Consultation on principles of specialist listing

Response by the Faculty of Dental Surgery at the Royal College of Surgeons

About the Faculty

The Faculty of Dental Surgery at the Royal College of Surgeons of England welcomes the opportunity to comment on the GDC's consultation on the principles of specialist listing. The Faculty views the specialist lists and the GDC's role in regulating them, as fundamental to the current system of patient protection within dentistry, and is keen to ensure that they operate as effectively as possible.

The is a professional body committed to enabling dental surgeons to achieve and maintain excellence in practice and patient care. We represent over 5,500 specialist dentists, the majority of whom provide patient care in primary, secondary or community care settings, or hold key public health roles.

Part One: Draft principles and criteria for specialist listing

1. Do the proposed purposes of specialist listing accurately and sufficiently represent the benefits of listing branches of dentistry as specialities? Please explain your answer.

Overall we agree that the "purposes of specialist listing" proposed on page 6 of the consultation document do accurately represent the benefits of listing branches of dentistry as specialist. We are pleased that point 3 states clearly that one of the main priorities of the specialist lists is to support the provision of effective care for patients. In our view, the addition of new specialties to the lists should never be driven simply by the market advantage this would offer to a particular group of dental professionals, so the inclusion of an explicit statement indicating that patient care represents one of the core purposes of the lists is therefore very important.

Ultimately, protection of the public must always be the central driver of the specialist lists, by ensuring that the knowledge and skills required by specialists are well defined, that those on any list have been adequately assessed and crucially, that they are capable of competently delivering treatment.

2. Are there additional purposes and/or criteria that should be considered? Please explain your answer.

One area in which we believe the "purposes of specialist listing" could be further developed is around specialists' role in engaging and informing patients about oral health.

In the Faculty's view there remains a need to build greater public awareness about the role of dental specialists and the specialist lists, and the benefits these deliver for patients. More broadly, dental specialists also have a key role to play in informing the public about the importance of oral health and how to maintain this.

We believe it may be helpful to reflect this more explicitly in the purposes of specialist listing. One approach may be to expand point 4 about "Supporting development of scientific knowledge and education in connection with the purposes listed above" to be more specific about what the "education" function will entail.

In relation to public awareness, we also believe that points 1 and 2 are of fundamental importance. It is essential that the public are aware of dental specialist lists and the role of the specialist in delivering care. The way in which primary care dentistry communicates with the public about dental care has changed radically since the specialist lists were introduced and the public should understand that specialist lists exist within dentistry and what the role of the specialist is, when making decisions about the dental care that they might choose to receive. We believe that the GDC has a key role in ensuring that this information is easily accessible and clearly communicated to the public.

3. Do you have any other comments about the proposed purposes and/or criteria?

We do not have any further comments about proposed purposes and criteria at this stage.

Part Two: Draft principles for addition and removal of specialist lists

1. What types of evidence should be considered, or required, before adding or removing a dental speciality?

We broadly agree with the requirements for the addition or removal of a dental specialty set out on pages 7 and 8 of the consultation. We would emphasise that, given the significance of such decisions, it would be essential for the GDC to ensure that as these proposals are developed, there is as much clarity as possible around the processes for addition or removal and the evidence it would require.

In the Faculty's view, the decision to add a dental specialty to the lists should be based on several pieces of evidence. Firstly, a curriculum for the potential new specialty would need to be provided so that the GDC can consider whether the training and assessment of competence is sufficiently robust.

Secondly, it will be important to demonstrate that there is a clinical need for the new specialty. We recognise that there may be challenges in doing this based on NHS data alone, as this only provides a record of treatment (not necessarily true need), does not capture care provided in the private sector, and may not reflect the full extent of need amongst groups who do not regularly attend a dentist. The GDC will therefore need to give careful thought to what other information may be required to demonstrate the clinical need for a new specialty.

Lastly, consideration should be given to whether the addition of a new specialty will reduce complaints and incidents that result from inadequate training in a particular area of practice – patient safety data, complaints records, referral trends and performance issues could all be used to help assess this.

In terms of removing a dental specialty from the list, the GDC must ultimately be sure that this would not be detrimental to public safety. It will be essential for the GDC to consider whether there is a benefit to the public of maintaining the specialty on the lists, or if changes to service delivery mean that care can continue to be delivered safely by other means without the need for the particular specialty under review. It will be vital that any decision to remove a dental specialty is justifiable in the eyes of both the profession and the public.

2. What should the role of the GDC be in responding to requests for the addition or removal of specialist lists?

In our view it is important that the GDC maintains its legal role as the final decision maker and arbitrator of which specialties are represented on the lists. Moreover, the GDC should continue to be responsible for leading the process of engaging stakeholders and the public on decisions concerning the lists. We also believe that the GDC has a key role in assessing the curricula and training proposed for prospective new specialties to ensure this can guarantee competence.

The Faculty of Dental Surgery would support criteria similar to those outlined by the GMC for the approval or decommissioning of medical specialities and sub-specialities (https://www.gmc-uk.org/-/media/documents/protocol-for-approving-new-sub-specialties-and-decommissioning-those-no-longer-required--se-30847232.pdf).

3. What other stakeholders should have a role in the process of adding or removing specialist lists, and what should that role be?

There are a number of other stakeholders that we believe should be engaged in the process of adding or removing specialist lists. The Royal Colleges should prospectively have a significant role in developing curricula for new specialities to be considered by the GDC, and in overseeing assessments, so are likely to be a key stakeholder in this process.

Furthermore, the dental specialist societies also have an important role in providing information on demand, training, education and quality. Indeed, it will be particularly important for the GDC to engage fully with the relevant specialist societies as part of any decision to add or remove a specialty from the list, as this will have clear implications for their members.

In addition, we would expect the GDC to engage with all the relevant public bodies when making a decision about the list (including Health Education England, NHS England, Public Health England and the Chief Dental Officers in all the devolved nations), as well as patients and the public (including those with and without experience of oral disease).

Part Three: Maintaining accreditation on specialist lists

1. What do you believe the appropriate regulatory levers for maintaining accreditation on specialist lists should be?

In the Faculty's view, maintaining accreditation on the specialist lists should require an annual report back to the GDC, including enhanced CPD taken in the area of specialism (we would support a minimum hours' requirement for the amount of enhanced CPD that should be undertaken). This annual reporting should be linked to local appraisal and peer review.

We also note that, in a medical context, a responsible officer within an NHS organisation will often sign-off a doctor to say that they are fit to practise as part of the revalidation process. While we recognise that there are challenges in replicating this model in a dental context as specialists will not necessarily be allied to an NHS organisation in the same way, we believe consideration should be given to whether a similar, dentally-appropriate system could be developed.

2. Should consideration be given to developing the specialties from 'listing' to specialist registers?

The Faculty is supportive of the proposal to develop a specialist register.

Were this system to be brought in, we are aware that situations could arise where a dental professional may lose their registration on the specialist register but be able to maintain it on the general dental register, or *vice versa*. This poses clear issues in terms of patient protection, so questions around how the removal of an individual from one register due to poor practice will affect their standing on the other is something that the GDC will have to work through very carefully before implementing a specialist register. There needs to be a clear link between entry on the general register and any specialist register.

Furthermore, we are conscious that from a patients' point of view the introduction of a specialist register may seem like a purely semantic shift unless the changes, and their implications for patients, are communicated correctly. Both the GDC and the dental profession more widely will have a key role in this.

In relation to recognising specialisms and qualifications we would also take the opportunity to briefly highlight the issue of credentialing, which is something that the Royal College of Surgeons of England has supported in a medical context. In 2014, the Law Commission published draft legislation for reforming regulation of the healthcare professions, which included proposals to give regulators the power to annotate their register beyond the statutory minimum requirements, adding credentials to registrants recognising specialisms and qualifications. This would, for example, allow the GMC to recognise that a surgeon has developed particular expertise in cosmetic surgery by annotating the register with a credential. This is a principle that could have relevance in a dental context, by enabling the GDC to recognise expertise in areas of practice that sit outside of defined specialties, such as implantology. Therefore, as the GDC reviews its approach to regulating the specialties, it may wish to consider whether credentialing could play a role in this.

However, we would emphasise that a key point remains education and knowledge of the public. The use of lists, registers or credentialing is only effective if the public clearly understand the significance of specialism within dentistry.

3. If so, how would such a development be ideally funded?

We recognise that there will be a diversity of opinions on how a specialist register should be funded. Some will suggest that if the specialist register is to be kept separate from the general

dental register it is individual specialists who should be expected to pay for this, while others may argue that as the GDC already levies a significant retention fee and an additional fee for specialist listing, the funding should come from this pre-existing envelope.

Given this, we will wait to see what proposals the GDC brings forward regarding funding before forming a firm judgement.

Part Four: About you

1. Are you responding to this consultation as an individual, or on behalf of an organisation?

An organisation

2. If you are responding to the consultation on behalf of an organisation, please tell us the name of your organisation and how many members you represent.

This response is submitted on behalf of the Faculty of Dental Surgery at the Royal College of Surgeons of England. The Faculty has around 5,500 members, many of whom are specialist dentists working in NHS primary, secondary and community care and public health settings.

3. If you are responding as an individual, and are a GDC registrant, please tell us your category of registration and any specialist lists of which you are a member.

N/A

4. The GDC may wish to contact you in the future for more information about your answers. Please provide your name and your preferred contact details (email address, phone number or address).

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