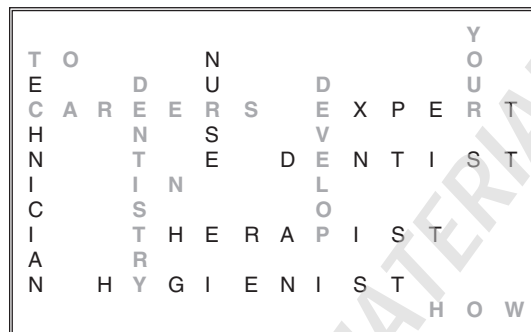




Chapter 1 Introduction



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



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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 Ptolemaic 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.



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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.



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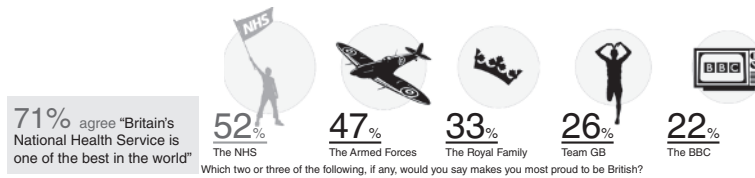


Figure 1.2 Sources of British pride. Source: Ipsos MORI 2013. Making sense of society, NHS at 65. [https://www.ipsos-mori.com/newsevents/blogs/makingsenseofsociety/1553/Maintaining-pride-in-the-NHS-The-challenge-for-the-new-NHS-Chief-Exec.aspx#gallery\[m\]/0/](https://www.ipsos-mori.com/newsevents/blogs/makingsenseofsociety/1553/Maintaining-pride-in-the-NHS-The-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



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Table 1.1 Organisations that impact on dental professions in the United Kingdom, by country

England	Northern Ireland	Scotland	Wales
NHS England	Health & Social Care Board Dept. of Health, Social Services & Public Safety Business Services Organisation	NHS Scotland	Local Health Boards as part of NHS Wales
Public Health England	Public Health Agency	NHS National Service, Scotland	Public Health Wales
Care Quality Commission	Regulation and Quality Improvement Authority (private dentists)	Healthcare Improvement Scotland	Healthcare Inspectorate Wales
Monitor			

Career

So, having set a little of the scene in which our profession has been founded and in which it operates today, I want to begin to turn to the meat of the book: developing your career in dentistry. What is a career? The word has a Latin origin: it means, 'to go around the ancient Roman racetrack at top speed in a precipitous headlong rush'. Somehow I don't find that particularly helpful for the modern day, although it may be for some people that their career does seem akin to a precipitous headlong rush. Other definitions are available.

The Oxford English Reference Dictionary (Oxford University Press, 1996) describes 'career' as 'One's advancement through life, especially in a profession'. In this definition, 'career' is understood to relate to a range of aspects of an individual's life, learning and work. 'Career' is also frequently understood to relate to the working aspects of an individual's life, as in 'career woman', for example.

Another way in which the term 'career' is used is to 'describe an occupation or a profession that usually involves special training or formal education, and is considered to be a person's lifework' (Oxford University Press, 1996). In this case a 'career' is seen as a sequence of related jobs usually pursued within a single industry or sector; for example, 'a career in law' or 'a career in the building trade', or, in our case, 'a career in dentistry'.

The second definition seems to fit with a dental career. Interestingly, it refers to a sequence of related jobs rather than to one specific job for the lifetime of



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the career. This seems to represent a linear progression. However, I do like the idea of a career being about progress through life and relating to a range of aspects of life. For me, that seems to fit nicely with a portfolio: a more diverse way of looking at our work. It also fits with sometimes stepping outside a specific industry, so dental professionals stepping out of dentistry or indeed stepping out of the health sector would be accommodated in this definition.

Top Tip: *Make yourself visible – speak up*

Reena Patel

In this book, I intend to consider what a career in dentistry might mean in the widest and deepest possible way. I will cover the more well known aspects of clinical dentistry in general practice, salaried services and secondary care, as well as the less well known roles dental professionals undertake. These will include both clinical and nonclinical work. I also intend to be inclusive of all dental registrants, and not just dentists. This book will be of interest and, I hope, use to all those registered with the GDC, those who are training to become a dental professional and maybe even those who are still to make up their mind about whether dentistry is the profession for them. Finally, overseas dental professionals might find the information helpful if they are thinking about working in the United Kingdom.

If we define a career as an occupation or profession with a sequence of related jobs, usually pursued within a single industry or sector, we can think of dentistry as the profession and health services as the sector. That can be interesting when we are thinking about developing our career over a lifetime of work. Figure 1.3 illustrates movement between occupations and sectors. It would work equally well should we want to step out of dentistry into a completely new occupation. An example might be dental professionals who have become trust chief executives or who have moved into law. As with most models, it can be adapted to help you think about your specific environment and your specific choices.

Top Tip: *You've one life, so enjoy every day*

Emma Worrell

It seems that people in work today are more likely to experience a number of career changes during their lives than we once were. That might be complete retraining (e.g. a dental professional retraining to become a lawyer) or a change of direction within dentistry (e.g. becoming a tutor). The actual



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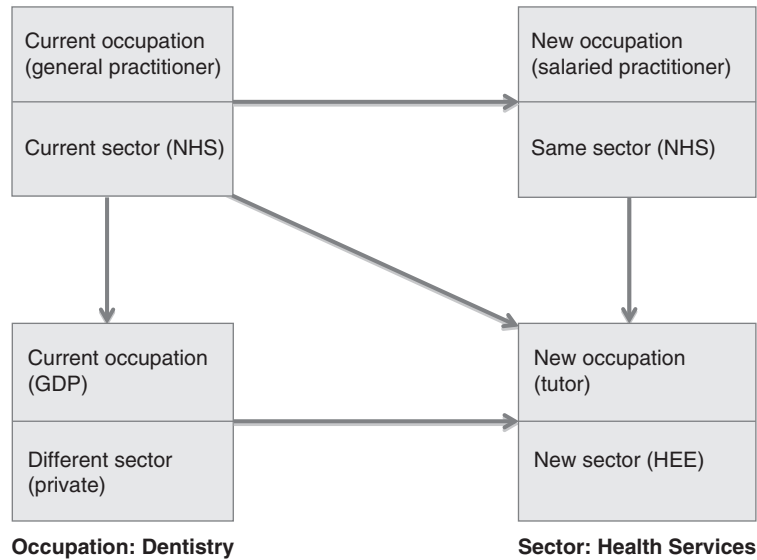


Figure 1.3 Model illustrating moving between sectors and occupations.

number of career changes an individual will make can vary: it might be three, it might be six or even more. On the whole, Baby Boomers are happiest with stability, while members of Generation Y are more likely to be job jumpers. Whatever the number, what is more relevant is the concept of job jumping. I suspect, as people start to work longer before retirement, we are likely to see more career changes in the future. Let me clarify what I mean by 'career changes': I mean broadening what you do, so taking on more part-time responsibilities could be just as much a career change as taking on a completely new job. If you think of dentistry as a pie, and general practice as apple pie, then why have apple pie for the whole of your life? Why not have some plum pie or rhubarb pie or beef and ale pie? Why not enliven your career with lots of different flavours? We don't eat exactly the same food for our whole life, so why would we keep exactly the same job?

Top Tip: Find out how things work

Debbie White

Mark Savickas (Savickas *et al.*, 2009) talks of 'life trajectories'. He suggests that people actively design and build their lives progressively, including their working careers. This makes perfect sense to me: people should use their



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skills and experience to take the next step in their career. This could include practical skills and experience, as well as learnt or taught skills. A mixing of experience with new knowledge. I think that's what experienced dental professionals do as they build a portfolio career. Sometimes you might acquire a new skill or knowledge that doesn't seem to be immediately useful in your life trajectory. You might be surprised to find that as you move a little further into the matrix of your career that that skill is just what you need to take on something you really want to do. I found this to be true when I took on being Data Protection Manager for my Trust, then local Caldicott Guardian, and later found it prepared me for becoming the NHS Information Authority Caldicott Guardian. That was my first national job and it prepared me for other national jobs and taking my career into unexpected but exciting waters. When it comes to acquiring experience and skills, most can be recycled and not much is wasted if you are prepared to be creative and imaginative, or maybe just to take a few calculated risks.

Savickas teamed up with Donald and Charles Super (Super *et al.*, 1996) to introduce his approach of *life span*, *life space* to career choice and development. Savickas, Super and Super suggest that:

The new job market in our unsettled economy calls for viewing career not as a lifetime commitment to one employer but as selling services and skills to a series of employers who need projects completed. In negotiating each new project, the prospective employee usually concentrates on salary yet also seeks to make the work meaningful, control the work environment, balance work-family responsibilities, and train for the next job.

This underpins a portfolio career that includes a number of employers or projects. It also introduces a variety of factors that influence which new roles or projects we might take on. Money is a factor, but only one of a number. In developing your portfolio, it may be that for you the more important factor is making work more meaningful or acquiring skills for the next job. Savickas, Super and Super also write about a career as being cyclical, with five stages: growth, exploration, establishment, maintenance and disengagement. Interestingly, they write about mini-cycles, in which we go through the same stages several times within our complete career. This fits with a career as a series of projects. I rather like the way this model can be applied to the careers available to dental professionals. We go through the five stages over our career lifetime in dentistry as we train (growth), try out a few jobs in our first few years (exploration), consolidate our skills and experience (establishment), keep ourselves up to date and on an even keel (maintenance) and finally phase out of working (disengagement). You can

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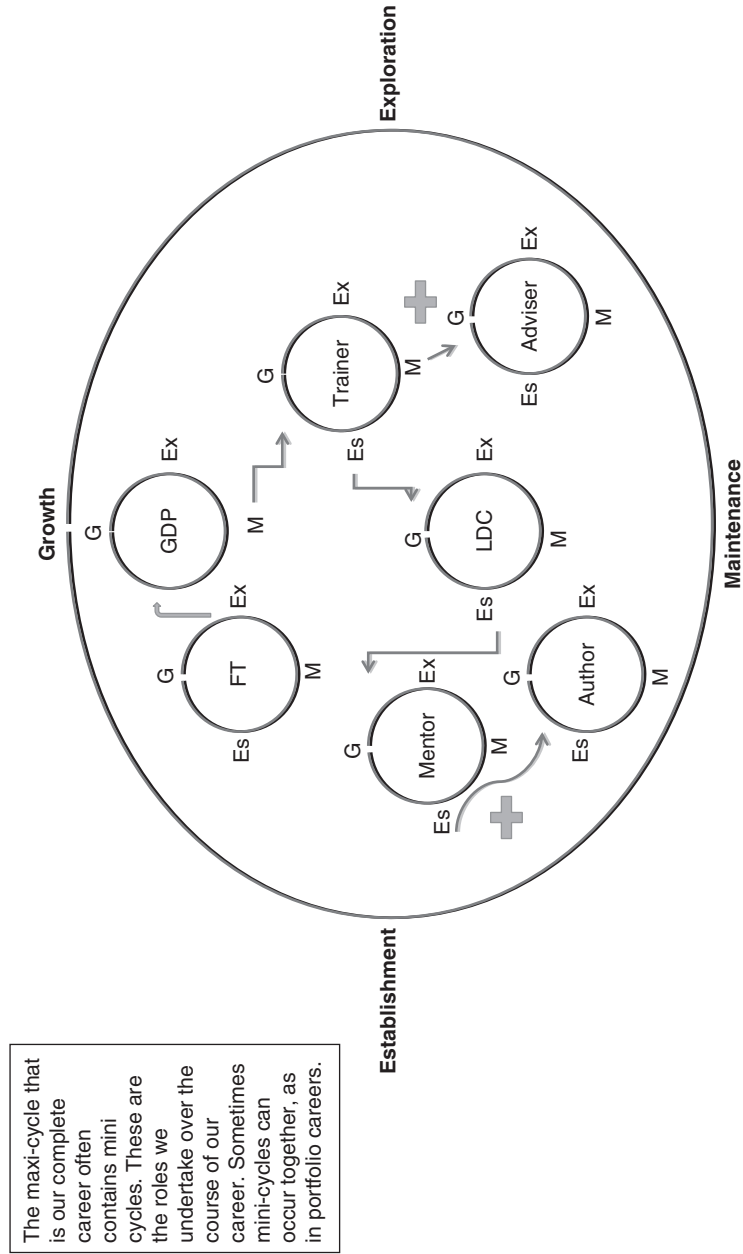


Figure 1.4 Career cycles (adapted from Super *et al.*, 1996).



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also see how this applies to mini-cycles for specific jobs or responsibilities: one person working through several mini-cycles while the maxi-cycle of their working life continues. A model of wheels/circles within wheels/circles is revealed. Applying that model to a portfolio career works well. I have included my own adaptation of the model and put in dental examples so you can see how it works for a portfolio career.

Top Tip: *Read about people whose achievements inspire you – they've overcome far greater hurdles than you*

Reena Patel

Portfolio career

What do I mean by 'portfolio'? It has many meanings, which is quite appropriate, really. It can be a collection of assets – buildings, stocks and shares, cash – but that's not what I mean. It can be a collection of electronic documents – that's also not what I mean. It can be an organised collection of education, skills or experiences – still, not really what I mean. What I mean is something that has a number of strands or threads; something multistranded, if you will. What about a portfolio career? That would be a career that has many strands, threads or aspects. That means there is no such thing as one portfolio career. It's not something you can apply for: you won't see a job advertisement for a portfolio career. Portfolio careers are unique, special, yours. You create your portfolio, a personalised career. Brilliant: you can build in all the things you enjoy doing, all the things you are good at – how great is that? I see a variety of portfolios, ranging from more than one job in the same sector, perhaps more than one general practice position, to a career package that extends to several jobs across a number of sectors of dentistry, health care and beyond. There is no one portfolio career: there are as many as the people who have them – thousands, probably millions. My feeling is that while different jobs in the same sector hit the spot for increased interest, for maximum diversity, sector mixing or blending makes for a true portfolio. A good portfolio *is* the career. It's not trying out things while you wait for the big opportunity; it *is* the big opportunity.

Before this term was used widely, I considered myself to be a 'ticket collector'. By that I mean I actively sought out new responsibilities and new jobs, so when I was offered the chance to manage a cottage hospital or other professional group, or to project manage a merger or the Year 2000 project, or to be data protection manager or Caldicott Guardian, I said yes. You might think, 'Bully for you, I'm a dentist, I treat patients, you can leave that other stuff, thank you'. My point is there isn't anything I have done that didn't give me



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new skills, didn't help me be a better dentist and didn't help me stay fresh and enthusiastic about my career. I benefitted, my patients benefitted and those around me benefitted. A win, win, win situation.

Top Tip: *Always follow your dreams*

Sophie Noske

Of course, as with anything, there are advantages and disadvantages, good things and not so good things. On the positive side:

- There are so many interesting 'small' things you can do.
- You can take on new things.
- You choose what you do.
- Your time is your own to organise – if you want mornings free, take them.
- You take full responsibility for what you do (nothing new there for dental professionals).
- It's hard work – don't you just love hard work (when it's for you)?
- You are not reliant on a single income stream.
- There is always something new.

On the slightly less great side:

- It's hard work – not a walk in the park.
- You take full responsibility for what you do – no one else to blame – no buck passing.
- There will be fluctuations in income stream.
- There is a lack of stability.
- You need to be a good organiser (that might be a positive thing as well).

I think you can see that some things can be viewed as positive and negative at the same time: it depends on how you see them. I love working hard and taking responsibility. Don't think about a portfolio career if you're basically a lazy person who likes things given to you on a plate. Actually, I can't really see you in dentistry if you're that type of person.

Most people will begin their portfolio from a base: one regular income stream, maybe one that takes up 2–3 days a week. You can then begin to build and add new streams.

I think of a portfolio as a portfolio life rather than just a career: mixing it all up, blending and creating your life as you go – why not, why be constrained by boundaries? The important thing about a portfolio life is that it's right for you.

Career Highlight: *Being made a professor*

Debbie White



Working paradigms

Paradigms denote or describe patterns of what is accepted. Working paradigms are typical examples, so if we think of the paradigm of career patterns then we can think of the old and then the new patterns for careers. In Table 1.2, I list some aspects of the old and the new working paradigms. The changes can be thought of as representing a paradigm shift in our thinking about the components of an accepted career.

The old patterns saw a career as a single pathway; for example, the general practitioner who remained a general practitioner, often in the same practice, for the whole of his or her working life: a full-time clinician providing a service for their group of patients. Eventually, at 60 or 65 years of age, they would retire and move from full-time worker to full-time nonworker. This was seen as steady, the norm for the majority. Sometimes, they might have moved to a different practice, but the pattern was one of little change. The new pattern of working is quite different: the new practitioner moves both geographically and between aspects of dentistry. Those who remain within one sector often take on other responsibilities, usually while retaining a clinical commitment, which might reduce over the years to make room for other roles and responsibilities. Their career tacks around, sometimes with a move upwards, sometimes with a move sideways and sometimes with a move a few steps back. The ladder has been replaced by the climbing frame (Figures 1.5 and 1.6). These practitioners manage their careers and, rather than wait for organisations to offer opportunities, they make their own opportunities. The shift from the old patterns to the new has been taking place for some years now, as more and more people find the new ways of working more rewarding and are prepared to take risks with their career choices.

Top Tip: *Everything is achievable, never give up*

Bal Chana

Table 1.2 Moving from old paradigms to new ways of working

Paradigm shift →	
Old	New
Stable, little change	Constant, rapid change
Little movement between jobs	More movement
Straight-line progression	Matrix, climbing frame
Organisation looks after you	You manage your career
Stress	Stress
Single role/job	Multiple roles/jobs
Retirement	Phased



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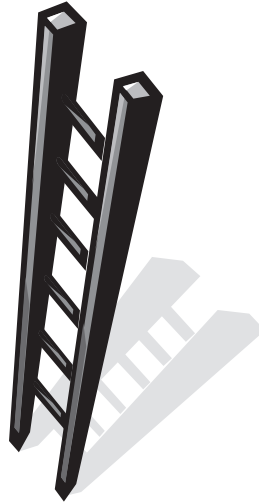


Figure 1.5 Out with the old ...



Figure 1.6 ... In with the new.



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Some people talk about a good career as one in which they can climb up, one job at a time, until they rise to the top, the pinnacle of success. As they climb, the jobs get fewer and fewer, until they have achieved the single top job. Some career pathways still look like that: we still talk about the 'career ladder'. In essence, the old career pattern was that you stayed with a single job all your working life and you progressed until you had reached the top: usually a position of seniority from which you would retire to a full-time life at home; a one-way street.

The new career pattern is one of change, changing jobs, changing sectors, moving around, maybe with some time overseas. You gain more experience and skills, taking on different roles, perhaps several part-time, some voluntary, and you manage your life to include home and work in a balance that works for you and your family. Retirement is rarely full-time but becomes a phased blurring, with perhaps more time working from home and a slow transition from more to less work.

Those dental professionals who register with the GDC in 2015 can probably expect to work until 2060 – a career of 45 years – with formal retirement at a minimum of 68 years and maybe even later than that. That's a very long time to remain on a single pathway. Those dental professionals currently working can look forward to increasing changes: some exciting, some scary and most in between. The predictions I introduce in this book, particularly in relation to the age and health of the population, will take account of the next 40–45 years.

It's my experience that dentistry is a diverse and fascinating career, and I'm writing this book to share the opportunities available for all dental professionals. It's my hope that the information you find here will give you inspiration to broaden your career and help you find out more about those aspects of dentistry you may know little about. When I began training at Birmingham Dental School I had already had a career in Medical Laboratory Technology. I left school at 16 and became a trainee laboratory technician at Aston University. Later, I moved to work in Haematology and Cytogenetics at East Birmingham Hospital (now Heartlands Hospital). By the time I entered dental school, I was a mature student, albeit only 24 years old. I had also been married. In those days, Birmingham was keen to admit a few students each year with 'nontraditional' entry requirements. Perhaps I have always been attracted to being 'nontraditional'. I find life far too interesting to get locked on to a single path stretching endlessly ahead. I developed a portfolio career way before I knew this was what I was doing. I knew I enjoyed variety and found juggling a number of jobs/roles energising. During my career in dentistry I have found I'm not alone in enjoying diversity: many colleagues combine a large number of aspects of dentistry within their career. Several of those inspiring dental professionals have generously shared their curriculum vitae



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and career histories with me so that I can share them with you. This book both looks broadly and dives deeply. It looks at individuals who have achieved the portfolio and enjoy a variety of roles within their working week, month and year. But it also dives deep into specific career opportunities to tell you more about the realities of each part of dentistry. Colleagues from all aspects of dentistry have shared what they do, what they like best and what they like least.

Top Tip: There is almost always more than one solution to a problem

Derek Richards

Planning your career

You made it: you've qualified as a dental professional. So, that's it, right? Wrong. Dentistry is not one career, it's a multitude of careers. You don't know what you don't know, so how can you find out what's available? How can you decide what's for you, what you might enjoy and be good at? I'm hopeful that this book will answer some of those questions, and signpost and open doors so that you can find out the rest.

One thing you do need is to understand yourself and what excites you, what you feel passionate about, what makes you get up in the morning. Those are the things that push you and motivate you. You could think of those 'push' factors as being made up of:

- home/family (H);
- yourself (Y); and
- work (W).

You can construct a visual image of these important motivators using a simple pie chart (Figure 1.7). You might want to think about the size of each of the portions and whether one is larger or smaller than the others. I would not



Figure 1.7 Push factors.



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presume to suggest aiming for one particular pie chart over the others, only that you think about how your own life is divided and which is the right balance for you. It doesn't matter if it's not the same as everyone else's, just that it suits you.

Top Tip: *Be interested in people*

Debbie White

Somewhere along the line of development we discover what we really are, and then we make our real decision, for which we are responsible. Make that decision primarily for yourself because you can never really live anyone else's life

Eleanor Roosevelt

In 1994, Brousseau and Driver developed a career concept model in which they suggested different types of careers and how people described their ideal careers (Figure 1.8). The Linear career travels in one direction, generally upwards, taking on more responsibility and authority as it goes until it reaches the top. Of course, it can also represent those who remain in the same job in the same grade for their whole working life – in which case, the line is a horizontal one. The Expert chooses their career field and sticks with it. Typically, health professionals take this career route. The person is the career: you are a dentist, or a dental technician, or a dental nurse, rather than

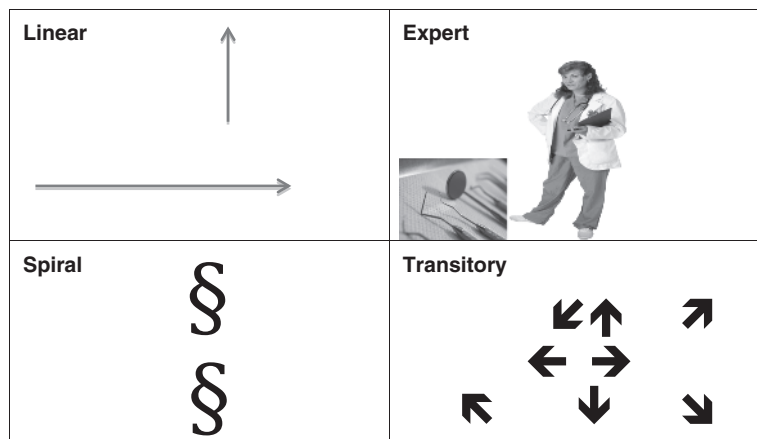


Figure 1.8 Career types and ideal careers (Brousseau and Driver, 1994).



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working in dentistry. The Spiral route this is less traditional than the Linear or Expert. The person with a Spiral career enjoys major changes, perhaps moving from one field to another. This is my career pattern, although I was not aware of it for some time. Looking back, it seems so obvious. Finally, there is the Transitory career, which is the least traditional of the four. There is a considerable amount of change, in both jobs and career fields. The direction can be up, down, sideways or diagonal. It can appear quite chaotic. I have a sneaking suspicion there is an element of the Transitory in my career as well. Of course, our careers can be mixtures – we don't have to rigidly stick to one pattern.

Top Tip: *Do not be afraid to try different things*

Derek Richards

Careers in the future are more likely to take a Spiral or a Transitory route, even for the Expert professional. Each of the shapes of career described offers different rewards. For example, the model suggests that Linear careers are most strongly linked to power and achievement. Experts have a strong competence motive, with a high need for security and stability. Spiral careers offer personal growth and creativity, with highly individualistic career paths. Transitory careers involve lots of change, so they appeal to people who are motivated by novelty and value independence and immediate results.

Top Tip: *Take opportunities (always)*

Janine Brooks

You may want to give this model some thought if you feel you and your career are rather mismatched. The good news is that dentistry can offer career paths that take all these shapes, you just need to know which is most suited to you. Your career may begin as one type (e.g. Expert) and then become another (e.g. Spiral and then Linear for a while). Some aspects of your career may take the characteristics of one type and some aspects another.

Being a dental professional

Dentistry is not a particularly large profession. In December 2013, there were a total of just over 105 000 practitioners registered with the GDC across all seven registrant groups. Non-dentist registrants have been placed together as dental care professionals (DCPs) in Tables 1.3–1.5.



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Table 1.3 Number of dentist GDC registrants (31.12.13)

Registration type	Count
Dental care professional	63 040
Dentist	40 424
Temporary registrant dentist	1 671
Total	105 135

Source: General Dental Council.

Table 1.4 Number of DCP GDC registrants (31.12.13)

DCP type	Count
Clinical dental technician	234
Dental hygienist	6 333
Dental nurse	50 651
Dental technician	6 320
Dental therapist	2 230
Orthodontic therapist	323
Total	66 091

Source: General Dental Council.

Table 1.5 Number of general dental practices (2013)

Country	Number of general dental practices
England	10 130
Scotland	1 091
Northern Ireland	396
Wales	503
Total	12 120

Source: Care Quality Commission (2013).

Interestingly, there is a different total number of DCPs in the registrant type to the breakdown of DCPs. This may be due to double counting, as some DCPs will be registered under more than one professional category.

In England and Wales, practices are tendered for, so the ability to set up a new NHS practice is constrained. In Scotland and Northern Ireland, dentists retain the ability to establish new practices, and the number of practices has risen each year.

Top Tip: Think about how you act, speak and look

Reena Patel



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Table 1.6 Relative numbers of dentists per English practice

Number of dentists	Proportion of practices (% of total)
1	19
2	17
3	15
4	12
5	10
6+	26

Source: Care Quality Commission (2013).

Almost one in five practices in England has only one dental practitioner (Table 1.6). Just over a quarter have a minimum of six dentists. Most dentists in 2013 worked in an environment with two to five dental colleagues. Unfortunately, working numbers of other dental professionals per practice are not available.

Top Tip: *Have a good work ethic*

Debbie White

Numbers in Wales and Northern Ireland are small, so the results should be treated with caution. However, Table 1.7 clearly shows the prevalence of

Table 1.7 General dental practices (BDA members 2013)

Practice type	UK	England	Wales	Northern Ireland	Scotland
Limited company	22.2	21.15	35.7%	20.0%	23.3%
Limited liability partnership	1.6	1.7%	0.0%	4.0%	1.4%
Partnership agreement	18.0	16.9%	19.0%	24.0%	23.3%
Sole trader with associates	32.2	31.6%	23.8%	40.0%	38.4%
Sole trader without associates	12.4	13.8%	11.9%	4.0%	5.5%
Expense sharing agreement	11.1	12.3%	7.1%	0.0%	8.2%
Other	2.5	2.6%	2.4%	8.0%	0.0%
Total percentage	100%	100%	100%	100%	100%
Total number	684	544	42	25	73

Source: BDA, Dental Business Trends, 2013.



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dental companies. Nearly a quarter of associates work for a dental company. This may not be one of the large chains, but their importance in the dental arena is growing.

Corporate bodies tend to be more prevalent in England and Wales, and continue to increase their share of the dental market.

***Career Highlight:** Developing an innovative technique producing hollow prosthetic eyes*

Emma Worrell

Workforce and workforce planning

Workforce planning is about 'ensuring the right numbers of people with the right skills are in the right place at the right time to provide the right services to the right people' (National Leadership and Innovation Agency for Healthcare, 2012).

I do not intend to include an analysis of dental workforce planning in the United Kingdom. That would be a book in itself. However, it is important to make reference to workforce planning because it will impact significantly on the working lives of all those currently working within dentistry and those planning to work in dentistry in the short to medium term.

It is important to match our workforce to the needs of the population. We need to match appropriate numbers and skills of dental professionals with the needs of our patients. Systems of dental care delivery have largely been built around the professionals giving the care rather than the people receiving it; that is, the patients. This is particularly true for those who are difficult to reach or easy to ignore: the homeless, sex workers, gypsies and travellers, people with physical or learning disabilities. As we move into the future, the dental profession will need to be more creative in how it addresses the oral health needs of its patients, particularly those just mentioned. In addition, the make-up of the dental workforce is likely to undergo a reshaping, with changes in the numbers and responsibilities of individual professional groups.

The Centre for Workforce Intelligence (2013) forecasts that by 2040 there will be an excess of between 1000 and 4000 dentists in the United Kingdom. Numbers for other dental professionals are not available. An excess of dentists will have an impact on future work prospects. The more dentists there are, the less work there will be for each dentist. Add to this the changing oral health needs of our patients, as I outline in Chapter 2, and it becomes obvious that the United Kingdom is likely to need fewer dentists, rather than



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more. However, it is also likely that the numbers of other dental professionals, such as dental hygienists and dental therapists, will rise. Direct access to some groups of DCPs will also have an impact. These factors and others will underpin a change in the profile of the profession, with fewer dentists and more DCPs. This transition, while an understandable reaction to the needs of the public and patients, will not be accomplished without difficulty. Increased clinical opportunities for some will be partnered by decreased clinical opportunities for others. This change is already underway – the 2013 report of the Centre for Workforce Intelligence reports that:

Since 2008, there has been a steady shift in the make-up of the practice team. In 2008, dentists were 39 per cent of the dental team, but this proportion had dropped to 37 per cent by 2013. There has been an expansion in the numbers of dental nurses, dental technicians and orthodontic therapists, and the dental practice skill mix should change to reflect this.

Reviews of the dental workforce have also been undertaken in Scotland (Scottish Government, 2010), Wales (National Leadership and Innovation Agency for Healthcare, 2012) and Northern Ireland (Department of Health, Social Services and Public Safety in Northern Ireland, 2014). All of the workforce review reports make for interesting reading, and I would recommend looking at them as they can provide useful information for longer-term career planning.

Top Tip: Differentiate yourself – what is your unique selling point?

Reena Patel

Dentistry is a physical occupation. It takes its toll on our musculoskeletal system, our eyesight and our hearing. With age, manual dexterity can reduce. Add to that the psychological stress some in the profession suffer and it's easy to see why 30–40 years of clinical work is likely to prove problematic. I will consider the health of dental professionals in more detail in Chapter 2. It's another point in favour of the portfolio career. The majority of dental professionals will begin their careers with full-time clinical practice, which is a good way of honing your clinical skills and the craft of dentistry. It gives a solid foundation to the future. It's up to you how long that phase of your career lasts. Some people gain the skills and confidence to expand and diversify quicker than others. Some find the fulfilment of clinical practice is



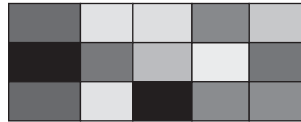
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sufficient for many years. A few never lose the personal satisfaction of caring for their patients. Even to such dental professionals I would say, add some new experiences as you work through the years: flexibility and diversification are good for patients as well as for yourself. The dental professional who is constantly learning and who stays open to fresh ideas is likely to provide better patient care than the one who keeps their head down.

When thinking about building the shape of your working life, it may help to think about your personal and professional identity. Who are you? What is important to you? What is of little consequence? What do you definitely not want?

If you think I'm only appealing to dentists then I'd like to make it clear (again) that I think these opportunities are available to all who work in dentistry. The future, in my opinion, is very bright for non-dentist registrants.

If you think of a career as a palette of colours, what colour will your career be? A single block or a dazzling rainbow? Be the rainbow.



Top Tip: *Speak early in a meeting, this will give you confidence*

Janet Clarke

If you're lucky enough to do well, it's your responsibility to send the elevator back down

Kevin Spacey

I love this quote – keep sending those elevators (lifts, as we say in the United Kingdom) down.

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