Specialist Practice, A Personal Viewpoint

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Abstract: **This article is aimed at the graduate who is beginning to consider career options, and at the slightly more experienced practitioner, who may be uncertain about changing direction in his or her career development. It is hoped that the paper will enable a wider consideration of the implications of a decision to embark on a career pathway as a specialist.**

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Clinical Relevance: **Specialists are now an integral part of UK dental practice.**

I have been involved in a specialist practice as a periodontist for over 30 years, initially part-time and for many years, full-time. In addition to this I have been heavily involved in the promotion of an academic career structure for general practice as one time Chairman of the Examinations Committee of the Faculty of General Dental Practice (UK). I have also held a teaching position for final year students and taught extensively to vocational training and postgraduate groups. I hope, therefore, I may be able to offer a few thoughts on career options to younger members of the profession.

I find myself during the early summer each year discussing with undergraduates how they should progress their career after graduation. Over the past few years the structure of the dental profession has, to some extent, been clarified, although the routes to enter and to move from one branch of the profession to another have yet to be clearly defined. It is my normal practice to suggest to undergraduates to consider dentistry as being in three main areas:

- Academic Dentistry in its various forms of research and teaching;
- Specialist Practice, either within the hospital sphere, or in an independent referral practice;
- General Practice, again within its various forms, and now including practice within the corporate dental environment as well as within the community dental services.

Within each of these broad headings there are, of course, many sub-divisions and overlaps, and I do not think that any undergraduate at the time of finals, including those with a family dental background, are in a position to make a firm decision as to where they wish to go over the ensuing years. Having now seen a large number of graduates embark on their professional life, I am sure that the longer a final decision can be deferred, and the greater experience that can be gained of the different fields of dentistry before taking a decision on a career pathway, the better and happier that person is likely to be in his or her choice of career. In addition, I think they will usually become a more useful member of the profession if they eventually specialize with a broad experience prior to this training.

SPECIALIST PRACTICE – WHY?

Why choose the career option of Specialist Practice? What can this career option offer that is not offered by, for instance, a career in General Dental Practice? What makes this aspect of dental practice different? What are the advantages and disadvantages of choosing to specialize?

First, by definition, one is choosing an area of professional practice that one finds fascinating, not merely as an academic exercise, but in the practise of the technical procedures associated with this field of specialism and in its interrelationships with the patient and fellow professionals. So, if entering Specialist Practice, a narrower field of interest has been selected and

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consequently interest in other fields of dentistry is being reduced. By definition, this means that an individual will become more deeply involved in a smaller area of professional life. Apart from the actual training pathway leading to this level, it implies vigorous lifelong discipline in continuing education and development. It also requires a recognition that, as a specialist, one is being entrusted with other peoples' patients for treatment and, as a result, will be judged constantly by one's peers on the ability to produce appropriate solutions for patients' problems. This latter aspect is something that every aspiring specialist should remember as the growth of the independent Specialist Practice gives referring practitioners a much wider choice of specialist to whom they may wish to refer.

What other Differences are there?

I have already mentioned the position of continuing education, and for any specialist membership of a Specialist Society an active participation in it is essential. Similarly, a commitment to teaching, both at undergraduate and postgraduate levels, and the dissemination of current research to one's working colleagues are also part of the obligation of specialists.

To return to our aspiring young specialists, they must recognize the fact that, by choosing a specialism, they are standing slightly apart from General Dental Practice, in which the vast bulk of treatment is given, and are becoming a slightly different animal. They must be able to communicate because, as a specialist, much of the treatment given or recommended as part of a plan will be carried out by others, even if, like myself, they practice within a large group of specialists. Communication is not a skill possessed by all members of the profession and, to those who do not communicate easily, specialization may appear attractive. Whilst some specialisms, such as endodontics, evolve around the execution of a technically demanding procedure, others, such as periodontics, require considerable patient motivation and, because they interface with virtually all the other disciplines of the profession, require the ability to plan and communicate effectively with other members of the team. Poor communication is demonstrated when patients are referred to me and I receive a copy of an earlier letter from a specialist, which reads along the lines of 'complete the periodontal treatment and then carry out the restorative phase'. The failure of this communication is illustrated by a case recently referred to me after such a letter. This case initially required complex periodontal treatment involving non-surgical, surgical and regeneration treatment, root resections and co-ordination with endodontics. Final re-evaluation of the periodontal status led to the placement of provisional bridgework and, after further re-evaluation, the eventual restoration of the mouth involved conventional fixed restorations and placement and restoration of an implant-supported prosthesis. This was a complex case involving several disciplines all requiring to be co-ordinated in sequence and, above all, requiring an initial assessment of the patient's needs and desires, which had been neglected in the previous opinion. So again, our aspiring specialist must recognize his or her role as a leader and organizer and a member of the team if a satisfying professional life is to result.

What of the Financial Implications of a Specialist Practice?

The career structure for both academic and hospital-based specialists is well publicized, but any aspiring specialist entering this field must again recognize that there are a limited number of posts open to competitive application and dependent on achievement of the necessary stages to qualify. Similarly, if the route to an independent Specialist Practice is taken, the loss of earnings during the period of training and the considerable cost of the course itself and the relatively slow build-up of a Specialist Practice must be recognized. This is where one of the most difficult career decisions must be made. By the time a career has developed to the point where a meaningful decision to move into Specialist Practice can be taken, there are frequently other commitments and a lot of this training pathway will coincide very much with the considerable commitments of marriage, house, family, etc. It is not impossible to reconcile these aspects but they do require careful and deep thought. Again, if the avenue into independent referral practice is taken, the question of how such a practice is to be financed must be addressed. There is no meaningful place for Specialist Practice within the General Dental Service, with the possible exception of orthodontics, although this is becoming more difficult. The use of specialists within the Personal Dental Services and other local initiatives may well develop in certain areas and there may well be more opportunities for Specialist Practice within the corporate dental practice framework. There is, of course, conventional private practice which most currently follow. Whilst this latter avenue can offer good rewards, it must be remembered that it takes time to become established and, in all independent practice situations, there is very considerable investment in facilities and in training staff and continuing education for oneself.

Training and Experience

I have tried so far to look at the more general matters that any young graduate aspiring to specialist procedure should consider before even thinking of embarking on such a training pathway. The advice to the final year student must be that, even

if at this stage you are attracted to specialist training, expose yourself to as broad an early training as possible. Move either directly into vocational training, or seek a house surgeon position or, as the least acceptable option, do a short period as an associate before moving on to one of these options and then, preferably in all cases, do a second year of General Professional Training. Over a two-year period this will then give you a chance to develop your manual and technical skills, together with administrative abilities, within a sheltered and tutored environment and to be exposed during the second year to specialist disciplines. As the possession of an MFDS is essential to enter specialist training, the aim must be to achieve this at the earliest opportunity. For this it is essential to ensure that the jobs done are in college-approved posts.

It is not the intention of this article to give advice on the regulations for the various examinations. These can, and should be, obtained from the appropriate Royal Colleges and it should be borne in mind that they are periodically updated. The important point, however, is that the MFDS is an essential hurdle and it should also be borne in mind that, if a later decision is taken to return to general practice, this can be used for exemption in part of the MFGDP or MGDS. An exciting development in the future will be the need to spend time in a specialist practice accredited for the purpose and outside the academic world during the final year of specialist training.

What of those who decide to enter specialist training later? Assuming an active postgraduate record has been maintained and the possession of an MFGDP or MGDS has been achieved, then it is only necessary to sit Part C of the MFDS provided 10 years have also been spent in practice. In addition to this, the holder of the MGDS is exempt from the requirement to spend one year in an approved post as a condition of taking the MFDS and will only be required to take Part C.

Hopefully, over the next few years, the MFDS and MFGDP will move towards some measure of convergence as the concept of General Professional Training becomes more developed. It is also pertinent for those who decide to enter specialist training, especially those in the older age group, to look very carefully at courses offered within Europe, notably places like Gothenburg, where entry requirements are different and which lead to a European Specialist Certificate, which will be registerable within the UK. Whilst it is true that the cost of the actual course fees is high, they are very well run and may provide an alternative avenue.

WHAT OF THE FUTURE?

The dental expectations of the public are increasing and the demand and expectation for sophisticated treatment is considerable and likely to increase. At present the specialist lists contain a large number of people who entered the lists via the 'grandfathering' cause. Most of these are towards the elder section of the profession and will be retiring within the next few years. There is no evidence that training pathways will provide an adequate number of specialists to take their place and it is likely that numbers may decline in the near future and take some time to reach a balance.

I personally have found my professional life extremely satisfying in every way and a major factor has been to keep my specialism broad, involving not just pure periodontics, but its interfaces with restorative, implants and also teaching. To the young graduate, I would say you can do this but make absolutely sure that you have taken the right decision and that you are certain that at no stage are you going to end up a blind alley as part of your training pathway.

ABSTRACT

WHERE EXACTLY IS THE APEX?
An *In Vivo* Comparison of Two Frequency-based Electronic Apex Locators. A.R. Welk, J.C. Baumgartner and J.G. Marshall. *Journal of Endodontics* 2003; **29:** 497–501.

Most clinical practitioners prefer the results of research on real patients, rather than laboratory experiments. This study asked seven adults (mean age 53), who were to undergo extraction of teeth for prosthodontic reasons, to allow an experiment to be performed before the teeth were extracted. Thirty-two teeth were used, incisors, canines and premolars. Having checked the apices of the teeth by radiograph, local anaesthesia was administered and the teeth isolated with rubber dam. The crowns were reduced to allow ease of access, and coronal flaring of the root canals carried out.

Each of the two apex locators under test was then used in accordance with the manufacturer's instructions to identify the apical foramen, using alternate machines first. Four different machines of each type were used and it was found that each brand measured consistently with no variation in values. After careful measurement of the files to within 0.1 mm, the second file used was cemented into the canal with a glass-ionomer cement and the tooth extracted.

The results showed that one machine measured 1.03 mm short of the minor diameter, whilst the other was only 0.19 mm short. If a root canal is prepared long there may be apical perforation and overfilling, whereas a short preparation may lead to inadequate debridement. It is most important therefore that the clinician knows exactly what position is being recorded as the apex by the machine in use.

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