

Follow your heart

Aly Virani

on his love of challenging himself, his influencers and the future of dentistry

Young Dentist (YD): What drew you to dentistry?

Aly Virani (AV): I grew up in Kenya and remember having a very unsympathetic, scary dentist as a child. I also had a sweet tooth and parents that didn't say 'no' much so I spent plenty of time at the dentist! When he retired, we started to see a young, enthusiastic, driven dentist who was a breath of fresh air. I really looked up to him and so I've wanted to be a dentist since I was nine years old. I actually asked for an electric toothbrush for my 10th birthday. I have come to accept that I am that much of a geek!

YD: How did you find undergraduate training?

AV: I did my undergraduate training at Cardiff University. In all honesty, I didn't enjoy studying dentistry. I understand that dental schools have to ensure dentists qualifying from their institutions are competent professionals, but I found the structure of the course prescriptive and very controlling. I am more passionate and engaged if I am given the freedom to explore subjects in a less structured, more interactive way. Postgraduate education has really ignited my passion for clinical dentistry in a way that traditional, institutionalised teaching never did. I am very grateful for the standard of theoretical education that I received at Cardiff – I just wish that university dental education incentivised the involvement of more real world, wet-fingered clinicians that are really passionate about practising what they are teaching (and teaching what they practise).

YD: How has your career fared since graduation?

AV: I was very fortunate to do my DF1 at a mostly private, specialist led practice. I learned about the difference between private and NHS systems and the importance of continuing to educate yourself – not just CPD as required by the GDC but the type of personal and professional development that stops your career from stagnating and keeps you motivated to keep doing clinical dentistry to the highest possible standard. I also learned that attitude is more important than ability. Working hard led to opportunities that opened other doors. Getting involved in the wider dental community, initially through the Association of Dental Implantology (ADI), opened my eyes to a world of dentistry beyond seeing patients in the same four walls, day in and day out. I quickly learned that the NHS contract was stopping me from providing the level of care I was trained to strive for, but was fortunate to be in a practice that



Aly's biggest influences

- My family – my mum, dad and sister
- My wife Zara
- Dr Aston Parmar
- Dr Bill Schaeffer
- Dr Peter Fairbairn
- Professor Mike Lewis
- Dr Nick Claydon
- Dr Amin Nanji (my dentist growing up, in Nairobi, Kenya)

was undergoing a private conversion. As I continued to be mentored and educated in more complex restorative dentistry, I found I needed to dedicate more time to these clinical skills in order to improve. So I decided to take a leap of faith in 2019 after getting my diploma in implant dentistry and leave both general practice and my research and teaching position at the University of Bristol to dedicate all of my clinical time to implant dentistry. I initially took over an implant referral list and built up a list of other practices from there. I spent a lot of time driving around south Wales and the West Midlands. But I did it with a smile on my face and that's how I knew I had made the right move for me.

YD: You're a keen advocate of implant dentistry – what about implants do you enjoy so much?

AV: In my DF1 year I said that there are only two things I would never do – perio and implants, and that's all I have done since qualifying! I love how varied implant dentistry is. I get bored easily so this is a big factor. But I've also experienced how much implants can affect patients' lives. They are my way of having a positive impact on people, and I don't believe life is about much more than that.

YD: Would you recommend implant dentistry as a route to other young dentists?

AV: I think it's difficult to avoid implantology in today's world. Implants are such a massive part of dentistry, whether you need to discuss treatment

options and monitor existing implants, or to consider them as part of wider treatment plans. As undergraduate teaching (hopefully) evolves, this will be reflected in the amount of implant teaching that is provided. I was only taught that implants are expensive and complicated when instead there is a base level of knowledge that could have given me so much more confidence earlier in my career.

I became involved in implant dentistry by going to ADI study clubs and I can't think of a better way to start. There were principles and terminology being discussed that I wasn't familiar with but soon these became part of my vocabulary. Understanding the terms allows you to consider the treatments. It aroused my curiosity and quickly led me down the path of seeking more formal education.

It's a great way to test the waters without having to commit (your finances or your time) if you're not yet sure. I personally feel that implants are the most exciting part of dentistry because they force you to do truly multidisciplinary diagnosing, treatment planning and execution. It requires the application of a range of biological and engineering principles, material science and surgery. It truly engages your hands as well as your mind – so it keeps me out of trouble!

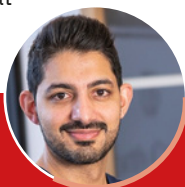
YD: Tell us a little bit about your practice

AV: Spending time in lots of great practices made me think about the type of patient journey that I would like to create. My wife and I started talking about setting up a squat practice in one of the areas I was visiting as a peripatetic implantologist. Serendipitously, a friend of ours was moving on to things outside dentistry and got in touch to offer us his young squat practice that is on our doorstep – so we ended up with our dream practice! We rebranded it and it is now one of only two places I work, restricting my clinical practice to implants.

Discussions were taking place as COVID-19 hit and it was a scary time to be buying a practice. Thankfully, it seems to be working out well but I think it would have been a daunting prospect at whatever time of life we decided to do it! We lived off adrenaline for the first week and had no idea what we were doing. But as with anything in life – including your first week doing clinical dentistry when you qualify – you learn to take it in your stride.

I've been asked by colleagues whether they should buy a practice. Lots of them are happy associates. I tell them that I've learned to keep doing what I'm doing until it's not fulfilling any more. I wanted and needed another (and a different) challenge and I knew that this meant having my own practice.

It is non-stop and hands-on and, if you enjoy it, you will be living the dream. But if you don't then it can be a nightmare. We are lucky that as dentists we have lots of career options open to us – academia, teaching, primary and secondary clinical work, business ownership, the list goes on. I don't think that there is a right answer to this.



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In fact, soon after taking over the practice, I still felt like I needed a different challenge so I started my master's degree. So my advice to any colleagues trying to decide where to take their career is to follow your heart and try anything that appeals to you. You can always change your career path if you aren't enjoying it, but challenging yourself with something you might enjoy is the only good reason to try something new. I see too many dentists settling for less than their ideal career out of fear of failure. As a profession, we are more resilient and capable than we are made to believe.



YD: Has the reality of practice ownership matched up to what you imagined?

AV: I love the challenge of owning a practice. I didn't think that I would be as hands-on or enjoy it as much as I do. One of the biggest surprises has been learning to accept that admin is part of a working day and you need to dedicate time to it. I used to feel guilty for considering non-clinical work as real work! Also, 'big picture' thinking cannot happen when you are stressed, so you owe it to yourself, your business and your team to dedicate time to making sure that your mental and physical health are looked after. Not to mention your family, who will otherwise get what is left of you – not the best of you. Staffing is the hardest part of practice ownership, but we are privileged to have some of the best human

beings I know working for us and we try to ensure that we remember this every day.

Practice ownership has made me think of our team as part of our family, and with that comes a responsibility to look after them like they do us. As dentists we also tend to forget that most of us have little formal training beyond dentistry. Business, HR, accounting and marketing are fields that you need education and experience in if you want to be able to develop a practice. You can learn this if you want but I want to develop my clinical dentistry and so we have engaged experts in their fields to consult on all of these aspects. We have learned so much but grown at a rate beyond what we expected because of it. Spending appropriately on these experts is a sound investment. My biggest surprise has been that most of our neighbours (practices in the vicinity) have been

so kind and positive. Dentistry can be a lonely, competitive world if you choose this as your outlook (the Jose Mourinho perspective!). We feel like part of a supportive, collaborative dental community that understands that there are enough patients and resources to go around and that a rising tide lifts all the ships in the harbour.

YD: What's your roadmap for the next five years?

AV: I have realised that I am passionate about directing the growth of the business so I already split my week between clinical implant work and running the practice. I work with some fantastic restorative dentists and so I rarely do any implant restorative work any more. This means that when I finish my master's degree, and as I move towards surgical implantology only, I hope to dedicate more time to teaching and mentoring as well as developing charity projects through the practice. I have had a very fortunate journey (personally and professionally) and I want to prioritise paying that forward.

YD: What's the biggest lesson you've learned that dental school didn't teach you?

AV: That it's OK to not be good at everything and that's why we need to be part of a team in all aspects of our professional and personal lives. Trying your best, being kind to others and recognising your weaknesses make you good enough.