



Name: Avijit Banerjee

Age: 47

Chair in cariology and operative dentistry, hon. consultant/clinical lead, restorative dentistry (Guy's & St Thomas' Hospital Foundation Trust); head/chair of department of conservative and minimally invasive dentistry; director, MSc advanced minimum intervention dentistry; director of undergraduate education; editor, Oral Health & Preventive Dentistry.

Where did you qualify?

United Medical and Dental Schools of Guy's & St. Thomas' Hospitals (Guy's).

How would you sum yourself up in just three words?

Infectious, enthusiastic, fair. (However, I am sure my wife, kids and students would beg to disagree.)

What time do you usually get up on a weekday, and how far away from work do you live?

6:30 a.m. I'm about 45 miles away.

How do you travel to work?

Walking, train and the tube—an 80-minute commute each way, door to door. Gets tiring by the end of the week!

What are your favourite areas of dentistry, and what do you find most challenging?

I'm fortunate that I have many aspects to my career in dentistry. Teaching both under- and postgraduate students is always rewarding. Also, helping oral cancer patients manage their oral rehabilitation after surgery, chemo and radiotherapy is an immense responsibility and privilege.

Heading up research teams and projects in different aspects of minimum-intervention dentistry, cariology and minimally invasive operative dentistry

helps maintain the mystery and intrigue in our profession, and is something I started doing as an undergraduate with my first peer-reviewed research paper (published during my BDS4). I very much enjoy lecturing and writing, working with colleagues at a national and international level to help develop the profession. I'm fortunate to have had those opportunities.

What appealed to you about a career in dentistry?

I come from a medical family background, and after having experienced orthodontic treatment as a kid, I wanted to find out more about a profession that can use the skills of both physicians and surgeons to help people get better and stay well.

Do you express an interest in business? Do you think there's enough in the dental curriculum about the business side of running a dental business?

To be honest, this has never been a priority for me, because I always knew that I wouldn't work full time in NHS or private practice.

Tell us more about your longer-term ambitions.

I want to maintain the standards in all that I do professionally and personally. I would retire happy if I felt that I had made a small difference in the way oral healthcare is delivered to patients by the profession, with better integration with all the stakeholders. I still have at least two decades to go, health permitting, so this seems a formidable challenge to meet head-on!

Has any one patient stood out for you during your career?

I'd have to say the first patient who suffered molar endodontics in my hands as a third-year student in the early 1990s. I not only carried out the endodontic treatment but also crowned the tooth with a full gold crown. I was teaching on the student clinics at KCLDI (Guy's) over 20 years later, and a student called me over to say hello to the very same patient! My

contemporaneous handwritten notes were still there—legible, I hasten to add—as were the tooth and crown.

What did you find most challenging during your undergraduate studies, and what advice would you give to younger students now entering the profession?

My undergraduate time at Guys' was very enjoyable; I made some lifelong friends, and was taught by some of the true greats in the profession, at one of the best dental schools globally. My undergraduate life was very different compared with today's—attitudes and expectations from both undergrads and the dental institute have changed. It's not about which era was better or worse; they are different. My advice to younger students interested in the profession has remained the same throughout all the changes: Do it for the right reasons! Everyone who enters dentistry is more than capable.

What do you believe will be the biggest changes we face in the field of dentistry over the next 20 years?

The implementation of minimum-intervention dentistry as a model for patient-focused, team-care-delivered oral health care. This is already starting to happen with developments in the undergraduate/postgraduate curriculum and medicolegal changes in practice, but there is still a reticence to implement these changes in the NHS service overall. This will change, but will take time. ■



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