WHAT MAKES A SPECIALIST RESTORATIVE DENTIST?

Introduction

My name is Sapna Patel and I am a Specialist in restorative dentistry. I divide my time between working as an NHS Consultant in Edinburgh and providing specialist care in private practice at The Row Dental. Alongside my clinical roles, I currently serve as the Honorary Secretary for the British Society for Restorative Dentistry, a role that allows me to contribute to the development of our specialty nationally.

How would you describe a typical week?

No two weeks are ever the same, which is one of the things I enjoy most about my career. I split my time between NHS and private practice across several sites, so I often joke that I feel like a nomad, transporting my loupes and other equipment from one site to another.

On Monday my day usually starts at 8am in St John's Hospital in Livingston; where I assess and treat patients who have undergone, or are about to begin, treatment for head and neck cancer. These clinics involve careful planning, execution of treatment and discussions with patients and colleagues. I also spend time preparing for our Multidisciplinary Team (MDT) meeting by reviewing investigations, personalised care plans and identifying which patients will require dental assessment before their oncology treatment begins.

'While these meetings can be emotionally challenging, they are also incredibly rewarding because of the collaborative approach to improving patient outcomes'

Tuesdays I am based at the Western General Hospital in Edinburgh. The morning is dedicated to our head and neck oncology MDT, where surgeons, oncologists, radiologists, pathologists, restorative and special care dentists and other specialists work together to plan patient care. While these meetings can be emotionally challenging, they are also incredibly rewarding because of the collaborative approach to improving patient outcomes. The afternoon is usually reserved for administration, including patient letters, responding to email queries, triaging new cases and planning clinics for the rest of the week.

Wednesday is my official day off! However, in dentistry, is there such a thing? There is always something to do: catching up with society emails and tasks, completing CPD activity or generally catching up with life admin! This day is also my humble reminder to live life, so time is spent going for a long walk or beach which is usually accompanied with some sort of shopping.

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Thursday I'm based at the Edinburgh Dental Institute, where I provide restorative treatment for patients requiring dental rehabilitation following oncological treatment. This may involve removable or fixed prosthodontics and every patient presents a unique challenge. Managing restricted mouth opening or altered oral anatomy often requires creative problem-solving, making these clinics particularly stimulating. I also contribute to the Quality Improvement Project approval team, reviewing new projects and their outcomes and attend Consultant meetings to discuss service planning and development.

Friday I am at The Row in Edinburgh. We begin every day with a morning huddle, reviewing the day's schedule and ensuring any outstanding tasks have been addressed. I provide specialist periodontal and prosthodontic care, ranging from non-surgical and surgical periodontal treatment to removable prostheses and complex full-mouth rehabilitation. This is usually my happiest day as its end of the week and everyone is 10 times happier! As I leave the practice, I try my best to switch off from dentistry and try to forget that it exists! I think it's called work-life balance.

Why did you choose this field of dentistry?

Restorative dentistry brought together everything I enjoyed the most. I was drawn to its breadth, combining three mono-specialties (endodontics, periodontics and prosthodontics) and the opportunity to treat patients with complex rehabilitation needs. I also love the problem-solving aspect of the specialty – every patient presents a challenge and the personalised care planning is as rewarding as the clinical work itself. Being able to make a meaningful difference to patients' quality of life, confirmed that restorative dentistry was the right career for me.

What qualifications do you need to get into this field?

The training pathway continues to evolve, but there are several key requirements. You need your MFDS qualifications. You need exposure to hospital/community-based dentistry via Dental Core Training (or equivalence), ideally with experience in both Restorative Dentistry and Oral and Maxillofacial Surgery. Other specialties also add value to rounded development. I completed my Core Training in Essex and Somerset, gaining valuable experience in both specialties. Oral and Maxillofacial Surgery, in particular, provided an excellent understanding of the wider patient journey, which has been invaluable in my current role.

It is also favourable to have a teaching qualification such as certificate in medical or dental education.

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What should students be aware of getting into this field?

It is a long pathway – five years, so brace yourself! Your role extends far beyond clinical dentistry.

As a consultant, you are involved in leadership, service development, quality improvement and management within the NHS. Keeping up to date with healthcare policy and understanding how national decisions influence local services are all important aspects of the job.

What are the positives and negatives about it?

Training years are demanding but clinically rewarding. You will do your 'best dentistry' in those years and have the opportunity to make a significant difference to patients with complex needs.

You will not be bored! Every patient presents a different challenge and no two personalised care plans are identical. Restorative dentistry allows you to combine principles from prosthodontics, periodontics and endodontics to deliver comprehensive, person-focused care. One day you may be providing subgingival professional mechanical plaque removal, the next day you could be placing an implant in a fibula for reconstruction.

On the flip side, it's not all about clinical dentistry, you have to complete audits, quality improvement projects, publications and presentations. Don't get me wrong, I love that stuff, but I feel there isn't enough time to achieve it all. And this doesn't stop when you are a consultant!

What are the common misconceptions about it?

A common misconception is that restorative dentists simply 'do a bit of everything.' While we draw upon the principles of prosthodontics, periodontics and endodontics, our role is much more specialised than that. We often manage patients with highly complex needs, including those affected by head and neck cancer, congenital conditions such as hypodontia and cleft lip and palate. Personalised care planning requires a comprehensive understanding of multiple disciplines to provide long-term, predictable outcomes for patients.

What two pieces of advice would you give students looking to get into this field?

Start building your portfolio early. I did my first ever poster at final year in dental school and subsequently did an oral presentation before starting my foundation year. Get those presentations and publications out soon so you can focus on other things.

Have a life out of dentistry. For many years I prioritised work above everything else, but I've learnt that maintaining a healthy work-life balance makes you a better clinician as well as a happier person!

BIO

Sapna joined The Row in 2026 and her clinical interests include periodontics and prosthodontics, with expertise in both non-surgical and surgical management of periodontal disease, fixed and removable prosthodontic rehabilitation and the management of tooth wear.

Alongside her role at The Row, Sapna works as a Restorative Dentistry Consultant at the Edinburgh Dental Institute, treating patients with complex restorative needs, including those requiring rehabilitation following head and neck cancer treatment.

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