Keeping the sparkle in her profession

Dental Tribune interviews Sunita Verma, the first female dentist to achieve the BACD Accreditation, on her success in dentistry and her charity work.

Dr Sunita Verma, the owner of multi award winning private practice Sparkle Dental Boutique, is the first female dentist to have been awarded the BACD Accreditation; however her hard work doesn’t end there. Sunita also funds projects across India and in the UK, providing communities with water and helping farmers. Sunita spoke of why she aimed to achieve the Accreditation and the process and difficulties she went through:

“The BACD is a sister American academy and the accreditation shows an excellence in cosmetic surgery. It is an avenue to find cosmetics dentists so they can understand more about the world of cosmetic surgery; it also provides a forum for dentists so they can share information, knowledge and generally help each other. The accreditation helps dentists to plan and execute cosmetic dentistry with a level of perfection.

“I first found out about the Accreditation in 2004 and began working towards it. I set up my practice in 2006, so I was working towards the accreditation for two and half years. The hardest part with gaining the accreditation was finding the right patients to practice on to be able to complete the work. There is a set criterion for the accreditation, and there are five disciplines which have to be met, so the patients that I had to find had to be ideal scenarios and perfect for the work to be carried out – (they had to have healthy gums both before and after the procedure, and they had to have the perfect situation in the first place so the work could be carried out in a perfect manner).

“That was the difficult part – finding the perfect patients. I had to find patients that fitted in perfectly with the categories.”

The categories that the accreditation is judged on are:
- Multiple indirect restorations treating upper anterior teeth
- Single indirect restorations with the natural teeth beside
- A tooth replacement case: implant or bridge to replace missing upper anterior teeth
- A posterior quadrant, showing multiple direct or indirect restorations
- Complex bonding: a class IV restoration or upper anterior diastema closure

Sunita explained that the whole process was designed so candidates could demonstrate their proficiency in treating a variety of regular aesthetic problems. They were required to exhibit their capability of improving the whole smile, colour matching, managing soft tissue around replacement teeth, aesthetic posterior restorations and direct anterior restorations.

Dental Tribune asked her why it was important to her and what it meant to achieve the accreditation and she replied:

“The problem that I find with cosmetic dentistry is that any dentist can claim to carry out cosmetic procedures because there are no official guidelines. I wanted to improve on my own...
skills. The main advantage is that you can differentiate yourself from other dentists; you can benchmark yourself.

“Working towards a state of perfection means that you can see the flaws in your work with a more critical eye because you are looking for areas to improve on and are constantly striving to achieve that perfect smile for your patients.”

Sunita spoke of learning the art of clinical photography during the process; the benefits of which have proved to be a great asset in her practice.

“Learning about photography and working with the cameras was a great positive influence on my work because I could really see what I was doing. Using photography now allows me to see teeth and treatment outcomes in greater detail and helps me critique my own work.”

Charity Work
Sunita also devotes time for charity work both in India and in the UK.

“We are so lucky in our profession and in the West; we take what we have for granted, whether we mean to or not.

“My parents were born in India and I visited there regularly as a child and so it was no surprise that I fell in love with the country. India is a country full of contrasts, from within the country itself to our own Western shores. India has a huge population and visible poverty wherever you seem to go; children are walking around unclothed and so many people and families are living on the streets; the poverty there is nothing like the poverty we see in the West.

Supporting India
“My share of charity is that if you’ve got something to offer, even if it is simply a good word, share it. Charity is all about empowering people. Charity can even happen in the workplace, with compliments and kind words empowering the staff which helps the service.

Sunita’s charity work began in India three years ago at Christmas in Rajasthan, North West India, where she helped to teach English to a group of girls.

“In India, girls are rarely pushed to strive towards receiving an education so for me this was a chance to help the children.

“Since then my charity work has progressed, and I donated £2000 to provide water to a village in Bangalore. The work is called Rain Water Harvesting and I physically saw my money used to provide the whole village with guttering and tanks so they could collect rain water, saving the women traveling long distances to fetch water. It cost £100 per house and the work is maintained every six months.

“Even though it was a small amount to spend, it was great to see the money being transformed; we saw the village progress from the beginning of its journey to the end and it was brilliant to see the whole village have its problems solved from one input.”

However, not all her voluntary work has had the same affect. The last charity expedition Sunita and her colleague went on resulted in an early flight home.

“We could neither see where our money was being spent or where it was going to. The infrastructure was so bad that my colleague returned home after one month, even though her journey was meant to last for three.

“After this we decided to concentrate our efforts on local communities as well as those abroad. The Hounslow Youth Counselling was set up by a friend after he went back to get his qualification, and provides time for young children to talk about their problems, giving them a safe surrounding before things get bad. It’s a free service, so last year I donated £5000 to the fund to help it continue to run. In today’s society, community projects like these are vital for society; as ‘family values’ continue to decrease, children need comfort and support and the HYC provides this.

Sunita’s charity clearly comes from the heart of what she loves as this year 5 per cent of the profits that the practice makes will go to local projects in the community; as a team the practice will decide whether the money is spent on computers or books for a school, or equipment for a retirement home. A further percentage of the money will go to an overseas project.

“We want to watch the proceeds that we donate physically grow into something positive; we won’t give money blindly.”

Looking over her work, it is clear that Sunita likes to see positive effects; whether it is in dentistry or in a village in India, the positive outcomes are always the ones that are sought after.

“I have always had the notion that charity begins at home, and if you look after yourself emotionally and physically you can give more.”

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