

IN BRIEF

- Academic dentistry is a career which is challenging, exciting, dynamic and incredibly life-enhancing ... it is also hard work!
- There has been recognition that we must invest now, if academic dentistry is to exist, grow and flourish in the future.
- The Government are prepared to invest in clinical academics but it is also essential that senior academics seize the opportunity to help to encourage and develop the next generation of research minds.
- The rewards that a career in academic dentistry brings are most likely to be meaningful to those who like to challenge the *status quo*, and who enjoy questioning 'received' wisdom.
- Academic dentistry has perhaps been underestimated as a career because senior academics have failed to recognise that they need to *tell* the younger cohorts about the fulfilment a life in academia can bring to a clinician-scientist.

Academic dentistry – Where is everybody?

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If someone had told us, when we were undergraduates, that there was a career which allowed you the time, and gave you the support, to pursue and research the things about your profession which most interested you, we would have been intrigued. If we had then been informed that there was paid employment which encouraged you to travel extensively abroad, talking about your work, and also gave you the brightest young minds in the country to engage with, teach and learn from, we would have thought this job sounded very tempting. If we had then been told that it also provided secretaries and administrators to help you do your job, and was carried out in a non-hierarchical, collegiate environment where equality and diversity are valued – we would have jumped at the chance! And did! Because what is described above is the life of a clinical academic. Although all the above are part of the role of the academic, there is also immense value and joy to be obtained through scholarship, education and teaching, which are sometimes forgotten because so much of our time and energy is directed to dealing with our patients' problems, while wrestling with the intricacies of new contracts, clinical governance, evidence based practice, and so forth.

The Government's announcement of a 25% increase in dental school intake, with additional funding, will mean that the opportunity to work as we have described above will become open to a whole new cohort of young dentists as, in order to have more dental students, there has to be a concomitant rise in the number of people to teach them. Furthermore, the Council of Heads of Medical Schools has recognised that clinical lecturers and researchers are 'critical' to maintaining the UK's record for producing the highest quality clinical research and teaching, and recognises that such young people are the professors and teachers of the future. It is therefore going

to be vital in the coming months and years that young graduates (particularly those who have enquiring minds, and like to challenge the *status quo*) are reminded that they can enjoy, benefit from, and succeed in academic life.

We, and others, recognise that the competing pressures of service, research and teaching can be off-putting to some, and that the 'hurdles' which need to be overcome (completion of CCST, PhD, publications) can seem daunting, but the Government has committed to parity with NHS consultants in financial rewards for clinical academics, and junior clinical academics are now offered mentorship, guidance and support during the years in which they 'grow' their research and teaching portfolio.

What many people do not recognise is that, with 474 established posts in the UK, academic 'dentistry' is the second largest 'specialty', only outnumbered by 'physicians/medicine'. This implies considerable political muscle and an ability to influence the future of dental provision. Furthermore, because dental academia has, over the years, failed to recruit and train suffi-

cient numbers of young people, there is a desperate shortage of suitably qualified dentists for professorial posts, particularly in some specialties. The implications of this dearth of academics must be blatantly obvious to those with a yen to be called 'Prof! The prospects of rapid promotion and recognition for the hardworking and talented are extremely good.

In fact, the number of Professors of Dentistry has increased quite substantially since 2000 but the number of lecturers has declined. This pattern clearly stems from a willingness to rapidly promote the committed clinical academic. But, as our title reflects, where are all the budding, young clinical lecturers and researchers? The British Dental Association has confirmed the ageing effect in the clinical academic population. They found that 10% of clinical academics were under 35 while over 50% were over 50. These demographics do not augur well for the future of academic dentistry, and something must be done to alter the balance. No lecturers now means no professors or research leaders in the future. Fortunately, the recent Walport report into Clinical Academic Careers has

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recommended that the number of clinical academic posts is expanded by creating posts that are specifically created to encourage young academics to follow a training pathway that has protected time for research and educational development. We are optimistic that dentistry will be successful in bidding for some of these places and there is an expansion of this vital workforce.

The injection of funding into dental schools, recently announced by the Government, recognises, we believe, that dental academia is very different from medical academia inasmuch that dental academics deliver teaching *and* service. This is because, basically, the only way to learn the complex set of skills which constitutes dentistry is to actually do it – thus the dental academic is supervising those delivering care – clearly an onerous and sometimes scary business, but equally an immensely satisfying one. To be the person of whom an undergraduate says: ‘Oh, it’s easy if you do it the way X shows you’ must be one of the greatest accolades known to a clinician. To know that the skills you have garnered in your own clinical experience will be passed on to other generations, and will benefit countless patients, is a supreme joy.

Of course, one of the great burdens placed on a clinical academic, which is not placed on our NHS colleagues, is the need to conduct research. Of course, many NHS staff engage in important and worthwhile research but they do not have the same

contractual necessity to do so. The challenge of seeking funding, the bureaucratic complexity of research governance and the interminable pressure of the Research Assessment Exercise (RAE) clearly makes the requirement to undertake research a substantial pressure for the young academic. However, this perceived ‘downside’ of academia is actually its greatest advantage. Clinical academics are the challengers, the innovators. They are the people who ask: ‘Are you sure you should do it that way?’ They are the people who will question those who are venerated, simply because of the numbers of years they have ‘clocked up’. They have the wherewithal, indeed it is their job, their *raison d’être*, to question the eternal verities, the established truths and the *status quo*. For certain people that is a *most* attractive proposition – and those are the individuals dentistry needs in academia. Furthermore, RAE pressures on the clinical lecturer may be relieved if the Council of Heads of Medical Schools recommendations are acted upon. As they have so rightly pointed out, clinical lecturers’ research output should be judged as work emanating from someone in a training post, early in their career and should not be judged against the foremost researchers in their field. If this encouraging suggestion is acted upon, the RAE may become less of a threat to the clinical lecturer grade and may help to ensure that a generation of dental academics is not lost.

We would like to conclude by reiterating that we feel very honoured to have academic careers. It is a thrilling, exciting and sometimes very difficult journey, which requires hard work, a will to understand the world, and political and professional drive. However, given the undergraduates who we see taking the first step on the route by qualifying BDS, we have absolutely no doubt whatsoever regarding the pool of talent, commitment and ambition amongst today’s young graduates. We are sure that dental academia would be the absolutely ideal career for some of them.

We hope that this paper has opened such persons’ eyes to what is available. If anyone would like to talk to us about a potential career as a clinical academic, we would be delighted if they made contact with us, to discuss their best route forward into this fantastic world. We are sure there are people ‘out there’. So come on everybody, do not hide your enquiring mind and your will to influence future generations of dentists.

Dentistry is facing the most radical set of changes since its inception as a profession. Teaching and research, and therefore students, are suffering because few people appreciate academia’s immense advantages as a career option. Be assured that the disadvantages of such a career are being recognised and removed. We would urge all to consider becoming a dental academic clinician. The door is ajar: you only need to push it open.