'Perio found me, it was never a plan'

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usually get up at 6:30–7 am. I don't eat breakfast, unless I'm in a hotel... I love hotel breakfast! I drive to work. My clinical job is now restricted to one practice three miles from home. Over the years, I have travelled many miles running specialist clinics throughout the North West. My teaching job takes me all over the country and I love to travel and meet new people.

I work clinically Monday 9–7, Tuesday 8–5, Wednesday 8:30–5 pm. My Thursdays and Fridays are reserved for teaching, report writing or down time.

When I was at school, I started my A-levels thinking I wanted to be an engineer. After many careers events about engineering I soon realised that it wasn't for me. I started going to lots of careers evenings on a wide variety of topics. I distinctly remember that a talk by George Lee, from Liverpool Dental Hospital, really piqued my interest and started the process of me looking at dentistry in more detail. We do not have any dentists in the family, so people were a bit shocked when I said this was what I wanted to do.

My wife Paula's background was in law, but she is now the Manager of the British Society of Periodontology and Implant Dentistry (BSP). I studied dentistry in Leeds, graduating in 1998. At that time, you either worked in the hospital or you worked in practice but the idea of a high street specialist was almost unheard of outside London.

I loved practice but knew I wanted to continue learning and sat my MFGDP exam at the end of my VT year, something that not many did back then.

I worked in practice 4–5 days a week but also managed to get a job in Liverpool Dental Hospital one session a week. Initially I was in the A&E department before a teaching post came up in perio. I always assumed this would be a stepping-stone to something else but I found myself loving perio and that led to me seeking out more and more postgraduate perio training. Perio found me, it was never a plan.

I increased my hospital role to a full day a week whilst still working in general practice four days a week. My hospital job was priceless! I was taken under the wing of two periodontists who trained me up in all aspects of perio including non-surgical and surgical treatments and eventually I had my own surgical list in the hospital. Due to my increased interest in perio, I started a part time MSc in Periodontology alongside my hospital and practice role. This was a really challenging time as it coincided with having children and all that goes with that.

As the periodontists who had trained me retired, I was made Undergraduate Perio Lead at Liverpool University, a role I held for six years. I was admitted to the Periodontics Specialist list via an 'equivalence' pathway around 2013.

One of the biggest influences on the person I am today was the perio course run by Phil Ower and Graham Smart that I did in 2003. It transformed the way I viewed perio and how I treated my patients and when Graham sadly passed away in 2008, I was lucky enough to join Phil as part of the teaching faculty of 'PerioCourses' and we taught together until his retirement in 2019. I am eternally grateful for that time and his influence on me is immeasurable.

For the last 14 years I have restricted my practice to perio through the North West and I am now solely practising in Liverpool as an associate. I'm at a 13-surgery private general and multi-specialist practice. There are 11 dental hygienists, about 20 dental nurses and a great reception team. I am lucky, the practice I work in has a really great team and many have been there for many years.

I still get a real buzz out of helping patients and saving teeth. Whilst the aesthetic side of my job is enjoyable, saving teeth and helping patients is still the thing that keeps me loving my clinical work.

There are many challenges that face dentists these days. Patient expectations are often unreasonable due to social media and regulators and litigation are at the forefront of many clinicians' minds. I think the two biggest challenges I personally have are getting patients to change their behaviour in order for treatment to be successful and delivering bad news to people when they are sent too late to save their teeth and they are faced with multiple extractions.

Eighty percent of my referral base is for disease management but within that group there is a wide variation with my youngest patient being 14 and my oldest 89. The other 20% is aesthetic perio in terms of mucogingival treatment or crown lengthening.

My days are very busy. I don't get a lot of spare time at lunch as even though my lunch breaks are one hour, invariably stuff gets in the way like phoning patients or referrers and doing reports. I work by a Tesco and on a Monday morning I buy my lunches for the week – they are the same – it's only three days! I buy wholemeal wraps, spinach, tomatoes, chicken breast and Nando's Hot Perinaise and I make my own wraps daily. I try and have a piece of fruit too.

On Mondays and Wednesdays I leave work and go swim training with a local club and that means I do not get home until about 9:30 pm. Tuesdays I try and be home by 6 and

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 Thursday and Fridays I may be working from home or away teaching.

Outside work, family is my number one interest – that includes my dog Cooper. We spend a lot of time in the Lake District walking, eating, drinking and relaxing. The last five years have seen me get back to my swimming career, something that was a huge part of my growing up. I competed to the age of about 20 and then played water polo to a high standard until my mid-30s. Kids and life got in the way, but I am now back in the pool training regularly and in the last two years I have been competing in Masters Swimming galas around the UK and loving it!

Weekends are special. Half of them are spent at our place in the Lake District. If we are not away then I try and get a swim in, walk the dog and socialise with friends and family. One of my favourite things to do at the weekend is to try out new recipes. I love to cook and spend Saturday or Sunday afternoon shopping for ingredients, prepping and cooking a meal and then enjoying the end product.

Next year my wife and I both turn 50 so we are currently planning how we are going to mark that occasion.

To dentists starting out in their careers, I would say that you have to do what is right for you at the time and follow what you love. You get excellent training in many disciplines and be very competent to take referrals.

I have never stopped learning and still travel internationally to get the best training to enhance my skills. At my stage of career, I am very content with where I am and what I have

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may enjoy something that is not considered to be trendy but if you love what you do it can never be wrong! There is a lot to be said for having a niche that not many people do. That said, the pathway to specialisation is much better established these days and I think if you really want to be a specialist on the specialist list then you should set your sights on a specialist training pathway. Being on the specialist list is not the be all and end all and ultimately you can achieved and I am trying to give back where I can with my work with the BSP and Dentinal Tubules.

Interview by Kate Quinlan

If you would like to be interviewed for a 'day in the life of a dental specialist' please email k.quinlan@nature.com.

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SDG COLUMN

Engaging with the SDGs

3 GOOD HEALTH AND WELL-BEING

Continuing with our cover series on the UN's Sustainable Development Goals (SDGs), we reach SDG 3: Good Health and Wellbeing. The mission behind this goal is to ensure healthy lives and promote wellbeing for all at all ages, something all dental professionals play a key role in delivering. **Stephen Hancocks**, Editor-in-Chief, provides further insight into why this goal is so crucial and relevant to dentistry.

istorically, in the UK particularly, we have focused on the mouth as our primary area of attention, sometimes it seems to the frank exclusion of all else, especially to the fact that there is a person somewhere attached to it. There is some explanation to this, even if no logical justification, as our main aim from the second half of the twentieth century onwards was the treatment of the ravages of disease, particularly caries. As we have valiantly managed to get this under some degree of control, we have also been able

to spend time to ask how this situation came about and what we might do to ensure it is not repeated.

Discovering the aetiology of the main oral conditions, we are in the difficult process of embracing prevention and shifting towards what is variously termed holistic care, whole body awareness and multidisciplinary practice. In essence, it is the realisation that far from being detached from the rest of our body, the mouth is both an important part of it and it, in turn, a vitally connected influence on the oral cavity. Oftentimes nowadays, we quote this in terms of the parallel courses of diabetes and periodontal disease or cardiovascular conditions as headline linkages. However, the threads of interconnectedness run deep. Take minimal interventive dentistry, for example. At first consideration, what has this to do with good health and wellbeing? A short amount of consideration makes one realise that it is intimately involved with diet, lifestyle and perhaps as importantly, attitude.

An increasing number of our patients are now very knowledgeable about health and welfare, expecting not only to have answers to an immediate condition but how that impacts on their life, family and career. And if that seems a step too far too soon, consider for a moment our own situation as dental professionals being frequently advised with regards to work-life balance, avoiding burnout and taking care of ourselves (assuming that we already know well how best to guard our own oral health).

This is perhaps where the UN's SDGs have their greatest value in bringing into our daily routines a greater awareness of a wider world, literally and metaphorically. What do health and wellbeing have to do with me as a dental professional? Everything.