

Choosing a Career in Dentistry

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Abstract: There is a wide range of careers available for the recently qualified dentist, and graduates need to know what the choices are and how a particular career pathway may be best accessed. Additional qualifications are often necessary; new graduates also need to be aware of the most useful postgraduate qualifications for their chosen path. Many young dentists would benefit from careers advice and should talk to colleagues working in the field in which they are interested.

Dent Update 2003; 30: 28-36

Clinical Relevance: Young dentists considering the career path they wish to follow may find the information about different aspects of dentistry useful. Postgraduates should find the advice on the additional qualifications that they are most likely to need during their dental careers of assistance.

The graduate of today has career opportunities of which the new dentist 30 years ago could only have dreamed. Although the system of the middle 1970s offered less in the way of opportunity, it did allow for flexibility and many graduates at that time were able to try various disciplines in dentistry before making their choice of career. Indeed, it was considered to be an advantage for recent graduates to have experienced different areas of dentistry before embarking on their chosen career.

A dental career can follow many more directions than was possible 30 years ago (Figure 1), and today's graduates need to make informed choices if their careers are to be satisfying. Where

should one start? Fortunately, the choice does not need to be made too soon after graduation. The last year of undergraduate life is either so busy or so full of distractions that many students will not really have considered their first career move. To some extent, vocational training acts as a safety net – and it is of course mandatory for anyone who wishes to work long-term in general practice within the general dental services.

The General Dental Council (GDC) requires that new graduates are capable of independent practice at the completion of their undergraduate training, although changes in the undergraduate curriculum and developments in modern dentistry have made this more difficult to achieve. New graduates should work as part of a team where their level of competence will be understood and developed. This can be achieved in a number of ways:

- through hospital practice;

- vocational training within community dentistry or in the general dental services.

JUNIOR HOSPITAL POSTS

Taking a post as a House Officer was one of the traditional ways in which new graduates could obtain experience as part of a team providing specialist services within a dental hospital, very often the hospital of the school from which they had graduated.

Unfortunately, these posts have virtually disappeared and where they exist are integrated with some Senior House Officer posts into General Professional Training schemes. Stand-alone Senior House Officer posts continue in a significant number of both teaching and district general hospitals. These allow dentists to obtain further hospital experience of either a single or several disciplines (if the post is rotational).

Where individuals have their sights set on a particular career pathway in the hospital service, these posts offer an opportunity to gather useful training and experience. However, they should be taken for a limited period only: many postgraduate training institutions prefer applicants to demonstrate a broad range of experience before beginning their specialist training. For example, postgraduates and specialist trainees in orthodontics have frequently had Senior House Officer experience in either oral and maxillofacial surgery or paediatric dentistry.

The time spent as a Senior House

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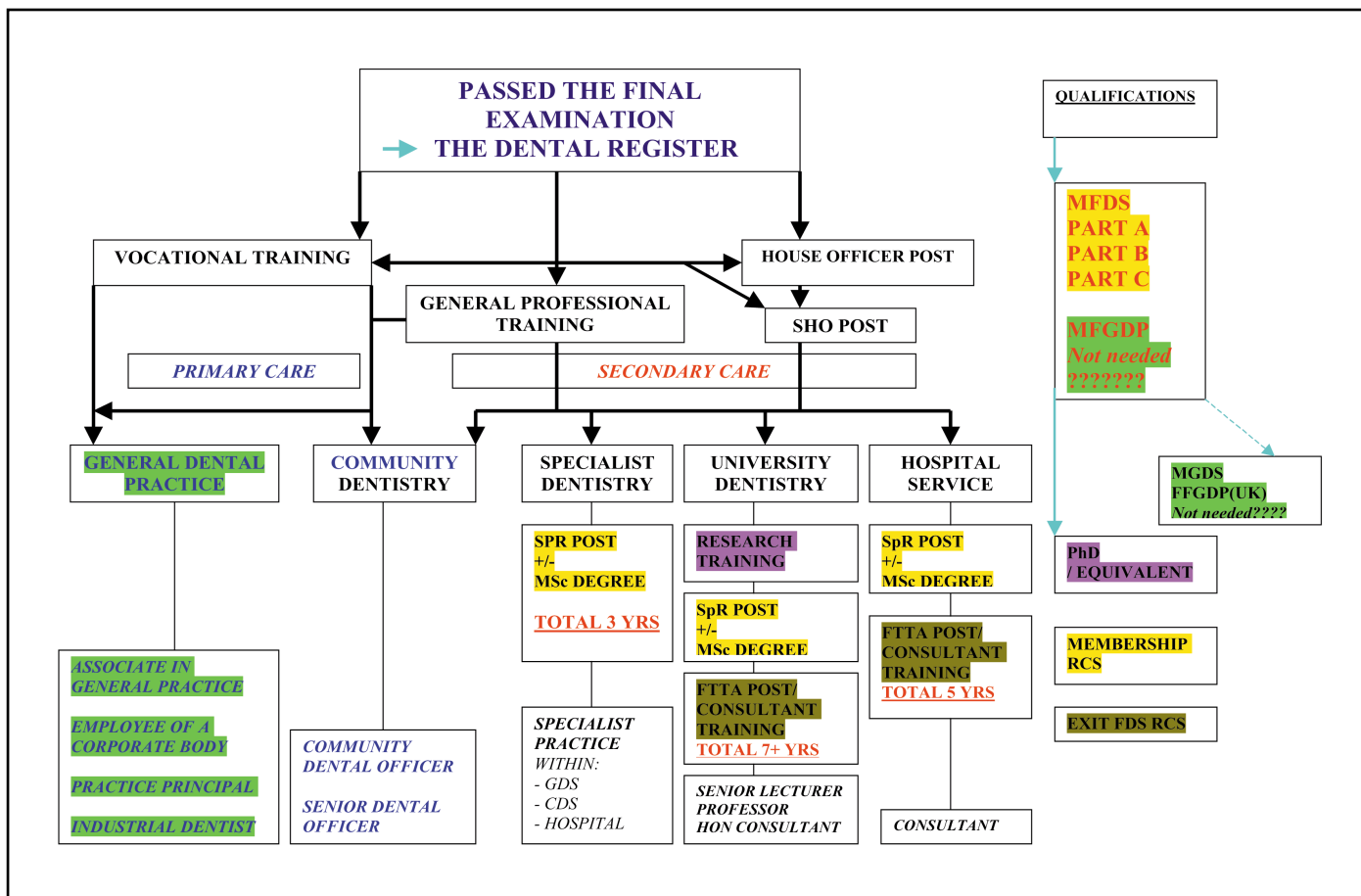


Figure 1. Career pathways in dentistry.

Officer should facilitate the next career move. Graduates who intend to follow a hospital or academic career should be sure to gain experience of audit and peer review – and would be wise to carry out some work that leads to a publication in the scientific literature (this may be research or a case report: senior staff are normally only too willing to support such activities). Having a curriculum vitae that shows evidence of these additional accomplishments is a big advantage when the time comes to apply for future posts.

VOCATIONAL TRAINING SCHEMES

Practice-based Vocational Training

Traditional vocational training forms most of the schemes available; a trainee (vocational dental practitioner) spends

a year working with a trainer within his or her practice. There can be no better way to find out what life in practice is like: the trainer is funded to take care of the trainee and the receipt of a salary protects the trainee from the commercial pressures of the practice setting. The trainee spends protected time with the trainer each week and additional weekly study days provide the opportunity to continue education whilst interacting with a peer group of trainees.

The strength of these traditional schemes is the measured introduction to general dental practice; the potential weaknesses are that they provide experience of only one aspect of dentistry whilst their quality is highly dependent on one individual (the trainer). The vast majority of trainers are good, committed to vocational training and anxious to give their trainee the best possible experience of general practice; however, the trainee's

exposure to the work of other dentists may be limited, which may affect the quality of their training. Potential trainees might be advised to look for practices containing several dentists: one practitioner will be the designated trainer, but the trainee will have opportunities to learn from the other dentists.

General Professional Training Schemes

These offer experience of more than one area of dentistry and last 2 years, taken either as a block of time in each aspect or by dividing the working week between the different fields (longitudinal schemes). These are run in some parts of England and Wales and have become firmly established in Scotland, where they are run nationally under the auspices of NHS Education for Scotland. They have proved popular with new graduates,

offering as they do experience in all types of dentistry whilst retaining the training and mentoring aspects of vocational training.

The local Postgraduate Dental Dean will be able to provide details of the schemes available in the various areas of the UK. The Careers Adviser in every dental school will also have information on availability and application dates for the various vocational training schemes.

ADDITIONAL QUALIFICATIONS

To develop a career in any branch of dentistry additional qualifications are necessary. There is every indication that this trend will continue and graduates should plan their careers accordingly.

It is also advisable not to limit a dental career to one aspect of dentistry. Many individuals are well used to the idea of doing a variety of jobs during their working life, some of which may be very different – and, although traditionally this has not happened in dentistry or medicine, the trend is increasing in these disciplines.

Many dentists entering general practice have no desire to own the practice in which they work: they see the responsibilities outweighing the advantages and are therefore happy to work on an associate basis. The corporate bodies are becoming significant entities in British dentistry: they offer the dentist salaried employment within a general practice setting and their corporate structure can provide opportunities for continuing education and professional interaction that may be more difficult to achieve in a traditional practice.

The absence of financial ties allows dentists to change jobs with greater ease but further qualifications are an advantage, as is the development of a range of skills. The temptation to take on financial commitments as soon as one has the ability to earn is quite high, especially now, when levels of student debt continue to rise. However, the more commitments the young dentist has, generally the less easy it is to step away from the current job in order to develop additional skills

that will permit a change in direction.

The First Postgraduate Qualification – MFDS or MFGDP?

The most appropriate qualification for the recent graduate is either the MFDS (Membership of the Faculty of Dental Surgery) or MFGDP (UK) (The Diploma of Membership of the Faculty of General Dental Practitioners (UK)). Both of these can be completed 2 years after qualification and allow access to further training. The qualifications are not the same, neither are they transferable: MFDS is the initial qualification required for potential access to specialist training whilst MFGDP gives access to the higher qualifications of the Faculty of General Dental Practitioners (FGDP). At present, a recently graduated dentist should think carefully before sitting the MFGDP. The Faculty of Dental Surgery and the FGDP have unfortunately not yet reached agreement on parity between the MFGDP and the MFDS: possession of the MFGDP gives exemption only from Part A of the MFDS whereas holders of the MFDS are exempt from all aspects of MFGDP.

Whatever the merits of the different qualifications, the dentist in possession of the MFDS has a greater range of options for a future career. The MFGDP may be suitable for a dentist who is absolutely committed to general practice, but it is entirely unsuitable for someone whose career choice has yet to be made, or for someone who wishes to retain the potential for flexibility in their career. A dentist on a traditional practice-based vocational training scheme may find achievement of the MFDS difficult: to be eligible to sit Part C the candidate must have spent one year working in posts approved for the purpose; posts that will be in the hospital dental service or the community dental service.

All recent graduates should seriously consider obtaining the MFDS within 2–3 years of graduation. It is a qualification that facilitates a broader range of careers than the MFGDP. Like all qualifications, it requires study, perhaps at a time when

many feel that they have studied enough; however, there are good study courses available and the pass rate is quite high, normally running somewhere in excess of 60%. Part A can be taken one year post-qualification but the final part (C) cannot be completed until two years after qualification.

GENERAL DENTAL PRACTICE, COMMUNITY DENTISTRY, HOSPITAL OR ACADEMIA?

Figure 1 outlines the choices available to graduates who have successfully completed vocational training or pre-specialist training and have obtained their MFDS. Some practitioners believe that it is entirely unnecessary (and perhaps inappropriate) for a dentist who is committed to general practice to study for and obtain his/her MFDS; however, the reasons for recommending this course are clear:

- the MFDS keeps career options open;
- the MFDS as a primary postgraduate qualification currently has advantages over the MFGDP.

It is inappropriate for the author (who has spent virtually his entire career working in hospital and university environments) to advise on choosing a general practice. There are, however, some broad considerations. The number of dentists choosing to own or become partners in a practice is declining, and the number of dentists committed wholly to working within the National Health Service has decreased. There has always been disagreement about whether undergraduate dental schools should be training dentists specifically for the National Health Service. This has never seemed desirable, although schools should (and frequently do) include elements of training that take place outside the dental school – within general practice or the community dental services. This is entirely appropriate, and the focus of undergraduate dental education and training should be to prepare the graduate for working within

a primary care setting rather than for a particular type of funding regime.

ROYAL COLLEGE QUALIFICATIONS FOR THE GENERAL DENTAL PRACTITIONER

MFGDP, MGDS, FFGDP

Formal continuing education presents difficulties for dentists working in practice: busy days in the surgery combined with significant administrative duties make heavy demands on time and energy. Traditional university degree programmes sometimes place unmanageable requirements on practitioners, whilst many of the courses are not in primary dental care. The qualifications in general dental practice (MGDS and FFGDP) offered by the FGDPs and some of the Dental Faculties of the Royal Colleges provide the opportunity to undertake education and training directed towards primary dental care. The Royal College of Surgeons of Edinburgh offers MGDS holders the opportunity to take FDS by Assessment. The courses preparing people for the examinations are usually delivered in a format that fits well with a commitment to general dental practice.

It is appropriate that GDPs wishing to see the status of general practice develop should hold the qualifications of the FGDP. The training courses for these qualifications are designed with the practitioner's work commitments in mind and are generally run by the FGDP.

The primary additional qualification of the FGDP is Membership (MFGDP). Mention has already been made of the lack of equivalence between MFGDP and MFDS: this is unfortunate as recent graduates should be able to move easily in their early years into any field of dentistry they wish. A single unified qualification at the end of general training would facilitate this. This is something that the Dental Faculties and the FGDP should agree on.

The MGDS (Membership in General Dental Surgery) was the first higher qualification for practitioners and

reflects a candidate's commitment to continued learning and the development of improved clinical expertise. It is run not only by the FGDP but also by the Dental Faculties of the Royal Colleges of Surgeons of both Edinburgh and Ireland. This qualification seems never to have caught the imagination of dentists and only small numbers sit the examination. Supporters of the examination indicate that the long period of study requires a level of commitment that few dentists can give; critics cite the lack of clinical teaching and training required by the examination as being a factor in its lack of popularity.

The establishment of the Training Pathways in Practice by the FGDP (UK) is a further development. It allows practitioners to select training relevant to their own personal needs and interests. The modules for this course are arranged to fit in with running a practice whilst giving the opportunity to develop improved knowledge and skills that can be applied in the primary care setting. Successful completion of this training pathway ultimately makes the dentist eligible for Fellowship – FFGDP (UK). It seems likely that the FFGDP will ultimately replace the MGDS as the FGDP's premier qualification. Access to the training for this qualification is through possession of an MFGDP or MFDS.

What remains true of this and all examinations directed towards GDPs is that acquisition of further qualifications does not improve terms and conditions of service within the general dental services or give access to structured career progression. The development of primary dental care in the UK requires that appropriate recognition is given to those who have devoted time and money to further formal study and additional qualifications. Primary dental care would be enhanced by the recognition of general dental practice as a specialty within dentistry that should sit alongside the traditional and more recently created ones. The FGDP has an essential role to play in the continued development of primary dental care. Practitioners committed to a career in general practice should give serious consideration to obtaining one or more

primary care qualifications, not only for the training but also to support the FGDP's continued development.

SPECIALIST TRAINING

In order to become a specialist a practitioner must satisfactorily complete a recognized training programme (one that has been approved by the appropriate Specialist Advisory Committee of the Royal Colleges of Surgeons). Specialist training cannot be started without possession of an FDS or MFDS and training will not be considered as of a specialist nature unless the trainee is awarded a training number at the beginning of training.

At the end of the training period the appropriate Membership examination is taken. Success in this will lead to the award of a Certificate of Completion of Specialist Training (CCST) and the individual may apply to the GDC for admission to the appropriate Specialist List.

The specialties that are now available and for which the GDC maintain specialist registers are:

- Oral medicine
- Orthodontics
- Paediatric dentistry
- Restorative dentistry
- Dental public health
- Oral microbiology
- Oral pathology
- Oral surgery
- Dental and maxillofacial radiology
- Prosthodontics
- Endodontics
- Periodontology
- Surgical dentistry

The details and requirements for training programmes in these areas are well described by the GDC and in the excellent handbook published by the Dental Faculty of The Royal College of Surgeons of England in 1999.¹ Anyone contemplating specialist or consultant training should read this carefully.

There are a number of ways in which to train to be a specialist, usually by obtaining a funded Specialist Registrar appointment in the appropriate

discipline or by self-funding one's own training. If education and training are taken overseas, recognition of equivalence in training may be sought from the GDC but (somewhat strangely) only retrospectively once the training period is complete.

MASTERS DEGREES

The evolution of Masters degrees in dentistry in the UK has been interesting. The first was established at the old Institute of Dental Surgery in London under the auspices of the University of London in the mid-1960s. There was little demand for such degrees and what there was came mainly from postgraduates overseas. However, they gradually became to be seen as a way of receiving structured postgraduate teaching in a particular subject area.

Masters degrees are a standard way in which specialist education and training is provided in North America. Indeed, many dentists in the UK have benefited from taking Masters degrees on the other side of the Atlantic before they became widely available over here. Some programmes in the UK owe aspects of their style and approach to dentists who had North American postgraduate experience. In what could loosely be termed the restorative disciplines, North America was seen as the place to go for top-quality postgraduate training. Some may still consider this to be the case, although their pre-eminence has been eroded by a number of factors:

- High-quality programmes are now available in the UK.
- The cost of studying in the USA is high.
- Such courses are not part of recognized specialist training programmes in the UK; thus application must be made to the GDC for equivalence on return to this country,² although there is no guarantee that recognition will be given.

Anyone considering a Masters degree should at least *consider* studying in the USA and should discuss their ideas with

someone who has taken such a course. The American Dental Society of London would be pleased to put a prospective applicant in contact with someone who could advise them, and offers scholarships that contribute towards the costs of studying in the USA.

Before committing to training outside the UK, it is essential to obtain sound advice regarding whether the training is likely to be recognized on returning to this country. Practitioners who aim to gain entry to a Specialist List in the UK would be extremely unwise to embark on a degree or training programme without reliable advice as to its status: the GDC as the competent authority should be the starting point.

Choosing a Masters Degree Programme

Reasons for choosing a Masters course vary. Some dentists may decide on a degree if it forms part of an approved Specialist Training Programme, some choose one because they have an interest in a particular subject area, whilst others may select a Masters as an opportunity to carry out and receive training in an aspect of research.

Not all Masters Degrees are the Same

There is little consistency between Master of Science degree programmes in dentistry. Some are obtained entirely by research; others combine academic teaching with clinical work and a research project. Even amongst the latter group there are wide variations in content. Prospective candidates for such a programme need to find out what a programme contains and how good it is.

It would seem absolutely imperative to visit the school that is offering the course and to talk first of all to the Programme Director, to find out the format and scope of the course. Entry to programmes in some schools may be difficult owing to the high number of applicants, and candidates should consider carefully whether the content and format of the course will suit their preferences. For example:

- If a candidate is interested primarily in research work this should obviously form the main focus of the course.
- If the clinical component is more important, candidates should discover how many clinical sessions are provided weekly and who will provide the clinical teaching on each session.
- If an undergraduate school is offering the programme, it is worthwhile ascertaining whether there is a separate clinic for the postgraduates or whether the clinical area will be mixed.
- It may be useful to enquire about the type of clinical work undertaken and whether or not nursing support will routinely be available.
- People interested in the restorative disciplines should check as to whether laboratory work is carried out by postgraduates or whether technical staff are available to provide this service.

The best way of finding out what a programme is like is to speak to people who have either just completed the course or who are in the middle of doing it. Many institutions offer prospective applicants this opportunity and it is useful to set aside a half or whole day to see the course in action and talk to the participants. It is wise to ask not only about academic and clinical matters, but also about the availability and quality of the research supervision. Useful information can be obtained about the structure of the course and whether it runs on formal, timetabled lines or has a freer structure. One particular approach may have no advantage over another but it is important for students to enrol in a programme that suits their style of study.

Candidates should also establish whether the course is to be taken on a full-time or part-time basis: the number of places allotted to full-time and part-time applicants may well differ. It is often easier to administer a course where most students study full-time and it is important to know how many places will be available for full-timers and part-timers: it may influence the decision

of a person anxious to start postgraduate studies quickly.

People interested in becoming a specialist should establish whether the degree can form part of specialist training and whether a training number will be available. Current regulations do not allow for retrospective accreditation of time spent on Masters courses for purposes of specialist training.

CONSULTANT TRAINING

Consultant training requires a minimum of 5 years' work in programmes approved for the purpose. However, not all specialties operate their training programmes in the same way.

In orthodontics and paediatric dentistry, the 3-year training period leading to a CCST is followed by a further 2-year period of training in an FTTA Specialist Registrar post. When this further period has been satisfactorily completed, the individual may sit the exit Fellowship examination in his/her subject. Success makes the individual eligible for a further CCST and allows application to be made for a consultancy.

In restorative dentistry, consultant training is through appointment as a Specialist Registrar in Restorative Dentistry: the training period is 5 years. The qualification making the trainee eligible for his/her CCST is the Exit Fellowship in Restorative Dentistry. At present, there is no approved way in which the restorative monospecialist, having gained a CCST in prosthodontics, periodontics or endodontics, can access a further two years of approved training to become eligible to sit the Exit Fellowship in Restorative Dentistry. This may change, as it appears far from sensible, but dentists embarking on a monospecialist training in one of the restorative disciplines should not expect the situation to alter.

Similarly, there is no consultant training pathway in Surgical Dentistry.

Why be a Consultant rather than a Specialist?

These are fundamentally different jobs.

- The specialist is based in either the primary care or secondary care setting: the former may be a practice in the high street or within the community dental service and the latter the hospital service.
- The consultant is the leader of the specialist team within a teaching hospital or district general hospital. An additional training period is intended to make them able to manage more complex clinical problems and to increase their abilities in interdisciplinary working. Consultants will generally spend between five and seven sessions on clinical duties: the remainder of their time will be given over to administration, teaching and research.

The attractions of a consultant post may be the team-leading role, the potential to offer secondary and tertiary care (often within an interdisciplinary team) and the variety offered by the clinical and non-clinical aspects of the post.

ACADEMIC POSTS

All dentists will feel familiar with academic posts in dentistry, having been taught by those holding them whilst at dental school: this frequently seems to deter young dentists from following an academic career!

It is impossible to consider the merits of a career in university dentistry without considering the diminution of universities in general in the last 20 years. Successive governments have reduced funding and the demands of academic training in dentistry are severe. Research training and clinical training are required: this makes for an extended period spent at Lecturer level, completing both a PhD and a clinical training programme. This is often too much for many aspiring academics, who complete the clinical training programme but never manage the higher research degree. Such individuals not uncommonly seek an NHS Consultant appointment, and it is hard to blame them: universities require high levels of good-quality research from their

staff, which, in addition to teaching and clinical duties, makes many demands.

Why does anyone bother? The answer is that an academic career has the ability to challenge, stimulate and reward in a way that other aspects of dentistry find difficult to parallel. (The author must admit to a certain bias in this regard.)

If this aspect of dentistry is of interest, following MFDS practitioners should look for a lecturer's post in the discipline of their choice. It may be prudent to consider completing a higher research degree before starting a formal clinical training programme: many talented staff have found it difficult to return to the research degree after completing clinical training.

Higher Research Degrees

There are a number of these – MPhil, PhD and in some universities MDS or DDS, to name just a few. The one higher research degree that has true international currency is the PhD. This is the research qualification that the aspiring dental academic should obtain.

FORMAL CONTINUING EDUCATION FOR THE GDP

Masters of Science degrees are also attractive to more senior or mature practitioners who, after a number of years in practice, wish to develop new skills and update their knowledge. For such dentists, who do not necessarily wish to specialize, choice can be limited. However, the number of Masters degrees available on a part-time basis spread over two years (or sometimes longer) is slowly increasing. MSc degrees in Dental Primary Care, which perhaps may be better described as General Dental Practice, are beginning to appear.

The Universities of Edinburgh, Dundee, Glasgow and Birmingham run such degree courses although the style of the programme differs in each.

- The Edinburgh course is of modular design and involves elements of distance learning; the duration of study can be anything between two and six years depending on the

wishes of the practitioner.

- Those in Glasgow and Dundee are intended for the dentist who has recently completed vocational training and provide education and training in the broad area of primary dental care.
- The Birmingham MSc course is modular, designed specifically for general dental practitioners and those working in the community dental service; the duration of study can be between three and five years.

The Eastman Dental Institute runs a Postgraduate Diploma Course based around its well known, day-release long restorative course: this has now been further developed to offer the option of an MSc.

This list is not necessarily comprehensive and practitioners are advised to spend some time visiting university websites.

CONCLUSIONS

The range of careers in dentistry is extensive. It is important to realize that a particular interest can take some time to emerge but the dental student and the recent graduate should think carefully about the direction of their future career. Here are some thoughts and suggestions that will help people trying to decide what career path to follow make an informed decision:

- Discuss your career intentions with

colleagues.

- Visit someone working in the sphere of dentistry in which you are interested.
- You may well have several different careers within your dental working lifetime.
- Obtain the enabling or entry qualifications that will help your career to develop and allow for changes of direction.

REFERENCES

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2. *General Dental Council – Specialist Lists.* General Dental Council 2002; www.gdc-uk.org/speciali.html

USEFUL PUBLICATIONS AND CONTACT DETAILS

- *General Professional Training in England and Wales, A Practical Guide.* London: Faculty of Dental Surgery, The Royal College of Surgeons of England, 2001.
- *Guide to Postgraduate Degrees, Diplomas & Courses in Dentistry 2002–03.* London: National Advice Centre for Postgraduate Dental Education, Faculty of Dental Surgery, The Royal College of Surgeons of England, 2002.
- *A Guide to Specialist Registrar Training – NHS Executive.* 1998.
- British Dental Association, 64 Wimpole Street, London W1M 8AL. Tel: 020 7563 4563; Fax: 020 7487 5232; e-mail: enquiries@bda-dentistry.org.uk; website: www.bda-dentistry.org.uk
- Committee on Vocational Training for England and Wales, 123 Gray's Inn Road, London WC1X 8WD. Tel: 020 7905 1207; Fax: 020 7905 1212; e-mail: shall@ucl.ac.uk; website: www.eastman.ucl.ac.uk

- Committee on Vocational Training (Northern Ireland), Northern Ireland Council for Postgraduate Medical and Dental Education, 5 Annadale Terrace, Belfast BT7 3JH. Tel: 028 9049 4809.
- Dental Faculty, Royal College of Surgeons of Edinburgh, Nicholson Street, Edinburgh EH8 9DW. Tel: 0131 527 1600; Fax: 0131 557 6406; e-mail: information@rcsed.ac.uk; website: www.rcsed.ac.uk
- Dental Faculty, Royal College of Physicians and Surgeons of Glasgow, 232–242 St. Vincent Street, Glasgow G2 5RJ. Tel: 0141 221 6072; Fax: 0141 221 1804; e-mail: registrar@rcpsglasg.ac.uk website: www.rcpsglasg.ac.uk
- Derweb: www.derweb.ac.uk
- Faculty of Dentistry, Royal College of Surgeons in Ireland, 123 St. Stephens Green, Dublin 2, Ireland. Tel: 353 1 402 2100; e-mail: info@rcsi.ie website: www.rcsi.ie
- Faculty of Dental Surgery, The Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PN. Tel: 020 7405 3474; Fax: 020 7869 6816; e-mail: fds@rcs.ac.uk; website: www.rcs.eng.ac.uk
- Faculty of General Dental Practitioners (UK), The Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PN. Tel: 020 7869 6754; Fax: 020 7869 6755; e-mail: fgdp@rcseng.ac.uk; website: www.rcseng.ac.uk/contacts/fgdp
- General Dental Council, 37 Wimpole Street, London W1G 8DQ. Tel: 020 7887 3800; Fax: 020 7224 3294; website: www.gdc-uk.org
- National Advice Centre for Postgraduate Dental Education, Faculty of Dental Surgery, The Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PN. Tel: 020 7973 2181; Fax: 020 7973 2183; e-mail: soverda@rcseng.ac.uk
- Scottish Dental Vocational Training Committee, NHS Education for Scotland, 2nd Floor, Hanover Buildings, 66 Rose Street, Edinburgh EH2 2NN. Tel: 0131 225 4365; Fax: 0131 225 5891; e-mail: enquiries@scpmde.scot.nhs.uk; website: www.show.scot.nhs.uk/scpmde

This article is a forerunner to an occasional series on Careers in Dentistry.

ABSTRACTS

SOME PATIENTS REALLY DO HAVE SHORT TEETH. Prevalence of Short Root Anomaly in Healthy Young Adults. S. Apajalahti, P. Hölttä, L. Turtola, S. Pirinen. *Acta Odontol Scand* 2002; **60**: 56–59.

These workers investigated the prevalence of 'short-root anomaly' (SRA), a genetic condition related to hypodontia. Previous studies have suggested that this may affect between 1% and 10% of the general population, but this study of over 2000 cases found a prevalence of 1.3%,

affecting females more than males. The teeth most commonly affected are maxillary central incisors, but maxillary premolars, lateral incisors and mandibular second premolars may also be affected. The work was carried out by examining panoramic radiographs and identifying bilateral pairs of either incisors, where the roots were the same length as, or shorter than, the roots, or posterior teeth that exhibited very short, blunt roots.

The condition also appears to predispose to root resorption during orthodontic treatment, and the authors postulate that the incidence of short-root

anomaly will increase as more children undergo orthodontic treatment. Their findings suggest that, as the condition affects 1.3% of healthy Finnish young adults, root length should be routinely checked and confirmed before embarking upon a course of orthodontic, prosthetic, periodontal or endodontic treatment on those teeth that may be affected.

Furthermore, as the condition is genetic, in families with SRA, early diagnosis in childhood may influence orthodontic treatment strategies.

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