Review of the GDC's role in regulating the dental specialties
Response from the Faculty of Dental Surgery - May 2014

Overview

The Faculty of Dental Surgery (FDS) is a professional body committed to enabling dental specialists to provide patients with the highest possible standards of practice and care. In our view, specialist training and the standards for practice in the specialist areas help to deliver better treatment and improve clinical outcomes for patients who receive specialist dental care.

The FDS strongly believes it is important for the GDC to maintain its present specialist lists to protect the public and maintain standards in dentistry. We endorse the warning of the 2005 GDC dental specialist review group report that without specialist lists professionals, patients, and employers will not be able to easily identify and check the status of a specialist. It is important that a professional regulator with statutory powers like the GDC, rather than a professional association, holds such lists in order to take legal action or refer a dentist to a fitness to practise panel where appropriate.

Specialist registration not only exists to inform the public – who appear to support the identification and regulation of specialists[1] – but to apprise 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 of a dental consultant requires a candidate to appear on the GDC specialist register in order to be shortlisted[2]. This process is a statutory requirement for non-Foundation Trusts and most FTs also follow this. The continued use of specialist registration would be consistent with the approach taken by the General Medical Council for specialist registration of doctors and this is particularly important to the specialists who work in secondary and tertiary care in teams alongside medical colleagues.

We would be pleased to work with the GDC on any further proposals following the outcomes of this consultation and other research the GDC has commissioned as part of this work. In order to support discussions we believe it would be helpful for the GDC to publish data on the number of instances where a dentist has been found to be operating outside their scope of practice to the detriment of patient care.

We also appreciate that the outcome of this consultation is partly dependent on decisions made by the Government following the Law Commission's recent proposals on the regulation of healthcare professionals. The current draft Bill from the Law Commission on the regulation of healthcare professionals suggests the regulation of dental specialists may be maintained albeit within a single register and through a new power to annotate registers according to specialisms and qualifications (clause 53(6)-(8)[3]). This would continue to allow the regulator, where necessary, to remove those specialism(s) from a dentist's entry in the register. We look forward to working with Government and the GDC on the Law Commission's proposals over the coming months and exploring how best to maintain the regulation of dental specialists.

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[1] Public/Patient Understanding of Types of Dental Professional: Research Report Prepared for the General Dental Council, August 2009." DJS Research

[2] http://www.rcseng.ac.uk/fds/faculty-advisors/appointment-procedures/guidance-for-faculty-assessors-on-aacs

[3] http://lawcommission.justice.gov.uk/docs/lc345_regulation_of_healthcare_professionals.pdf

1. **What are the risks to patients who need complex treatments outside the scope of practice of their general dental practitioner? (Please provide any evidence that you may have)**

Specialist dental treatment requires the practitioner not only to understand the complexity of undertaking the procedures but also to manage the associated risks to the patient. Without this specialist knowledge a patient risks poorer outcomes and safety risks. These have been set out in detail by different dental specialty associations in their submissions but they broadly cover:

- Failure in accurate diagnosis of complex clinical conditions;
- Formulation of inappropriate treatment plans and therefore the most appropriate care to the patient;
- The provision of dental treatment which is beyond the competence of a primary care dentist.

These risks are demonstrated by a 2009 BDJ study[4] which shows the majority of charges brought against registrants on the GDC register are against issues relating to clinical practice which 'may be related to possible inadequacies in initial and or continuing education'. GDC annual reports also highlight poor treatment and clinical practice as the most prevalent issue considered by the Professional Conduct Committee. Similarly, according to Dental Protection Ltd[5], the majority of cases resulting in complaints and litigation for orthodontic treatment arise from non-specialist practitioners. In these instances, the overwhelming majority of cases are due to poor diagnosis, case assessment and treatment plan. As Dental Protection note, 'this is where the additional knowledge and experience of the specialist pays dividends, and also where the non-specialist can sometimes run into problems'.

For example, in oral surgery, risks and complications can be more serious. Death (for example caused by general anaesthetic or haemorrhage), jaw facture or tissue loss or damage, nerve injury, infection, or inappropriate surgery could happen although they are rare.

In specialties where diagnosis is important, such as Oral and Maxillofacial Pathology and Oral Microbiology, dentists make diagnostic decisions on head and neck cancer and other diseases with life threatening consequences. Much of the dental care in secondary care is dependent on their accurate diagnosis.

It is also important to note that, at present, there is inadequate data recording of complications arising from dental treatment so problems are likely to be under-reported.

[4] British Dental Journal 206, 217 - 223 (2009) *A five-year review of cases appearing before the General Dental Council's Professional Conduct Committee.*
[5] See *Riskwise*. Jan 2012. *Volume 42 pp14-15.*

2. **How does the regulation of the dental specialties deliver better treatment and improve clinical outcomes for patients? (Please provide any evidence that you may have.)**
3. **Are you aware of any evidence that the regulation of the dental specialties benefits dental patients?**

The Faculty of Dental Surgery believes specialist training and defined standards of practice help to deliver better treatment and improves clinical outcomes for patients who receive specialist dental care.

It is now well recognised that increased patient safety with reduced morbidity and mortality is provided by a specialist trained workforce. For example in oral surgery there is evidence of reduced morbidity associated with increased experience and specialisation of surgery, and more appropriate prescription of mandibular third molar surgery by oral surgery specialists[6]. In orthodontics the likelihood that a treatment will benefit a patient is increased if appliance therapy is planned and carried out by an experienced orthodontist[7]. Orthodontists also spend less time on treatment and achieve better quality outcomes than cases treated by general dentists who have not undergone a specialisation course in orthodontics[8].

Examples from other dental specialties are provided in different associations' submissions. More broadly, in medical surgery there is evidence of improved outcomes associated with surgical specialisation, such as in cardiac and vascular surgery[9]. This is one of the major factors driving increased centralisation of complex medical care.

While it is the standard of care delivered by these specialist health professionals that is delivering benefits for patients rather than the listing of dental specialists, the regulation of dental specialists remains important for officially recording the details of dentists with these appropriate qualifications and skills. As the 2005 GDC dental specialist review group warned, without specialist lists professionals, employers, and patients will not be able to easily identify and check the status of a specialist. Removing specialist lists also risks undermining the high standards of specialist training and quality assurance, and increasing confusion around the use of titles in dental profession. In addition, such lists are important for facilitating appropriate referrals of patients.

DJS research indicates that the public feel strongly that there has to be some sort of regulating body for specialists and that if they had not had training approved by the GDC they were not a proper specialist and might not know what they are doing. Only 3% felt specialist lists were not useful to the general public[10].

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[6] References have been provided in the British Association of Oral Surgeons' submission to this consultation.
[7] http://www.ncbi.nlm.nih.gov/pubmed/8439528
[8] Marques LS, Freitas Junior Nd, Pereira LJ and Ramos-Jorge ML. (2012) *Quality of orthodontic treatment performed by orthodontist and general dentists.* Angle Orthod., 82, 1: 102-106.

[9] See Royal College of Surgeons (2013) *Reshaping surgical services: principles for change*
[10] "Public/Patient Understanding of Types of Dental Professional: Research Report Prepared for the General Dental Council, August 2009." DJS Research.

It is also possible that without such publicly available lists there may be dentists who misrepresent their qualifications for professional or financial gain. Similarly, the existence of specialist lists provides a list of specialties outside which a dentist cannot claim to be a specialist. This discourages professionals from claiming to be specialists in areas such as craniofacial therapy or migraines.

The Faculty of Dental Surgery believes additional benefits could be derived from the specialist register through better promotion by the GDC. For example, the regulator could provide clear advice about the clinical circumstances under which it expects dentists to refer to specialist services. Alternatively, NICE could be asked to produce this guidance with the support of the GDC.

4. Do specialist lists help patients and registrants to make better choices about treatment; if so, how?

While the dental specialist lists may facilitate patient choice for a minority of patients making use of the register in this way, 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, to a slightly lesser degree, Oral and Maxillofacial Radiology – patients do not deal directly with dental surgeons. Yet, as mentioned above, their specialist registration informs other dental surgeons, doctors and healthcare workers that their training is complete. Patients are thus protected indirectly. It is important to recognise that these specialties carry a greater patient responsibility because other dental surgeons carry out treatment based on their diagnoses. Recognition of specialist training is thus particularly important for these specialties even though it may not necessarily inform patient choice.

Again, the GDC could facilitate better patient choice through greater promotion of the dental specialist lists. The regulator could also help the public by explaining what dentists on the specialist lists are expected to know or be able to do compared with dentists who are not on the lists.

5. What disadvantages are there, if any, to regulating the dental specialties (including for both registrants and patients)?

Disadvantages may include costs (to the GDC, stakeholders and registrants) and resentment from dentists not included in the specialist lists who feel they should be able to carry out treatment they feel competent to deliver or may be delivering already. More detail and evidence such as the number of dental practitioners who are found operating outside their scope of practice to the detriment of patient care needs to be provided by the GDC. This will help inform the extent of the problems, perceived or otherwise, of specialist regulation. We strongly believe the benefits to patients in terms of higher standards of care and fewer errors are likely to outweigh any financial or non-financial costs.

It is also important to consider the financial costs of <u>not</u> regulating specialist dentists. There may, for example, include additional litigation or costly errors associated with dentists practising outside their area of expertise.

6. **In your view, what are the advantages and disadvantages of the <u>General Dental Council</u> being the organisation to regulate the specialties?**

We believe it makes sense for the same body to regulate both generalists and specialists in dentistry. Separating these sets of lists into distinct or multiple different bodies risks confusion for patients, employers and the profession. It is also important that a professional regulator with statutory powers like the GDC, rather than a professional association, holds such lists in order to take legal action or refer a dentist to a fitness to practise panel where appropriate to help protect the public from professionals misrepresenting their expertise. If a third party or parties held such lists there is also a risk that they would not be taken as seriously due to those organisations' lack of statutory powers.

7. **We are also interested in receiving any information on policies or initiatives external to the GDC, which may have an impact on the specialties. This might include relevant policy or committee papers you are able to share.**

We highlight the recent report of the Law Commission on the regulation of health and social care professionals and particularly proposals to allow credentialing in addition to specialist registers. We believe that credentialing for areas of dental practice where a regulatory standard has been met, but no legal effect of the credential is needed, may be useful for patients and employers to identify specific techniques or areas of practice where an individual has met the required standard. In medicine this is currently being looked at for surgeons appropriately qualified to perform cosmetic surgery.

For example, the FDS is presently looking at how to assess dentists with enhanced skills – i.e. dentists who may not be fully qualified to practise specialist dentistry but may have particular skills, such as in providing root canal treatment.

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.

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