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Faculty of Dental Surgery

at the Royal College of Surgeons

Position Paper

RCS FACULTY OF DENTAL SURGERY

GDC Review of Regulation of the Specialties

Key recommendations

- Patient, public and professional awareness and understanding about the role of dental specialists should be increased to facilitate better patient choice and deliver improved clinical outcomes. The Faculty of Dental Surgery is keen to work jointly with the GDC on this and would also like to contribute to guidance about specialist lists for referring GDPs.
- The GDC should continue regulating all 13 dental specialties as some lists provide indirect protection for patients by informing employers and the rest of the dental team of their colleagues' training and expertise. For example, Oral and Maxillofacial Pathology, Oral Microbiology, and Dental and Maxillofacial Radiology carry significant patient responsibility because other dental surgeons carry out treatment based on their diagnoses.
- The mediated entry route to the specialist lists based on the assessment of expertise derived from academic and research work should only be used in exceptional circumstances, where the work relates to patient care at a specialist level.
- Intercollegiate Equivalence Assessment Panels or Specialty Membership examinations should be introduced to ensure consistent and more efficient assessment of equivalence for overseas applicants to join the specialist lists.
- The GDC should carefully consider whether any new arrangements requiring oral and maxillofacial surgeons to join the oral surgery specialist list would have implications for the training of dental students.
- The Law Commissions' draft Bill on the regulation of health and social care professionals, which includes proposals for a new power to annotate registers according to specialisms and qualifications, should be prioritised by the next Government after the general election.

Overview

The Faculty of Dental Surgery welcomes the opportunity to comment on the General Dental Council (GDC's) ongoing review of its regulation of the dental specialties. We responded to the consultation in May 2014 and were strongly supportive of the subsequent decision to maintain dental specialist lists as a clear and effective way to help protect the public and maintain standards in dentistry.

Specialist registration not only helps to inform the public but to notify employers and the rest of the dental team of their colleagues' training and expertise, thus protecting patients indirectly. The current process for selection and shortlisting a dental consultant requires an applicant to be on the GDC specialist register in order to be shortlisted.[1] The continued use of specialist registration in dentistry is consistent with the approach taken by the General Medical Council (GMC) for specialist registration of doctors. This is particularly important to our members working in secondary and tertiary care, in teams which include doctors and surgeons registered with the GMC.

However we agree there is scope for regulation of the dental specialties to be improved in order to further protect patients. In particular, greater awareness of the role of specialists could facilitate better patient choice and deliver improved clinical outcomes. Reviewing entry routes to the specialist lists would also ensure that only those with appropriate qualifications, training, proven clinical experience and academic expertise, are allowed to use specialist titles.

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Increase awareness of the dental specialties

The GDC's patient and public research found it was generally expected that dental specialists should be regulated, yet awareness of the different specialisms, specialist titles and specialist lists is low. The majority of patients who visit a specialist are usually referred by their general dental practitioner, and accept that referral without independently checking the specialist lists. The GDC recognises that it does not currently help patients to understand what is distinct about the dental specialties, under what circumstances they might need to be referred and what to expect when they are.

The Faculty of Dental Surgery is keen to work with the GDC to help patients make more informed choices about their care by increasing awareness and understanding about the role of dental specialists. We are looking to create a patient information page on our website, in conjunction with specialist associations and the Patient Liaison Group at the Royal College of Surgeons, to provide information about the 13 different specialities. The webpage will provide information on what qualifies specialists to be on the list and could also provide a link to the GDC register to enable people to identify and check the status of a specialist.

In addition to raising public and patient awareness of the specialties, we are aware that the GDC is considering whether to provide more guidance about specialist lists for referring GDPs. This will help to make the referral process more efficient and ensure patients are treated by people with the appropriate skills, knowledge and competence. We would be keen to contribute to this guidance and work with the Faculty of General Dental Practitioners to promote its use among GDPs. The Faculty is also working with NHS England to develop commissioning pathways for dentistry and we hope this will help to establish a clearer process for referral between primary and secondary care dentists, and improve access to specialist care.

Continue to regulate all the dental specialties

We are aware that the GDC is reviewing whether to continue maintaining all 13 dental specialist lists in light of the key objective to provide patient protection. Yet it is important to note the lists have multiple purposes and can protect patients and improve choice indirectly.

In some specialties – for example Oral and Maxillofacial Pathology, Oral Microbiology, and Dental and Maxillofacial Radiology –dental specialists do not provide direct patient care. However these specialties carry significant patient responsibility because other dental surgeons and medical specialists carry out treatment based on their diagnoses (e.g. some Oral Maxillofacial Pathology units provide the reports for general surgery and oncology cases). Specialist registration allows employers and the rest of the dental team to quickly confirm their colleagues' training and expertise; make appropriate referrals; and provides the GDC with statutory powers to take action should someone be misrepresenting their qualifications or exercising beyond their level of expertise. Therefore even though specialist registration in these cases may not necessarily inform patient choice, it does mean that patients are protected. As such, we urge the GDC to continue regulating all 13 dental specialties.

Review entry routes to the specialist lists

Mediated entry

We are aware that the GDC is considering whether to maintain the mediated entry route to specialist lists based on the demonstration of knowledge and expertise derived from academic and research work. The Faculty believes this route should be maintained but only used in exceptional circumstances, where the academic and research work relates to patient care at a specialist level. It should not be used by applicants who have simply undertaken training as part of a university master's level degree without subsequent evidence of high quality research and teaching of international repute.

This approach will ensure that the GDC operates in a similar way to the GMC's system of consideration of applicants to their specialist register. Allowing this

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route would help to encourage those who have been recognised as outstanding clinical academic specialists in their field from overseas, to join the lists. Those who make successful applications will be able to directly contribute to complex specialist care in the UK through teaching, clinical research and direct clinical care. Patients will therefore ultimately benefit from their expertise and experience.

Assessment of equivalence for overseas applicants

Dentists who qualified overseas are currently assessed for equivalence of experience, training and/or qualifications to join the specialist lists. However as assessment of the different requirements are undertaken by different bodies, there is not only considerable duplication of effort but the possibility of inconsistencies in assessment. In particular, the assessment of equivalence of course content, clinical portfolio and assessment of trainer details /experience by Specialty Advisory Committee (SAC) panels is often the source of considerable frustration as negative decisions made by assessors are not infrequently overturned by the GDC with or without appeal by the candidate. Such decisions are often made through the applicant's production of further or additional evidence without any further reference to the SAC assessors.

The Faculty suggests these problems could be resolved either by the establishment of Intercollegiate Equivalence Assessment Panels for each specialty, or by introducing Specialty Membership examinations in those subjects where possession of a Specialty Membership is a requirement for UK trainees. This would not apply to applications in Restorative Dentistry, Oral Medicine and Dental Public Health where the Intercollegiate Specialty Fellowship Examination is a specialist List requirement. We anticipate that either of these solutions would reduce the current subjectivity when assessing applications for the specialist lists, thereby leading to greater protection of the public.

At present, European regulations allow automatic registration to the specialist lists for individuals who are already on equivalent specialist lists of other member states. We are aware there have been cases where individuals who have been unsuccessful in gaining GDC specialist registration have joined specialist lists in Europe and returned to practise in the UK. We urge the GDC to protect patients by addressing this disparity and ensuring that specialists from the EEA meet equivalent standards of care to those from the UK.

Oral and maxillofacial surgeons

We await the outcome of the British Association of Oral and Maxillofacial Surgeons' (BAOMS) discussion with the GDC about whether their members who work in hospital maxillofacial settings should be required to join the GDC's oral surgery list (in addition to registration with the GMC). However we would urge the GDC to consider whether any new arrangements would have implications for the training of dental students. For example, it is currently unclear whether oral and maxillofacial surgeons require full GDC registration if they are supervising dental students, or if they treat patients in other defined settings.

Annotation of the registers with specialisms and qualifications

The Faculty was disappointed that the Law Commissions' recent draft Bill on the regulation of health and social care professionals[2] was not taken forward and urge the next Government to prioritise the legislation after the general election in May 2015. The Bill contained proposals for a new power to annotate registers according to specialisms and qualifications; and the protection of certain dental titles to make it an offence for those not qualified to use them. We believe that credentialing for specific areas of dental practice may be useful for patients, referring practitioners and employers to identify practitioners who have acquired additional postgraduate skills and experience. Therefore the GDC should be given the power to note these on the register where regulatory oversight is appropriate.

For example, the ability to annotate the register would be particularly useful when highlighting education and training in implantology. The use of dental implants has grown rapidly across the UK in recent years and despite the initial relatively high cost, they are now often considered the treatment of choice for replacing missing teeth. Alongside the rise in implant surgery, there have been an increasing number of complaints to the GDC, particularly regarding the lack of informed consent for treatment; damage to the tissue and bone surrounding the implant; and failures.[3] Although the GDC's patient and public research suggested that

implant dentistry should be a separate specialty as there was an expectation it was already regulated, we believe this is unnecessary and impractical. Implantology is already included in the curriculum of a number of specialist lists and many general dental practitioners currently place implants successfully. Credentialing would be a far more effective way to reassure patients considering implants that they can be treated by a suitably qualified professional.

Similarly, in medicine there are plans to annotate the GMC register where a surgeon is appropriately qualified to provide cosmetic surgery. It will be important for the profession and the GDC to consider whether a similar approach should be applied for dentists performing cosmetic procedures.

[1] http://www.rcseng.ac.uk/fds/faculty-advisors/appointment-procedures/guidance-for-faculty-assessors-on-aacs
[2] http://lawcommission.justice.gov.uk/publications/Healthcare-professions.htm
[3] 'Guidelines for selecting appropriate patients to receive treatment with dental implants: priorities for the NHS', Faculty of Dental Surgery, Royal College of Surgeons, 2012