

BES

Early Careers Guide

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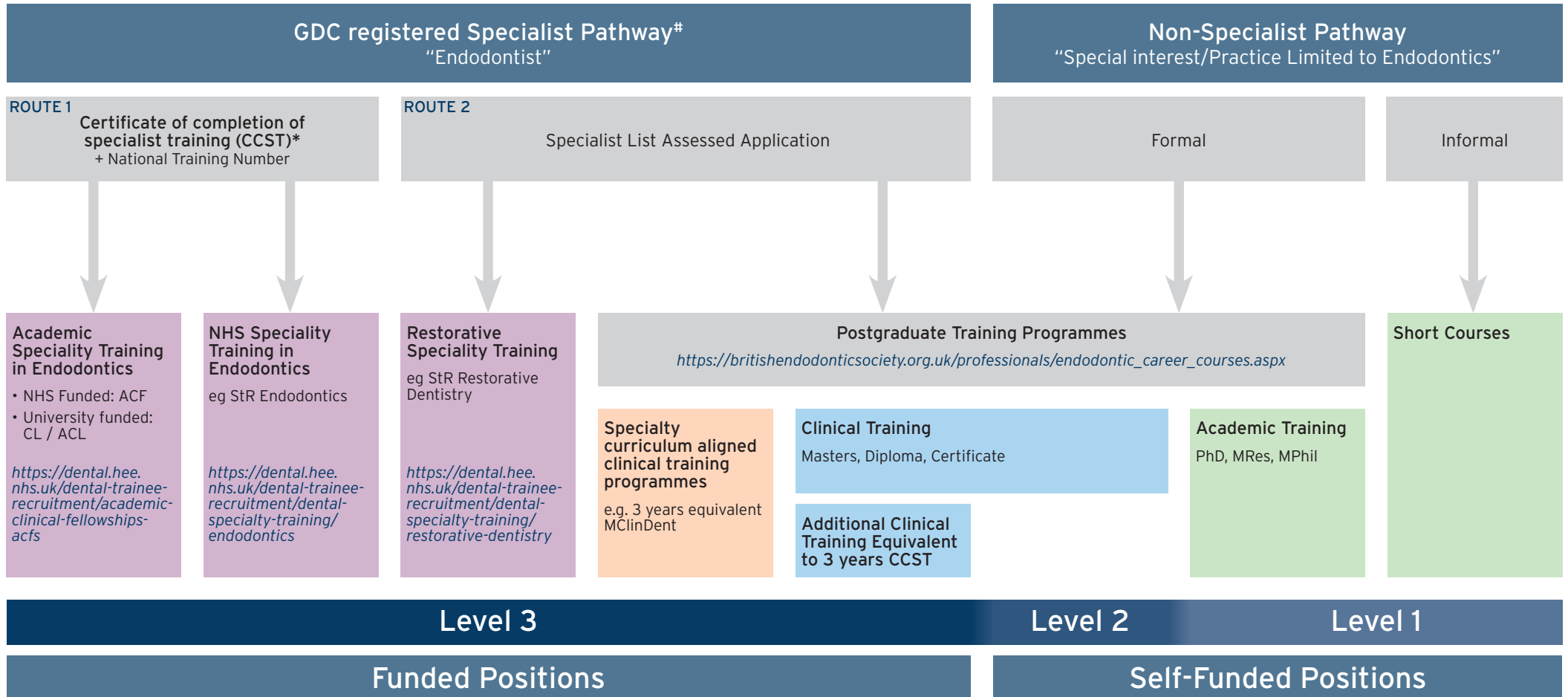


Endodontic Career Pathways

Early Careers Guide

KNOW YOUR OPTIONS

The British Endodontic Society (BES) wishes to encourage any dentist with an interest in endodontics to enhance their knowledge and skills in the specialty. We have listed below some of the possible pathways.



DISCLAIMERS: This represents possible pathways at the time of publication only as the society is unable to provide career advice and changes may occur in the future.

The pathways listed above are specific to UK registrants and non-UK registrants should contact the General Dental Council directly for further guidance.

* The postgraduate specialty training curriculum for Endodontics in the UK can be found via the General Dental Council website: www.gdc-uk.org/education-cpd/quality-assurance/specialty-curricula/endodontics

[ACF] = Academic Clinical Fellow; [CL] = Clinical Lecturer; [ACL] = Academic Clinical Lecturer

A guide to postgraduate specialty training in the UK can be found in the Dental Gold Guide, COPDEND, <https://www.copdend.org/downloads-list/dental-gold-guide-2018/>



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LEVELS OF COMPLEXITY

The Levels of Complexity (LEC) tool, published by NHS England (2019), classifies difficulty of endodontic treatment into three levels and broadly corresponds these to the operator's skill and experience levels in endodontics.

Level 3	Level 2	Level 1
Consultants in Endodontics / Restorative Dentistry Specialists in Endodontics	Dentists with Enhanced Skills in Endodontics Specialists in Endodontics	General Dental Practitioners
<ul style="list-style-type: none">• Root curvatures > 45 degrees• Recurved (S-Shaped) root canals• Canals deemed NOT negotiable through entire length based on clinical & radiographic evidence• Developmental tooth anomalies (e.g., bifid apex, complex branching of root canals, dens-in-dente, gemination & C-shaped canals)• Assessment & planning for long term management of severely traumatised teeth with pulp involvement &/or multiple teeth• Management of teeth with iatrogenic damage or pathological resorption• Severely limited mouth opening (< 25 mm inter-incisal)• Complicated retreatments (e.g., well-fitting posts longer than 8 mm; posts associated with perforation; carrier based obturation; silver points; fractured instruments; well condensed root fillings to length; overfilled roots with apical lesions)• Major iatrogenic errors (e.g., large ledges; blocked canals; perforations where these can be rectified)• Periradicular surgery	<ul style="list-style-type: none">• Root curvatures 30 - 45 degrees• Location & negotiations of canals deemed NOT negotiable in coronal third but patent thereafter based on clinical & radiographic evidence• Location & negotiation where referring dentist has experienced problems with canal location, instrumentation or obturation• Local analgesia difficulty that cannot be resolved by routine measures• Teeth > 25 mm in length• Incomplete root development• Limited mouth opening (25 - 35mm inter-incisal)• Short but well condensed root fillings with evidence of likely patency beyond existing root filling and an absence of complicating factors involving previous treatment• Removal of fractured posts, less than 8 mm in length	<ul style="list-style-type: none">• Root canal curvatures < 30 degrees to root axis and deemed negotiable, radiographically through their length• No root canal obstruction of damaged access (e.g., perforation)• Previously treated teeth with short, poorly condensed root filling and evidence of probably canal patency beyond existing root filling• Routine dismantling of plastic restorations, crowns and bridges to assess restorability• Pulp extirpation as an emergency treatment• Incision and drainage as an emergency treatment• Straightforward retreatment• Any endodontic treatment not covered in Level 2 or 3 procedural complexity