

## INTERVIEW

# 'Having a dental degree gives us a golden ticket to an abundance of career opportunities'

By Vinod Patel



Pankaj Taneja (Pan) is Clinical Associate Professor in Oral Surgery for the University of Sydney and Consultant Oral Surgeon and Head of Oral Surgery, Oral Medicine and Dentomaxillofacial Radiology at Sydney Dental Hospital, Australia. He qualified BDS from the University of Sheffield in 2006, was based in Birmingham and in Denmark, and moved to Australia in 2023.

## Why did you choose to pursue dentistry?

The truth is, when I was younger, I always wanted to be a veterinarian. However, during a work experience placement, I found myself scaling calculus off of a dog's teeth and really enjoyed it. It was later when I attended a careers day which had presenters from Medicine, Dentistry and Veterinary Sciences that I found myself drawn to dentistry. I had never thought about the variety of specialisations that dentistry included and the practical aspects and science behind 'simply placing a filling.'

## How did you find your way into oral surgery?

During my time studying my BDS at Sheffield Dental School, we had a week intensive oral surgery course with both theoretical learning and practical hands-on skills sessions. I enjoyed the challenges that oral surgery presented as well as the immediate fix that removing a painful tooth allowed. I later travelled to Vietnam as part of my elective where we provided dental aid to a remote area in rural Vietnam. I recall we extracted about 700 teeth in five days. I found this extremely rewarding and it further consolidated my interest in oral surgery.

During my vocational training year, I was lucky that I found myself in a well-established family-orientated practice, enjoying all the facets of dentistry, and thought I would stay. However, I remember we had a lecture at dental school from a GDP who had said to make your career interesting, as in ten years' time you want to still be enjoying what you are doing. I do not think this GDP realised how impactful his lecture was, motivating me to leave my comfort zone and to challenge myself further by venturing into hospital.

I undertook a number of senior house office (SHO) posts in oral and maxillofacial surgery. The first was at King's Mill Hospital, Mansfield, and then Queen's Medical Unit, Nottingham. Finally, I ended up at Birmingham Dental Hospital undertaking an SHO post in Oral Surgery and Oral Medicine. By this time, I pretty much knew I wanted to stay in hospital dentistry as I loved the variety that it presented in both patient cases and the treatment approaches. I undertook a speciality dental post in oral surgery, whilst waiting and applying for specialist training posts, as it was not a centralised recruitment process back then and oral surgery posts were being advertised throughout the year.

## What was your reasoning and inspiration for carrying out a PhD in orofacial pain?

I undertook an Academic Clinical Fellow post in Oral Surgery at Birmingham Dental Hospital. During my training, I found that I knew very little on undertaking research and how to publish. In addition, I found that facial pain was a complex subject which required a multifaceted approach to treat it. I spent some time with Professor Loescher at Charles Clifford Dental Hospital and got to observe firsthand the multidisciplinary approach that was taken to treat patients. I knew that this was an area I wanted to learn more about but at the same time I also wanted to contribute to the development of new knowledge. I had managed to push myself clinically out of my comfort zone and it was now the time to do the same again, but on an academic level. The PhD more than allowed me to fulfil this, and just so happened to be in an area that I really wanted to develop on and contribute to. However, this time, it would mean having to move abroad and we had just had a baby.

## How did your working life in Denmark compare to that in the UK?

Going from a busy NHS training post to an academic post in Denmark



« was definitely a shock to the system. Suddenly, the full daily surgical lists were gone. Although it felt like I had lots of time, I was challenged in a different way. I was used to managing my time with the busy daily clinics in Birmingham and now in the immediate term I had time to read, take courses and undertake research. Now I had to manage my long-term trajectory of being able to complete a number of research projects in three years in order to pass my PhD.

Once my PhD was complete, I was offered a position as a Research Assistant in the Department of Oral and Maxillofacial Surgery and Oral Pathology at Aarhus University. I progressed to Assistant Professor and now I was leading student education in the department. This was something new for me as I was helping to develop a new curriculum, organising staffing for clinics and lecturing, as well

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as developing educational content for undergraduates whilst undertaking research projects.

### Were you struck by any noticeable differences in dentistry in Denmark compared to the UK?

One of the main differences was that Denmark does not acknowledge the specialism of oral surgery. I had just put in a lot of hard work to become a specialist, to then move to a country that didn't recognise it. There are only two dental specialisations that are possible to obtain in Denmark – orthodontics and OMFS.

Another difference I noticed was it seemed much harder to attract dentists into academia. As is the situation in many countries, academia does not financially earn you the same as if you were working clinically, which can make it hard to attract professionals. Within the UK, I found that there seemed to be a lot more competition for candidates that wanted to work in a university/academic position.

### Does specialist training in Denmark differ to the UK?

In general, yes. The closest example I can use is the training for OMFS. This requires being dentally qualified (without the additional need for a medical qualification as is the case in the UK). You are eligible to apply following two years in dental practice. The programme is five years, and it is competency-based without a final board exam.

### Now you are in Australia, how is dental life there compared to Denmark?

Dental schools in Denmark are solely academic institutions and not part of the socialised healthcare system, unlike Australia and the UK which are linked to dental hospitals. In Denmark, patients attending the dental school had to pay for treatment, albeit heavily subsidised compared to general dental practice fees. I found that the majority of patients were students and other

young people, who were medically fit and usually did not have any physical, cultural or linguistic barriers to care. In addition, the patient was able to self-refer to the dental school.

At present in Sydney, New South Wales only provides free dental care (ie dental hospitals and clinics) for marginalised and vulnerable populations, such as veterans, pensioners, children, special needs, indigenous Australians and in-patients. This, combined with a larger and more diverse population, gives rise to a more varied patient case mix, often with complex medical co-morbidities and barriers to accessing care. This has meant I have often needed to hit the books again and carefully construct treatment plans to address all the complexities of providing care.

### What are the challenges you have noticed for dentistry in Australia and are there any similarities to the UK?

The main difference I have noticed for dentistry in Australia compared to the UK

is access. Due to the vast scale of Australia, rural communities may not have a local dentist, and this means their oral health can suffer. We have patients that attend the dental hospital that have driven at least four hours for a visit, to then finish and drive four hours back home.

Access in terms of costs, free dental care is only available to very select groups so the vast population may not have the option to seek a government (public) dentist.

In terms of my specialisation, a major challenge I have found is that specialist training in oral surgery is only offered by one institute, the University of Sydney. This is a three-year training programme, within which the first year awards the candidate with a GradDipDent and then continuing for two years leads to the award of the DClinDent (surgical dentistry). The recruitment process includes at most six candidates for the first year and then approximately four that continue for the remaining two years. Coupling this with the vastness of Australia, oral surgeons are in demand!

### Are you still research active and what are your research interests?

Yes, I am undertaking research projects with groups in the UK, Denmark and Australia. I am a co-supervisor for a PhD student in Denmark and we are investigating the use of virtual reality (VR) and augmented reality on surgical training. It is amazing to see the role of technology in the healthcare sector and how it can be used to enhance education. In addition, my current research is investigating aspects of facial pain and the C-tactile afferent.

### In your opinion, how much impact will VR have on future training in both under- and postgraduate training?

VR is certainly gaining in momentum in training. This is evident by the research that is being generated in this area. However, VR has its pros and cons. The immersive nature of VR can help to add a layer of realism and create similar stresses that training in a classroom environment may not capture. Furthermore, it allows the undertaking of scenarios again and again, with a gamified approach to learning which has been shown to be beneficial in the acquisition and retention of knowledge. There are now devices that are available to combine VR with haptic feedback for dental preparation exercises. Some institutes have already seen a shift to using these types ▶▶

« of devices instead of phantom heads which require, for example, extracted teeth to practise on. In my opinion, VR will have a place in training; however, with the associated expenses, this may not be practical so there is still a way to go.

**What advice would you give a young dentist or postgraduate who may be considering a dental career or academia abroad?**

I would fully recommend exploring your career abroad. Having a dental degree gives us a golden ticket to an abundance of career opportunities that can help us grow and keep things interesting. Working abroad introduces you to a cultural immersion you may not experience otherwise, let alone the new life experiences you would gain. I can certainly say, I have never been bored and have met and made some amazing colleagues and friends along the way.

**What other dental roles do you have beyond your job at Sydney Dental Hospital?**

I was recently made Clinical Associate Professor in Oral Surgery. Within this role, I am working with registrars and students for research projects. I undertake seminars with the oral surgery registrars for their facial pain modules as well as examine them for certain research components of their training.

I have been elected as Vice President for the Australian and New Zealand Association of Oral Surgeons (ANZAOS). This has provided me insight into the developments the specialisation is undergoing in Australasia. I am part of the committee that is organising the next (6<sup>th</sup>) annual ANZAOS conference which we hope will continue to see an increase in representation from our international colleagues.

I am also Associate Editor for the *Oral Surgery* journal. This role involves critiquing

papers and identifying experts to review submitted articles. It is great to see the research efforts that are occurring globally for the speciality.

**Do you still have time for hobbies?**

Yes! I have always enjoyed running and raising money for charity. I have run a number of half marathons for charity and travelled to Vietnam on several occasions to provide dental aid in remote areas. I was lucky enough to be nominated and successful in running with the Olympic Torch for the 2012 London Olympics. The irony here is that Coca-Cola sponsored me and bought me the torch that I ran with. Now with two small children, my wife and I encourage them to take part in sport and in raising money for events at their school or in our local community. At the moment, I would say one of our main hobbies is exploring our new home, Australia. ■

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