

# Be proactive, honest and ambitious

In our third article from a member of *BDJ Team's* reader panel, **Shiraz Khan** discusses succeeding as a young dentist.

**I**n the current climate, focussing on the dental profession, it appears that the likelihood of ascertaining a desirable post, whether it be in primary or in secondary care, is very low. There appears to be an uncertainty with regard to job security post-qualification that had never faced the profession before, with competition on the rise and an increase of practitioners arriving from abroad. However, rather than this meaning competing for posts, this is really an opportunity to strive and improve in order to gain the most out of our qualification.

There are relative merits to working in both primary and secondary care. Secondary care provides an excellent opportunity to hone in on skills that may not be readily exposed in routine primary care. For example, surgical third molar extractions allow for a structured, methodical approach to complicated treatment planning, as does undertaking more complicated forms of treatment, re-endodontic treatment and other removable prosthetic work. By comparison, primary care provides an excellent opportunity for learning volumetrically, namely undertaking numerous simple restorative cases, extractions and prevention amongst children.

There is a bias which really exists more in primary care provision than secondary care, which is the level of oral health amongst the patient base and surrounding area to a practice. For instance, as the Adult Dental Health Survey has found, there is proportional relationship with the socio-economic status of an area and the presence and severity of oral disease. Therefore the provision of care delivered is really related to the area in which you practise. Inter-Trust and

hospital variation clearly also exists, however the discrepancy is more a feature of the type of hospital (teaching vs district general) and keenness of the individual than the catchment area as such. It is therefore relevant for individuals to assess, openly and honestly, experience that has been ascertained, and areas that could be subsequently improved on.

This brings up a salient point with regard to succeeding as a young dentist, and that is openly and honestly critiquing one's ability and planning for improvement. Use of personal development portfolios is a great way to formalise more shorter-term goals, and is a great method to monitor development and progression. With General Dental Council revalidation likely to affect

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our careers, it's good practice to commit to. The best way to demonstrate this is by an example. Hypothesise that you are about to root-treat an upper second molar, and you are unfamiliar with the access cavity design – this may lead to perforation, ineffective access, referral or even extraction. Repetition of this situation is wholly preventable, by noticing this weakness and working on it, whether it is through attending courses, literature and research or even practising on extracted teeth. The purpose of this approach is not to execute every item of treatment 100% of the time, as we are all individuals and will have a flair for differing treatments naturally. However, it is to allow for an opportunity to improve and prevent dire consequences.

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Having a personal development portfolio should be a significant part of your overall portfolio. A clinical portfolio allows one to demonstrate competence, skill and variety of treatments that are offered. This not only allows the individual to market themselves, but also an opportunity for communication to patients about what is very much achievable with modern-day dentistry. Keeping a bank of clinical photos and cases is always a great idea, often with a one-page summary, of history, complaint, diagnoses and treatment plan which was completed. This not only shows that the clinician is proactive, but will also act as *aide-mémoires* when discussing the case.

Other items which may be housed within a portfolio would include lectures/seminars given, scientific writing/journals, totals of treatments undertaken on patients, any assessments taken by overseeing clinicians/mentors and a profile of the CPD activities you may be engaged in.

Engaging in societies, academies or professional groups in which you have interests is also an important aspect, not only for self-development but also networking. Professor Stephen Lambert-Humble MBE advised me of this, and stated that when interviewing for particular speciality posts, being part of such groups or societies shows a level of engagement which is genuine and beyond day-to-day practice.

Finally, avoiding stagnancy by formulating long-medium- and short-term goals will lead to optimising outcomes for that individual. The truth is that ensuring a plan exists does not mean that it has to be absolute or overtly prescriptive. As we are all aware with years passing and professional, clinical and personal experience increasing, plans are likely to change or modify, however, the provision of a plan allows for a driving force and direction to exist.

Overall continuously striving to improve and demonstration of competence and proactivity are all in the formula for success for the younger practitioners amongst us. It is clear that perhaps in previous decades this did not exist, however, proactivity always did. Ensuring that this is honest and individuals openly striving for success and regularly self-critiquing/appraising their competence will only lead to a body of professionals striving for high standards.

*What is the secret to succeeding in your role as a dental care professional?  
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