I think it is really interesting to look back and analyse what the principle drivers were in that career.

Developing a successful career involves a range of skills and an ability to be analytical in assessing the needs of the population, ignoring high-profile commercial pressures and learning where to get objective and constructive advice and criticism.

I think it is fundamental to understand that change is a constant and not to see change as a challenge but as an opportunity. An unreasonable commitment to the status quo is unlikely to lead to a successful career.

The significance of change and the need to treat it as an opportunity is true whether we are talking about a purely clinical career, be that in specialties or in general practice (and I think that differentiation will blur more and more in the coming years), the development of services or the area of public health.

The oral health of the nation has improved dramatically during my career, as have patient expectations and clinical techniques.

Ultimately, to feel fulfilled during your career you need to feel you have played your part in improving services to patients and have used your skills to the full.

A quality service, on both macro and micro scales, is one which is safe, clinically effective and makes the patient feel they have been treated with respect.

Key to the delivery of this aim is the development of high-quality clinical and professional leadership, and using your clinical skills and knowledge to improve services and outcomes for patients is one of the most rewarding things you can do. I would urge readers to take note of the advice in this book, which is written by someone who has a good knowledge of education and leadership.

Barry Cockcroft CBE Chief Dental Officer for England 2006–2015

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I have been incredibly fortunate to have received contributions from a number of talented dental professionals, who between them demonstrate a huge range of the roles and responsibilities available to us in dentistry. They have generously written their career stories and shared their CVs with me and allowed me to pester them frequently for information. I am very grateful to them all, and I believe their words make careers in dentistry more accessible. As role models, they are second to none.

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Chapter 1 **Introduction**

Top Tip: Don't be afraid to tack - take the nonlinear path

Janine Brooks

Welcome to my book on *How to Develop your Career in Dentistry*. I hope you find it interesting and useful. I hope it makes you think about your career and encourages you to dip your toes into an exciting world of diversity and opportunity.

The approach I want to take is that our careers can be multistranded: I'm calling that having a 'portfolio career'. In addition, I want to get you to think about the context in which we provide dentistry, our Society. Chapter 2 covers changes happening within society that will impact on dental professionals and the career choices they make. These include changes to retirement and pensions, as well as demographic changes, particularly in health and longevity, both of our patients and of us dental professionals. Chapter 3 discusses dental opportunities; here I will be giving you a taster of the many roles and responsibilities that dental professionals take on. Chapter 4 is about mentoring and coaching, both of which I feel are essential support for dental professionals seeking development and career enhancement. Chapter 5 I have dedicated to case studies. I have been fortunate in

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persuading a number of dental professionals to share their career stories with me and to allow me to include them in this book. I feel this is the heart of the book, as it showcases the breadth and depth of dental professionals' talents. Chapter 6 covers networking and networks: again, in my opinion, essential to a successful career. Finally, Chapter 7 discusses training and the qualifications you may want to think about when enriching your career and expanding what you do. Throughout the book, I have sprinkled Top Tips – both my own and those of other professionals. Feel free to give them a go. They may not all work for you, but some will. I have also sprinkled Career Highlights from a number of contributors throughout the chapters. To me, they demonstrate that dentistry is very rewarding and that, even if we struggle and find the demands of others a challenge, there is plenty of light and plenty of rewards to keep us going.

The self is not something ready made, but something in continuous formation, through choice of action.

Dewey (1916)

I really like this quote from Dewey. When he wrote it, he was thinking about reflection, but I feel it is very relevant to making choices and building a career. Opportunities may arise unexpectedly and unplanned, and often from the strangest direction, but it is our choice what action we take – no one else's. Take control, be the architect of your career. This may mean taking a few 'risks', maybe doing something for free. Make it part of your plan to be more opportunistic. If you learn to translate what you see, hear and do into your career, you might be surprised by the shape it takes on.

Career Highlight: Voluntary work abroad

Reena Patel

Another important aspect of the Dewey quote for me is the word 'continuous'. Our careers should be continuous, growing, expanding, evolving, not static or stale. In dentistry, we are fortunate in being part of a profession that has a rich diversity of jobs and roles. I'm not saying it's easy, I'm not saying there won't be strong competition for some of the jobs you want, but you worked hard to enter the profession – that you need to work hard to build your career should not be a surprise.

Our career takes up a large proportion of our middle life – that's the life between leaving school (largely childhood) and retiring (largely older age). It obviously varies from person to person, but as a very rough estimate you will

spend a minimum of 2775 full days (24 hours of each day – no sleeping) or 66 600 hours working. That will hold if the following are true:

- You leave school at 18 years.
- You spend 5 years training in your primary qualification.
- You retire at 60 years of age.
- You work 5 days a week, and take no time off for your family.
- You take 6 weeks' annual leave each year.
- You are sick for 5 days each year.

As you can see, this is a very rough estimate, based on variables that have considerable range. If you start work earlier, have less training time, retire earlier or later, work part time or take time off to raise your family, have less annual leave and are particularly healthy then you will spend even longer in your career. It's very likely most people reading this book will not retire at 60 years of age.

The real point I'm making here is that you will spend a considerable amount of your life working in your career. I guess that doesn't come as a surprise. What might, though, is exactly how much time it is. Until you really think about it, you probably just consider it 'a lot'. So, if you are going to spend 'a lot' of your life tending to your career then the least you can do for yourself is make choices that you will enjoy and find fulfilling and satisfying. The good news is that the profession of dentistry can offer exactly that, plus a good remuneration – maybe not the best, but good nonetheless. Of course, you may be looking for a career where you do very little, make loads of money and have lots of spare time. If you are, then stop reading this book immediately: dentistry is not for you. Look for something else. Please don't ask my advice on what that something else might be: I hate being bored.

Career Highlight: The launch of the Evidence-Based Dentistry journal

Derek Richards

Just before I get into the meat of careers in dentistry and developing your dental career, I want to take a few words to consider where dentistry has come from and our origins as dental professionals. Don't worry, this is not an essay on history, just some interesting context. I think it can be useful to look back and consider where dentistry and dental professionals have come from before we look forward to the careers of the future. Dentistry has a very long history: the practice of dentistry much more so than the professions. All aspects are fascinating and serve to underline what is an amazing career for those who choose it.

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There are a number of books and authors in this field far better equipped than I to paint and illustrate this history. In particular, I would direct you to the excellent articles and publications of Professor Stanley Gelbier, a tireless and exceptionally knowledgeable dental historian. I wish to use our history to put our careers in dentistry into context, so I will only whet your appetite, and signpost your way should you wish to delve more deeply.

A good place to begin would be to define dentistry. Some early cultures mutilated their teeth: whether as decoration or to denote religious status or perhaps to intimidate others is uncertain. Whatever the true purpose, someone will have worked on these teeth: Is that dentistry? We know the Egyptians practised dentistry: the Ptolemic temple at Kom Ombo (north of Aswan), the temple of Sobek and Horus, has a huge wall with wonderful carvings depicting surgical instruments, including forceps (Figure 1.1).

In the British Isles, those who would eventually become the dentists we know today were once part of the Guild of Barber-Surgeons, created in 1540. Most of those who engaged in 'dentistry' in the 16th century identified themselves with the barber surgeons rather than the physicians; that is why dentists in the UK have historically referred to themselves as 'Mister' or 'Miss' rather than as 'Doctor'. Dentistry did not generally take the same path outside of Britain. The Guild broke apart in 1745, when the Surgeons'



Figure 1.1 Kom Ombo wall, north of Aswan, showing 2000-year-old surgical instruments. Taken by the author in February 2012.

Company was formed; that company later dissolved in 1796 and then reformed as the Royal College of Surgeons of England in 1800. The barbers, dentists and 'operators for the teeth' took a different path, although a few barbers and tooth-drawers went with the Royal College. Eventually, the term 'dentist' became the accepted and acceptable term by which to encompass all these previous descriptors.

Moving through the years, we come to the Dentist Act of 1878 and the first UK dental register of 1879. Dentists had previously been included in the medical register: the edition of 1783 included 18 (Bishop, 2014). In 1921, there was another Dentist Act. The Dental Board (UK) of the General Medical Council was established and its first Chairman, Sir Francis Dyke Acland, was appointed by the Privy Council. When the Board was established, there were 5831 names on the register. The first regulation of dentists was by the medical profession. This continued until 1956, when the General Dental Council (GDC) was established as a standalone regulator. The 70th and final session of the Dental Board was held on 9 May 1956 and the first meeting of the GDC took place later in the same year, both under the chairmanship of Sir Wilfred Fish. At that time, in 1956, there were 15 895 names on the dental register, all dentists, and the dental schools had an entry of 650 students each year. I am indebted to a little book I found on a visit to the bookshops of Hay-on-Wye for this fascinating insight into the history of the profession in the United Kingdom (Dental Board of the UK (1957)).

Career Highlight: Undertaking and completing a PhD

Debbie White

In 1858, the Dental Hospital of London opened as the first clinical training school for dentists in the United Kingdom. Dental Schools began to open soon afterwards. Previously, dentists were trained as apprentices by more experienced dentists. In 1860, the first licences of dental surgery were awarded by the Royal College of Surgeons of England. The first dental degree was awarded by the University of Birmingham in 1901. Non-dentist dental professionals, with the exception of dental technicians, joined the ranks of the dental team a little later.

Dental therapists made an appearance in 1917 as 'dental dressers' in some English counties. This is probably earlier than you might think. Their role was based on that of American hygienists, although British dressers could also fill teeth that had no pulpal involvement and extract deciduous teeth. They were the early dental therapists. In 1960, New Cross Hospital began training dental auxiliaries (British Association of Dental Therapists).

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The British Dental Nurses and Assistants Society was established in 1940 by Madeleine Winter, a dental nurse, and her dentist, Mr P. Grundy. They worked in Leyland, Lancashire. However, formal training for dental nurses did not begin until the 1930s. This organisation has become the British Association of Dental Nurses (BADN).

Dental hygienists emerged in 1943 when the Women's Auxiliary Air Force began to offer training. The first British dental hygienists qualified in 1944.

The history of dental technology and dental technicians is founded in antiquity. Dental appliances belonging to the Etruscans (in Italy) have been found from the middle of the 7th century BC (Becker, 1999). In 1728, one 'Gamaliel Voice' of Whalebone Court, Lothby was selling dentures by mail order in England (Royal College of Dental Surgeons of Ontario, 1889). Today, dental technology has a number of branches:

- prosthodontic technicians;
- conservation technicians:
- orthodontic technicians; and
- maxillofacial technicians (sometimes also known as maxillofacial prosthetists).

Our newest professional groups are orthodontic therapists and clinical dental technicians. Registration with the GDC for both groups became open from 1999. The first training course for orthodontic therapists started in Leeds in July 2007. The British Orthodontic Society (2011) has published a fascinating history of the events leading up to the establishment of orthodontic therapists in the United Kingdom, beginning in October 1967.

For clinical dental technicians, the story is an interesting evolution from the term 'denturist'. Laws allowing the supply of dentures to the public without the intervention of a dentist have been passed in 11 countries across the globe, including the United Kingdom in 2007. Clinical dental technicians have now joined the family of dental registrants (International Federation of Denturists, 2013).

Top Tip: Never give up – you will make it to the top

Shazad Malik

The National Health Service

Whether you decide to work directly within the National Health Service (NHS) or not, it will have an impact on your career. Since its creation on 5 July 1948, the NHS has become an essential ingredient of the culture of the United Kingdom. As Figure 1.2 demonstrates, the NHS is one of those aspects of Britishness of which people are most proud.



Figure 1.2 Sources of British pride. Source: Ipsos MORI 2013. Making sense of society, NHS at 65. https://www.ipsos-mori.com/newsevents/blogs/makingsenseofsociety/1553/Maintaining-pride-in-the-NHS-The-challenge-for-the-new-NHS-Chief-Exec.aspx#gallery[m]/0/ (last accessed 18 March 2015).

The founding principle of medical, dental, optical and pharmaceutical care free at the point of access was broken within a few short years of the birth of the NHS, largely by the public need for dentures and spectacles. On 1 June 1952, a flat rate of £1 for ordinary dental care was introduced and charges were made for dentures (House of Commons Health Committee, 2006). Then, as now, there were insufficient resources to meet the health needs of the population. That aside, the majority of dental professionals work in the NHS at some point in their career, and even those who are wholly private will be impacted by NHS principles of governance. The numerous reorganisations of the NHS have shaped the careers of everyone working in or alongside it for over 30 years, and it is likely that they will continue to do so for the next 30 years or more.

Today, every English dental professional will have cause to come into contact with the following four organisations to a greater or lesser extent: NHS England, Public Health England, the Care Quality Commission (CQC) (responsible for the quality of dental practices) and Monitor (responsible for overall market regulation). Between them, these organisations are responsible for the health of the English community, through direct provision and governance. Table 1.1 lists the equivalent organisations for Wales, Scotland and Northern Ireland.

Top Tip: Be flexible

Debbie White

Career Highlight: Receiving, when I was leaving Worcestershire, very many cards, letters and e-mails from colleagues, staff, patients and carers thanking me for what I had done. A highly affirming experience

Ros Keeton