
Quality Assurance for the Dental Specialties

SENATE OF DENTAL SPECIALTIES

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Quality - *excellence*
Assurance - *confidence*

(The Chambers Dictionary, 1998)

Foreword

The Senate of Dental Specialties was formally established in November 1999 with the prime aim of providing a forum for communication between the dental faculties of the surgical Royal colleges and the specialist associations in dentistry to promote the highest standards of professional practice. In addition to the Deans of the dental faculties and a representative of each dental specialty listed by the General Dental Council nominated by the relevant specialist association the membership includes representatives from other professional bodies with responsibility for specialist training, continuing professional education and standards of care in the dental specialties.

The close association between the specialist and the generalist is reflected by the number of generalists who develop an interest in a specific area of clinical practice and who are members of specialist associations. In addition there are increasing links between primary and secondary care in the development of general professional training programmes and the Senate therefore benefits from input by the Dean of the Faculty of General Dental Practitioners (UK).

The profession also lays great stress on the importance of the interests of patients being adequately represented and a lay member nominated by the General Dental Council has played an important role in this.

The Senate of Dental Specialties has strongly supported the principles laid down by the General Dental Council for Lifelong Learning. It is committed to the provision of the highest standards of care for patients and as an extension of this has been actively exploring with the Council proposals for the establishment of a revalidation scheme for dentistry so that practitioners can demonstrate their continuing fitness to practice within their chosen field.

The inaugural report Quality Assurance for the Dental Specialties was published in November 2000, which was followed by Good Practice in the Dental Specialties a year later. This second edition reflects the rapid changes that have been occurring in the health service over recent years and again underpins the basic principles for the highest professional standards.



John Lowry
Chairman

SENATE OF DENTAL SPECIALTIES

November 2002

Senate of Dental Specialties

AIMS AND OBJECTIVES

- To promote the highest standards of professional practice in the dental specialties by providing a forum for communication between the dental faculties of the surgical Royal colleges and the specialist associations in dentistry.
- To develop a framework and a culture within which all dental specialists can demonstrate that they are keeping themselves up to date and remain fit to practise within their chosen field.

MEMBERSHIP

Dean, Faculty of Dental Surgery, The Royal College of Surgeons of Edinburgh

Dean, Faculty of Dental Surgery, The Royal College of Surgeons of England

Dean, Dental Faculty, The Royal College of Physicians and Surgeons of Glasgow

Dean, Faculty of Dentistry, Royal College of Surgeons in Ireland

Dean, Faculty of General Dental Practitioners (UK)

Specialist representatives nominated by the following bodies:

British Association of Oral and Maxillofacial Surgeons

British Orthodontic Society

Consultant Orthodontists Group

Association of Consultants and Specialists in Restorative Dentistry

The British Prosthodontic Conference

The British Endodontic Society

The British Society of Periodontology

British Society of Paediatric Dentistry

Consultants in Paediatric Dentistry Group

British Society of Oral Medicine

British Society for Oral and Maxillofacial Pathology

Association of Clinical Oral Microbiologists

The British Society of Dental and Maxillofacial Radiology

Consultants in Dental Public Health Group

Chairman, Clinical Effectiveness Committee, Faculty of Dental Surgery, The Royal College of Surgeons of England

Chairman, Postgraduate Education Committee, Faculty of Dental Surgery, The Royal College of Surgeons of England

Chairman, Conference of Postgraduate Dental Deans and Directors (COPDEND)

Chairman, Joint Committee for Specialist Training in Dentistry (JCSTD)

Chairman, Joint Committee for Continuing Professional Education of the Dental Faculties and Specialist Associations (JCCPD)

General Dental Council, two observers, one of whom is a lay member

CONSTITUENT GROUPS

Dental Faculties of the Surgical Royal Colleges

The dental faculties of the surgical Royal colleges have responsibility for setting and monitoring standards within dentistry and particularly across all the dental specialties. The faculties conduct examinations, inspect training posts and have statutory responsibility in the appointment process of consultants. The faculties promote continuing professional development for specialists, develop guidelines for good practice and play a leading role in discussions about dentistry within the national context.

Faculty of General Dental Practitioners (UK)

The Faculty of General Dental Practitioners (UK) sets and monitors standards in general dental practice. The Faculty conducts examinations to support career pathways in general dental practice and continuing professional development for the generalist. The Faculty has published guidance for good practice for the general dental practitioner.

Specialist Associations

Specialist associations focus on a specific specialty or group of specialties and promote education, study and research to improve standards of practice in their defined area of clinical practice. Specialist associations represent the interests of their specialty at national and international level and offer advice to providers of specialist services. They provide public education to help the understanding of the work of individual specialties.

Joint Committee for Specialist Training in Dentistry (JCSTD)

The Joint Committee for Specialist Training in Dentistry co-ordinates all aspects of specialist training through the Specialist Advisory Committees which have responsibility for individual specialties or groups of specialties. The Specialist Advisory Committees make recommendations through the JCSTD to the General Dental Council for the award of a Certificate of Completion of Specialist Training (CCST), which provides eligibility for entry to a specialist list. The Joint Committee works closely with the other partners of *The Accord* which include the dental faculties, the universities, the Postgraduate Deans and Directors and the General Dental Council as the competent authority which has ultimate responsibility for dental education.

Conference of Postgraduate Dental Deans and Directors (COPDEND)

The Conference of Postgraduate Dental Deans and Directors is a broad-based forum of postgraduate dental deans and other stakeholders in dental postgraduate education and training. It develops policies and strategies for the educational development and management of high quality dental postgraduate education and training designed to improve patient care throughout the UK. It promotes and conducts educational research and liaises widely with the Department of Health, NHS Executive, the Dental Vocational Training Authority, the Conference of Advisers in General Dental Practice and the Community Dental Service, the Defence Dental Agency, the British Dental Association, the National Advice Centre for Postgraduate Dental Education and all members of *The Accord*.

Joint Committee for Continuing Professional Development (JCCPD)

This committee is composed of representatives from the dental faculties and the dental specialist associations. It is responsible for overseeing and co-coordinating the continuing professional development of specialists within the dental profession wherever they practice. It has been instrumental in ensuring that continuing professional development for the dental specialist has evolved in parallel with that of other health care professions and advanced in specific areas of professional interest.

General Dental Council (GDC)

The General Dental Council is the statutory regulatory body for the dental profession whose primary responsibility is the protection of the public. It exercises this role through the promotion of high standards of dental education at all its stages and high standards of professional conduct amongst dentists.

Note - *The Accord* was an agreement made between the General Dental Council, the Dental Faculties of the Royal surgical colleges and other educational bodies in May 1996. It sets out the respective roles and responsibilities of the parties concerned to underpin the GDC in the discharge of its duties as the competent authority for the dental specialties.

Quality Agenda

INTRODUCTION

The New NHS: Modern Dependable published in December 1997 laid the foundation for what has become known as the Quality Agenda. For the first time explicit standards would become part of service agreements between commissioning bodies and those providing healthcare. In the White Paper the Government said *the new NHS will have quality at its heart ...every part of the NHS and everyone who works in it should take responsibility for working to improve quality.*

Within England *A First Class Service - Quality in the New NHS* published in July 1999 built upon this principle. This set a challenge to the clinical professions to work with the government to take the agenda forward. The government indicated its intention to set national standards by the publication of National Service Frameworks and the establishment of a new body - the National Institute for Clinical Excellence (NICE). Standards would be assured locally through a new process of clinical governance backed by a new statutory duty of quality. This would be underpinned by modernised professional self-regulation and lifelong learning for the whole clinical team. Standards are now monitored through the Commission for Health Improvement (CHI), a national performance framework and an annual national survey of patient and user experience.

Corresponding arrangements for clinical governance were introduced in Wales, (*NHS Wales: Putting Patients First*), in Scotland (*Designed to Care: Renewing the National Health Service in Scotland*) and in Northern Ireland (*Fit for the Future - A New Approach*).

The medical Royal colleges and faculties actively responded to the challenge by building upon long established traditions of setting and monitoring standards of clinical practice. This solid record stands them in good stead to play a major role in the new Postgraduate Medical Education and Training Board. Although not currently covering dentistry it is important to carefully monitor the principles upon which it operates. There is now a new emphasis on lifelong learning through continuing professional education (CPE), and continuing professional development, (CPD).

The foundation of high quality patient care is based upon sound education and training. The introduction of the concept of general professional training has been welcomed and is now being extended. The new arrangements for specialist training and robust assessment by the development of a whole range of specialist diplomas have clearly defined the levels of expertise required for entry to a specialist list and the right of a practitioner to use a specialist title. Now with the publication of proposals for Senior House Officer training in *Unfinished Business* by the Chief Medical Officer for England there are exciting prospects for establishing increasingly solid foundations upon which future specialty training can be built.

The Government has focused upon the management of poor performance. *Supporting doctors, protecting patients* published as a consultation document by the Chief Medical Officer for England was followed by *Building A Safer NHS for Patients* in April 2001. Clearly the basic principles are intended to apply across the health care professions, and will include dentists working in salaried services within the NHS. With ever increasing monitoring and regulation it is crucial that the benchmark standards are the established standards of the colleges working with the specialist associations. The colleges and specialist associations must also be involved in the monitoring process.

The NHS Plan published in July 2000 proposed radical reforms for the National Health Service. In addressing the need to monitor performance a National Clinical Assessment Authority was established in April 2001. This is working closely with the medical Royal colleges and their faculties with the aim of providing rapid and objective expert assessment of an individual doctor's performance. Where concerns have arisen its work will extend in a phased manner across dentistry initially within the hospital sector. Although professional regulatory bodies will remain they are undergoing significant reform. A UK Council of Health Regulators has been established which in the first instance will have a coordinating role. However there is a clear indication that its role could

evolve if the regulatory bodies fail to deliver. Although *The NHS Plan* has many implications for dentistry there are limited explicit references to the profession. *Modernising NHS Dentistry - Implementing the NHS Plan* was published in September 2000. This addressed the problem of access to NHS dentistry largely within primary care and made proposals to improve the quality of care with a programme to improve oral health. *An Action Plan for Dental Services in Scotland* was published in parallel during August 2000 and similar proposals are evolving for Wales and Northern Ireland although there are significantly different administrative arrangements. Although heavily directed towards primary care there are clear implications for the dental specialties, their education, training and quality standards.

The allocation of funding to support clinical governance, clinical audit, peer review and continuing professional development for dentistry was welcomed but little has so far been applied to specialist services. *NHS Dentistry - Options for Change* published in August 2002 built on the work of task groups exploring national standards, systems of delivery, education and training for the whole dental team.

In October 2002 a consultation document on a draft order which would establish a Postgraduate Medical Education and Training Board was published. This would not initially apply to dentistry but a number of policy principles are set down which ultimately could be extended to education and training for the specialist and primary care sectors generally.

GENERAL DENTAL COUNCIL

In April 2000 the General Dental Council (GDC) launched *Lifelong Learning: Recertification for the Dental Profession*. The aim of the scheme is to ensure that all dentists update their knowledge and acquire new skills both to benefit their patients and to enhance the quality of their professional lives. The scheme formalises good practice and gives all dentists personal responsibility to direct their own learning in the interests of their patients. The statutory recertification scheme was introduced in January 2002 and will result in a Dentists Register which is relevant to the public with all dentists listed in it having had to confirm that they are taking steps to keep their knowledge and skills up to date. It is being phased in over three years beginning with the dentists first registered after 1990 on 1 January 2002. Dentists first registered between 1 January 1980 and 31 December 1989 will join on 1 January 2003 and dentists first registered before 31 December 1979 on 1 January 2004. Newly registered dentists will join on 1 January after the date of their registration.

In the publication *Lifelong Learning: Recertification for the Dental Profession* the GDC lays down details of the scheme. Continuing professional development (CPD) should have a clear educational basis and should update dentists' knowledge of contemporary standards of practice. Not all activities need to be directly related to treatment as patients benefit from a variety of non-clinical CPD activities undertaken by their dentist. For recertification dentists will be required to complete at least 250 hours of CPD over 5 years. A minimum of 75 of these hours must consist of verifiable CPD and the remainder can be made up of general CPD. Dentists are advised to spread their CPD evenly over the five years where possible by undertaking 50 hours per year with an average of 15 hours of verifiable CPD each year. CPD is classed as verifiable if some form of external documentary verification of attendance or participation can be provided and the activity can be shown to satisfy the following educational criteria:

- concise educational aims and objectives
- clear anticipated outcomes
- quality control through feedback

Specific examples could include courses organised by professional bodies such as postgraduate dental deans, the Faculties of Dental Surgery and the Faculty of General Dental Practitioners, the educational components of meetings and conferences of specialist associations and interactive distance learning with verifiable outcomes.

All dentists are to maintain their own CPD records and a sample form is available on the GDC website at www.gdc-uk.org. However individual formats may be used or a recording method provided by other bodies for example the CPD diaries developed by the dental faculties and specialist associations. The GDC is currently working with the profession to ensure recording systems are compliant and to avoid an individual practitioner needing to prepare two sets of records. An annual declaration of participation in lifelong learning will be required and at the end of the five-year cycle when the required number of hours have been completed a new five-year CPD cycle will begin. The GDC will monitor the scheme by random sampling. Dentists who fail to comply with the regulations will be liable to erasure from the Dentists Register.

Lifelong Learning: Recertification for the Dental Profession is intended to benefit both patients and dentists to be fair and flexible allowing participants to exercise their own professional judgment and to support the dentist in providing the highest quality of patient care.

All dental specialists are recommended to register for continuing professional development with the dental faculties, (see page 15) and to join the General Dental Council's Preparatory Recertification Scheme during the transition period before their personal statutory recording becomes mandatory.

In addition to meeting the requirements for continuing professional development the specialist is reminded of the guidance on professional and personal conduct published by the GDC in *Maintaining Standards* and reflected in *Good Practice in the Dental Specialties* published by the Senate of Dental Specialties.

Paragraph 1.3; In the interests of patients, a dentist has a duty to continue professional education whilst continuing to practise. A dentist who fails to maintain and update professional knowledge and skills and who, as a result, provides treatment which falls short of the standards which the public and the profession have a right to expect, may be liable to a charge of serious professional misconduct.

Paragraph 3.2; A patient is entitled to expect that a dentist will provide a high standard of care. The Council takes a serious view of any neglect of a dentist's professional responsibilities to patients for their care and treatment.

Keeping up to date and providing high standards of care are seen as fundamental requirements for the demonstration of good practice by the Council. To support this principle the GDC agreed *Performance Review for the Dental Profession* in May 2000.

GENERAL MEDICAL COUNCIL

The General Medical Council (GMC) is the statutory regulatory body for medicine with a responsibility to protect patients and guide doctors. Its structure and constitution is likely to radically change after the current formal consultation process.

A key publication is *Good Medical Practice* which sets out the duties and responsibilities of doctors. This makes explicit duties and responsibilities that have previously been implicit and provides a solid foundation upon which good practice can be built. The principles of *Good Medical Practice* defining the standards of competence, care and conduct expected are broadly similar to those outlined in *Maintaining Standards* published by the General Dental Council. The Royal College of Surgeons of England has also published guidance specific to surgical practice in *Good Surgical Practice 2002*.

The GMC has firmly stated that *specialists and general practitioners must be able to demonstrate on a regular basis that they are keeping themselves up-to-date and remain fit to practise in their chosen field.*

In February 1999 the Council resolved that a system of *revalidation* should be developed which should apply to all doctors and be linked with registration.

The principle of *revalidation* is strongly supported by the Academy of Medical Royal Colleges and extensive debate has taken place within the GMC and across the medical profession to determine the most appropriate process that should be put into place to assure performance. It has been recognized that there must be a balance between a process that is sufficiently robust to earn the confidence of patients and the public but at the same time be capable of being delivered within the available resources.

In May 2000 the GMC published a consultation document *Revalidating Doctors; ensuring standards, securing the future* in which the processes for revalidation were summarized.

Stage 1 *Profiling performance - the information*

*A folder of information describing what the doctor does and how well the doctor does it.
This would be regularly reviewed - annual appraisal will fulfil this in many sectors*

Stage 2 *Five-year assessment*

Periodic revalidation would involve a recommendation by a group of medical and lay people that the doctor remains fit to practise or that the doctor's registration should be reviewed by the GMC

Stage 3 *Action by the GMC*

In the majority of cases this would mean revalidation of a doctor's register entry. In a minority detailed investigations may follow under the fitness to practise procedures which could lead to restrictions upon practice, suspension, or erasure.

The General Medical Council has given a clear indication that the agenda can be taken forward only in partnership with other professional bodies including the medical Royal colleges and the specialist associations. In March 2002 a *Joint Departments of Health and GMC Appraisal and Revalidation Communications Programme* was launched. Pilot projects to test the reliability and validity of the revalidation process are being carried out.

The detail of the evidence that will be required to satisfy the process of revalidation is progressively developing but has yet to be agreed. However there is no doubt that the public expects that the evidence should be sufficient to ensure that standards of performance are maintained. Legislation is expected late in 2002 with the first doctors being revalidated no sooner than two years after this has been approved.

The Senate of Dental Specialties supports the need to develop revalidation recommendations for dentistry and the dentally based specialties, which involve the same quality checks as those which are being developed for the medical specialties. This will build upon the CPD requirements defined by the GDC and provide confidence to the public and the profession that individual practitioners are not only keeping up to date but also are practising to a high standard.

Where a specialist is registered with both the GDC and the GMC the processes for revalidation and recertification need to be clarified. This will particularly affect those initially in the medical specialty of oral and maxillofacial surgery and the dental specialty of oral medicine. Proposals by the GDC for revalidation in dentistry are now being actively developed in consultation with the profession and are expected to take effect over the next few years.

The Role of the Medical Royal Colleges and Specialist Associations

The Academy of Medical Royal Colleges strongly supports the initiatives of the government, the GDC and the GMC to improve the quality of care for patients. However whatever mechanisms and processes are developed the standards must be those established by the colleges working closely with the specialist associations. In addition the colleges and specialty associations must be fully involved in monitoring and assessment processes relating to the agreed standards of care and professional practice.

In defining the roles of the medical Royal colleges and the specialist associations in relation to the quality agenda collaborative working is essential. This constructively combines the broad-based statutory responsibilities of the colleges with the individual specialty focus of the specialist associations.

In taking this agenda forward the Senate of Dental Specialties must work in partnership with all the partners of *The Accord* including the General Dental Council as the statutory body with ultimate responsibility for the maintenance of standards in the dental specialties.

Medical Royal Colleges

- set standards for training and education as a foundation upon which practitioners can build throughout their practising lifetime
- conduct examinations to monitor standards
- promote and provide continuing professional education
- register and monitor continuing professional development for specialists
- define the evidence required to enable individual specialists to demonstrate their continuing fitness to practise
- define standards against which individual and group practice can be assessed
- develop national outcome measures and promote national audit to monitor outcomes
- develop specialty specific guidelines for good practice in the dental specialties
- provide support for practitioners
- provide independent support and advice to allow problems to be identified early and corrected appropriately
- discharge their statutory role in upholding standards in the appointment of consultants and other staff

Specialist Associations

- promote continuing professional education at local and regional level
- organise national and international meetings and events to promote continuing professional development
- advise on the evidence required to enable the individual specialists to demonstrate their continuing fitness to practise
- advise on standards of practice within the scope of their specialist area
- agree specialty specific outcome measures against which the performance of both individual dentists and unit groupings can be assessed
- promote the development of evidence based practice
- develop and keep up to date clinical guidelines for good practice
- promote peer review and audit through the establishment of local specialty groups
- provide advice to providers of specialist services
- make nominations for Royal College Rapid Response Teams to provide specialist advice where requested and to make recommendations for the appointment of assessors for the National Clinical Assessment Authority

Quality Assurance for the Dental Specialties

The Senate of Dental Specialties supports the principle that all dental specialists must be able to demonstrate that they are keeping up to date and remain fit to practise in their chosen field. This builds upon the principle of life long learning which underpins the General Dental Council's scheme *Lifelong Learning: Recertification for the Dental Profession*.

It is important that the quality checks which are being developed for the medical specialties are applied to the dental specialties. These will generally exceed the minimum statutory requirements of the General Dental Council for recertification but be supported by guidance in *Maintaining Standards* published by the General Dental Council.

The process to assure quality in the dental specialties should build upon arrangements that already exist. There must be a balance between the collation of evidence which is sufficiently robust to assure continuing high quality performance against what is achievable within the available resources. It is also fundamental that the same quality standards and checks are applied to all areas of specialist clinical practice. The process should have the effect of raising standards but at the same time be able to identify unacceptable practice.

Against this background the Senate of Dental Specialties has agreed a generic protocol which it recommends to all dental specialists. Different specialties practise in different ways and will develop their own specialty-specific process.

PERSONAL PROFESSIONAL PORTFOLIO

Every dental specialist whether working within the NHS or the private sector is recommended to develop a Personal Professional Portfolio (PPP). Essentially this represents a curriculum vitae which most specialists already keep and regularly up-date as a matter of routine together with supporting evidence of continuing professional development and quality of professional practice. For the great majority of specialists this will simply provide documentary evidence of existing good practice.

Information should be included in the PPP under five main headings:

1 Curriculum Vitae

Name

Date of Birth

Qualifications

Address

GDC registration number

Specialist listing (detail specialty)

Date of entry on to specialist list(s)

Details of any breaks in registration

Details of all current professional practice including grades of posts and institutions where appropriate. A job plan or job description may be appended.

Fields of activity including:

- sub-specialty interests
- managerial responsibilities
- educational and teaching responsibilities
- presentations and publications
- research

2 Keeping up to Date

Details of CPD which must conform to the requirements for recertification of the General Dental Council and *Maintaining Standards*.

Specialists are recommended to register for CPD with the faculties of dental surgery of the surgical Royal colleges.

This is administered through the surgical intercollegiate CPD office in the Royal College of Surgeons of England. Fellows and members of the dental faculties are expected to register and keep up to date with CPD to retain the privileges of fellowship or membership of a faculty. Specialists who are not fellows or members may register for CPD through the Surgical Intercollegiate CPD office, The Royal College of Surgeons of England, 35-43 Lincolns' Inn Fields, London WC2A 3PE.

Specialists in oral pathology and oral microbiology will follow procedures agreed by the Royal College of Pathologists. Specialists in dental and maxillofacial radiology follow procedures agreed by the Royal College of Radiologists.

Meeting college or faculty requirements for CPD can be expected to more than fulfil the current requirements of the GDC for recertification and subsequent proposals for revalidation.

3 Evidence about Standards of Professional Practice

Evidence for different individuals and different areas of specialist practice will vary. However it may be helpful to consider available evidence against the background of the General Dental Council's guidance for dentists on professional and personal conduct *Maintaining Standards* in relation to:

- quality of clinical care
- ethical and professional behaviour in all relationships with patients
- multidisciplinary team working and relationships with colleagues

Arrangements for **audit** meetings and details of internal and external audit undertaken. Outcomes in relation to agreed national standards should be included where available.

Details of **external peer review** may include:

- external visits from Royal colleges, specialist advisory committees, postgraduate dental deans and other accrediting bodies
- participation in specialty group activities
- other formal peer review
- formal postgraduate training and education

Details of **supportive feedback** from patients and colleagues with whom you have worked, colleagues from whom you have accepted referrals or employers.

Details of **perceived problem areas** which may undermine your ability to deliver high quality care including any adverse service conditions and personal health problems.

4 Details of Personal Development Plans

5 Details of Annual Appraisal

Data Collection for the Personal Professional Portfolio (PPP)

In November 2001 the Senate of Dental Specialties published a generic format to provide a basis for the PPP in *Good Practice in The Dental Specialties*. This is supported by both general and specialty specific guidelines for good practice. These guidelines were developed against the background of the GDC's *Maintaining Standards, Good Surgical Practice* from the RCS (Eng), the GMC's recommendations on the processes required for revalidation and current government proposals which address quality.

APPRAISAL

A positive process to provide feedback on performance, chart-continuing progress and to identify development needs (GMC, May 2000).

Specialists working in universities or in the hospital and community services are subject to the local processes for appraisal that will apply in due course to all medical and dental practitioners as part of clinical governance.

Single-handed practitioners working in isolation are particularly vulnerable and are strongly recommended to seek appraisal on an annual basis through links with colleagues at local level. For specialist practitioners this may be organised through local specialist groups which may involve a link with a hospital or academic institution. Such links are to be encouraged to ensure uniform standards in the delivery of specialist care within academic institutions, hospitals, and in specialist practice. The organisation of local specialist groups will vary between specialties in relation to the number of specialists in a locality. The smaller specialties will need to develop groups over a larger geographical area and meetings at national level provide a vital focus for bringing together individual specialists. In setting up specialist groups it may be helpful to seek the advice of faculty regional advisers or representatives of specialist associations. Cross-specialty groups are to be encouraged thus bringing together multidisciplinary teams in a locality.

From April 2001 specialists employed as consultants in the NHS have had a contractual requirement for appraisal. For all NHS consultants this is in accordance with the recommendations of the Senate of Dental Specialties and similar principles are being applied to all specialists working within salaried services in the NHS.

Modernising NHS Dentistry - Implementing the NHS Plan indicated that NHS dentistry should adopt clinical governance principles and this is reasserted in *NHS Dentistry: options for change* which encourages better quality care through Clinical Governance in all sectors of Dentistry. This of course has implications for specialist practitioners working within the NHS.

Principles of appraisal are outlined in the following documents:

- *Consultant contract: Annual Appraisal for consultants AL (MD) 6/2000*, July 1998. NHS Executive
- *Revalidating Doctors - Ensuring standards, securing the future*, May 2000. General Medical Council.

EXTERNAL PEER REVIEW

The regular visits of the inspections and recognition committees of the dental faculties and the specialist advisory committees of the Joint Committee for Specialist Training in Dentistry will ensure that trainers are conforming to good practice and up to date with CPD, participating in audit and undergoing regular appraisal. The same process will involve the specialist practices that are undertaking a formal training role on behalf of the SACs.

Continuing formal postgraduate training or the process leading to a Fellowship by Assessment also provide regular external peer review for an individual.

Dental specialists working within hospitals will be subject to the arrangements for medicine including inspections of trusts by bodies such as the Commission for Healthcare Audit and Inspection (CHAI formerly CHI) in England, the Clinical Standards Board for Scotland and the National Clinical Assessment Authority.

Within specialist practices, both private and within the National Health Service support may be provided through the establishment of local groups of specialists. The organisation of these at local level varies between specialties. Routine external peer review may be difficult for single-handed specialists but it is the responsibility of individual practitioners to develop links with colleagues in order to be able to demonstrate that they are conforming with examples of existing good practice. (see also Appendix I):

Association of Consultants and Specialists in Restorative Dentistry has established six regional groups for the purposes of external peer review.

British Orthodontic Society has established a network of local orthodontic committees which is being further developed.

The British Society of Dental and Maxillofacial Radiology has established supra-regional audit groups which now undertake formal peer review for all members on the specialist list.

The British Society for Oral and Maxillofacial Pathology runs and manages a national external quality assurance scheme in head and neck pathology. This is co-ordinated by the National Quality Assurance Advisory Committee (NQAAC) at The Royal College of Pathologists which produces guidelines and oversees procedures and performance. Meetings are held bi-annually.

The British Society of Periodontology has established a network of regional representatives that undertakes postgraduate education tasks. These groups could form the basis of local peer group activities.

Where difficulties are identified through the local process or there is reason for concern, hospital and primary care trusts, strategic health authorities and other commissioners and providers of specialist services are encouraged to seek specialist advice through the dental faculties. It may be felt appropriate to invite the faculties to send a college rapid response team (external college assessment teams in Scotland) to provide objective assessment of the local situation. These will be co-ordinated through the faculties but will include a nominee from the relevant specialist association. Members of the team should be senior and respected colleagues. With the establishment of the National Clinical Assessment Authority in April 2001 there will be a progressive extension of its role in relation to dentistry phased over at least two years.

The main emphasis must be on support and early remedial action at a local level where there is evidence that the quality of care has fallen below the standards expected. However where problems are identified colleagues are reminded of their ethical responsibility to ensure that appropriate action is taken.

Where standards are falling seriously below what is acceptable the practitioner concerned must take appropriate action which may mean bringing the matter to the attention of the General Dental Council as clearly defined in paragraph 2.3 of *Maintaining Standards*. *A dentist must act to protect patients when there is reason to believe that they are threatened by a colleague's conduct, performance or health. The safety of patients must come first at all times and should over-ride personal or professional loyalties. As soon as a dentist becomes aware of any situation which puts patients at risk, the matter should be discussed with a senior colleague or an appropriate professional body.*

A Confidential Support and Advisory Service (CSAS) has recently been established by the Royal College of Surgeons of England with the aim of providing an improved level of pastoral support.

SPECIALIST LINKS

As indicated above it is important that a culture is accepted and that mechanisms are established to bring together specialists who work in hospital and academic institutions with specialists in the community dental service and specialist practitioners. There should be common peer review and audit and common standards of practice. This can be achieved in a number of ways including:

- links to the local hospital or academic department
- involvement in local, regional and national audit
- establishment of regional group meetings with peers
- participation in national and international conferences

In summary there is a clear message that no specialists should practise in their chosen field completely isolated from their peers.

Clinical Audit and Clinical Effectiveness

The profession has a fundamental responsibility to promote good practice by setting standards, developing clinical guidelines, developing indicators to assess outcomes and monitoring outcomes. Over the last few years these functions have been focused in the Clinical Effectiveness Committee of the Faculty of Dental Surgery of the Royal College of Surgeons of England within England and Wales, and the Scottish Intercollegiate Guidelines Network (SIGN) in Scotland.

CLINICAL EFFECTIVENESS COMMITTEE

A Clinical Audit Committee was established by the Faculty of Dental Surgery of the Royal College of Surgeons of England in 1992. To reflect the change in emphasis the title was changed to Clinical Effectiveness Committee in 1999.

The Committee was set up to provide a focus for the clinical audit activities of the Faculty within the established dental specialties:

- Oral and Maxillofacial Surgery
- Orthodontics
- Restorative Dentistry
- Paediatric Dentistry
- Dental Public Health

Each of these specialties had its own audit working group and the chairman of each working group formed the core membership of the Clinical Effectiveness Committee.

Initially the work of the Committee was concerned with developing audit. This agenda was taken forward in a number of ways:

- establishing specific national audit projects
- encouraging clinicians to be involved in audit by establishing a requirement for evidence of audit by the Specialist Advisory Committees or the Inspections and Recognition Committee of the Faculty of Dental Surgery of the Royal College of Surgeons of England
- organisation of lectures and presentations on audit
- establishment of Regional Audit Committees which have been very active at a local level
- production of a regular newsletter to stimulate a culture of audit across all the specialties

As the work of the now Clinical Effectiveness Committee developed, evidence based Guidelines were produced in a number of specialty areas. These included the report of the working party on the *Management of Patients with Third Molar Teeth* and the publication of *National Clinical Guidelines* in 1997. More recently *UK National Clinical Guidelines and Policy Documents in Paediatric Dentistry* were published in collaboration with the British Society of Paediatric Dentistry and the support of the Dental Practice Board. *Clinical Guidelines and Care Pathways for Patients with Special Needs* was funded by the Diana Princess of Wales Memorial Fund and published in 2001. New guidelines are constantly being produced by the specialty working groups (See Appendix III). All guidelines published to date are available in full on the English college website www.rcseng.ac.uk/dental/fds. They are subject to a formal process of review and where appropriate, revision as part of a three-year cycle.

Current activities include the development of standards to assist trusts in meeting the requirements of the Clinical Negligence Scheme for Trusts, planning with the Dental Practice Board the dissemination of existing guideline summaries to general dental practitioners in addition to the continued work of writing further evidence based clinical guidelines.

The Committee is increasingly concerned with assessment of outcomes and to this end *Methodologies for Clinical Audit in Dentistry* was published in January 2000. It is hoped that this will encourage and facilitate audit at a local level.

With the formal recognition of specialists by the General Dental Council and particularly the formal recognition of specialist practitioners, it is an important priority of the Committee to include this area of specialist practice. Specialist practitioners are appropriately involved in regional audit committees and such integration will be further developed.

There is no doubt that one of the strengths of the committee is the sharing of ideas on an inter-specialty basis.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE)

NICE was established by the Department of Health in 1999 with a responsibility for the production of clinical guidelines for England and Wales. Guidelines are produced through six National Collaborating Centres. The National Collaborating Centre for Acute Care (NCCAC) is based in The Royal College of Surgeons of England and has recently been charged with the responsibility to produce an evidence based guideline on the Dental Recall Interval. The Faculty of Dental Surgery of RCS (Eng) is a partner to the NCCAC and a contributor to the Management Board.

SCOTTISH INTERCOLLEGIATE GUIDELINES NETWORK (SIGN)

SIGN was established by the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Scottish Faculties of the UK Medical Royal Colleges. Evidence based guidelines are produced on a wide range of medical, surgical and dental topics and then disseminated throughout Scotland. To date 60 guidelines have been produced with a regular process of review and development of new ones.

Management of Unerupted and Impacted Third Molar Teeth was published in March 2000, a further guideline *Prevention of Dental Caries in Children with High Caries Risk*, in December 2000 and *Safe sedation of children undergoing diagnostic and therapeutic procedures*, in March 2002

The SIGN office is based in the Royal College of Physicians of Edinburgh and SIGN is chaired by Professor Gordon Lowe.

FACULTY OF GENERAL DENTAL PRACTITIONERS (UK)

The Faculty of General Dental Practitioners (UK) has published a series of guidance documents relating to general dental practice, (see Appendix III).

SYSTEMATIC REVIEWS

The NHS Centre for Reviews and Dissemination, University of York, and the Cochrane Collaboration undertake systematic reviews to provide a robust evidence base from which to develop clinical guidelines.

Lifelong Learning and Educational Programmes

The Senate of Dental Specialties strongly supports the General Dental Council's scheme *Lifelong Learning: Recertification for the Dental Profession* and will build upon this important initiative to ensure that all specialists maintain the knowledge, skills and the attributes which are needed for effective professional practice.

All members of the dental faculties of the surgical Royal colleges have been required to register for CPD with their college since 1996. Registration is mandatory to become a trainer or an examiner. All specialists are now recommended to register with the Intercollegiate CPD Office at The Royal College of Surgeons of England. The approval procedure is undertaken at The Royal College of Surgeons of Edinburgh and overseen by the Joint Committee for Continuing Professional Development of the dental faculties and specialist associations (JCCPD).

The Faculties require a minimum of 50 hours activity per year of which 25 hours should be verifiable in educational activities approved by the JCCPD. (This requirement is in excess of the 15 hours of verifiable CPD demanded by the GDC which must satisfy defined educational criteria, but which does not need formal approval by an educational body). Thus registration and compliance with the JCCPD scheme will more than satisfy the requirements of the GDC. Specialists are therefore encouraged to also register with the GDC's Preparatory Recertification Scheme in advance of the date upon which their statutory registration will be required.

Specialist associations hold local and national educational conferences, regional meetings to contribute to clinical governance, skills courses and other quality assurance measures. Many societies publish their own journal and other educational materials. Trainees, specialists and primary care practitioners are encouraged to attend the scientific conferences.

Dental faculties provide programmes of education, from general professional training through specialist training to continuing education for specialists. They promote lifelong learning by providing the opportunity for continuing professional development of all individuals to meet the needs of patients, to deliver appropriate health outcomes and to enable professionals to expand and fulfil their potential.

Specific examples include:

- MFDS distance learning packages for those preparing for the examination
- MFDS study days
- study days, symposia and colloquia covering a variety of topics relevant to dental specialists
- formal eponymous lectures, which commemorate past leaders of our profession
- training the trainers courses build upon existing teaching skills and provide an update on educational theory, encourage reflection on current teaching practice and aim to improve the way teaching episodes are planned, implemented and reviewed
- appraisal skills courses help develop skills in appraisal and assessment
- training examiners courses providing 'hands on' opportunities for the faculties' examiners
- interviewing skills training includes equal opportunity legislation and is required for those sitting on appointment panels for consultants and trainees
- clinical skills masterclasses for specialists and trainees, linked to centres with 'hands-on' facilities

By working together, the constituent bodies of the Senate of Dental Specialties can further develop the educational framework required to underpin lifelong learning and ensure the highest standards of professional practice.

Appendix I

CONSTITUENT FACULTIES AND SPECIALIST ASSOCIATIONS

Faculty of Dental Surgery, The Royal College of Surgeons of Edinburgh

Faculty of Dental Surgery, The Royal College of Surgeons of England

Dental Faculty, The Royal College of Physicians and Surgeons of Glasgow

Faculty of Dentistry, Royal College of Surgeons in Ireland

Faculty of General Dental Practitioners (UK)

British Association of Oral and Maxillofacial Surgeons

British Orthodontic Society

Association of Consultants and Specialists in Restorative Dentistry

The British Prosthodontic Conference

The British Endodontic Society

The British Society of Periodontology

British Society of Paediatric Dentistry

Consultants in Paediatric Dentistry Group

British Society for Oral Medicine

British Society for Oral and Maxillofacial Pathology

Association of Clinical Oral Microbiologists

The British Society of Dental and Maxillofacial Radiology

Consultants in Dental Public Health Group, British Association
for the Study of Community Dentistry

Figures for Specialist Lists and Specialist Trainees correct as at 20 November 2002.

Faculty of Dental Surgery, The Royal College of Surgeons of Edinburgh

CONTACT

Dr David H Felix
Secretary
Faculty of Dental Surgery
The Royal College of Surgeons of Edinburgh
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Web site: www.rcsed.ac.uk

MEMBERSHIP - Total 2010 (1213 Fellows, 797 Members)

CONSTITUTION

The Faculty is concerned with the education, training and maintenance of high standards of professional competence and conduct in dentistry thereby promoting the highest standards of patient care. It serves and provides a Collegiate home for Fellows and Members at home and overseas in the advancement of excellence in the dental profession by holding examinations and assessments. The Faculty assists in the recording of Continuing Professional Development (CPD), providing educational activities such as colloquia, symposia, conferences, lectures and regional meetings. In addition, it contributes to the College's educational activities overseas. The Faculty continues to promote the highest standards of oral health care for patients.

The Faculty fulfils its responsibilities in establishing and monitoring standards of specialist practice by:

- Inspection of general professional training posts in the hospital dental service and community dental service in conjunction with The Royal College of Physicians and Surgeons of Glasgow.
- Awarding Membership Diplomas in orthodontics, general dental surgery, oral medicine, paediatric dentistry, restorative dentistry, oral surgery, surgical dentistry and special needs dentistry
- Conducting a Fellowship in Dental Surgery by Assessment
- Interaction and liaison with other bodies and establishments to encompass a breadth of knowledge within the dental profession
- Contribution to audit by examiner training and continuing professional development
- Promotion of research and development of the dental profession through research and training awards, Fellowships and Professorships
- Contributing to the approval of programmes for specialist training as a constituent member of the SACs and JCSTD
- Providing Faculty representatives via the National Panel of Specialists for statutory advisory appointment committees for consultants, specialist registrars, associate specialists and staff grades
- Development of clinical guidelines through the Scottish Intercollegiate Guideline Network

EDUCATIONAL ACTIVITIES

The Faculty has developed an educational resource (PASS: Plan And Successfully Study) for the MFDS/MFD examination in conjunction with its sister College in Glasgow and NHS Education for Scotland. The Faculty also ensures continued education through its colloquia, symposia, lectures, vocational training days and examiner training days.

QUALITY INITIATIVES

The Faculty is associated with and represented on a wide variety of professional national and international bodies, committees and societies

RELATIONSHIPS WITH OTHER BODIES

The Dental Faculty is associated with and represented on a wide variety of professional national and international bodies, committee and societies.

Faculty of Dental Surgery, The Royal College of Surgeons of England

CONTACT

Mr Albert de Looze

Secretary

Faculty of Dental Surgery

The Royal College of Surgeons of England

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Web site: www.rcseng.ac.uk

MEMBERSHIP - Total 2713 (2164 Fellows and 549 Members)

CONSTITUTION

The aims of the Faculty are to promote and advance the highest standards of care for patients within dentistry and particularly within the dentally based specialties; to set educational standards and provide educational support for all dental specialists, specialists in training and others holding a diploma of the Faculty; to be the natural academic home to support life-long learning and continuing professional development; to enable specialists to demonstrate on a regular basis that they are keeping up-to-date and fit to practice in their chosen field; to continue to play a leading role in discussions about dentistry and the dental specialties, and to represent and promote the dental profession properly at the highest level within the wider context of healthcare.

The Faculty fulfils its role in setting and monitoring standards of specialist practice by:

- setting the curricula for examinations
- conducting examinations for undergraduates and postgraduates
- awarding diplomas in the whole range of dental specialties
- inspecting training posts in hospitals and in the community service for general professional training and basic specialist training, and publishing a list of approved posts
- contributing to the approval of programmes for specialist training as a constituent member of the SACs and the JCSTD
- playing a wider role in the promotion of standards of practice by liaison with other bodies involved with healthcare at the highest level
- providing Faculty representatives for statutory advisory appointment committees (AACs) for specialist trainees, associate specialists and consultants
- providing programmes of postgraduate education and CPD
- registering CPD for specialists
- promoting clinical audit and research
- preparing and disseminating clinical guidelines

EDUCATIONAL ACTIVITIES

The Faculty hosts a wide variety of educational activities including the MFDS Distance Learning Course supported by MFDS Study Days and local Faculty Tutors; the MFDS Revision Course; Training the Trainers; Interview Skills; Appraisal and Assessment; a programme of IT tuition; masterclasses; multidisciplinary study days and formal lectures.

QUALITY INITIATIVES

The Faculty plays a key role in setting standards through training and education at all its stages. It supports continuing professional development (CPD) for practitioners and monitors standards through site visits and the provision of College Rapid Response Teams when requested to do so by Trusts or Health Authorities. The Faculty promotes clinical audit and research and prepares and disseminates clinical guidelines for best practice.

RELATIONSHIPS WITH OTHER BODIES

As a function of its role, the Faculty is represented on and liaises with a wide range of professional bodies at both deanery, national and international level.

Dental Faculty, The Royal College of Physicians and Surgeons of Glasgow

CONTACT

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cjallan@aol.com
chris.j.allan@tuht.scot.nhs.uk
Website: www.rcpsglasg.ac.uk

MEMBERSHIP - Total: 797 (Fellows and Members)

CONSTITUTION

The aims of the Faculty are: to advance the highest standards of dental care; to set educational standards and provide educational support for all dental specialists, specialists in training and others holding a diploma of the Faculty; to be the natural academic home to support life-long learning and continuing professional development; to enable specialists to demonstrate on a regular basis that they are keeping up-to-date and fit to practise in their chosen field; to continue to play a leading role in discussions about dentistry and the dental specialties; to represent and promote the dental profession at the highest level within the wider context of healthcare. The Faculty fulfils its role in setting and monitoring standards of specialist practice by:

- setting the curricula for examinations
- conducting examinations for postgraduates
- awarding diplomas in a range of specialties
- inspecting training posts in hospitals and in the community service for general professional training and basic specialist training and publishing a list of approved posts
- contributing to the approval of programmes for specialist training as a constituent member of the SACs and the JCSTD
- playing a wider role in the promotion of standards of practice by liaison with other bodies involved with healthcare
- providing Faculty representatives, via the National Panel of Specialists, for statutory advisory appointment committees (AACs) for specialist trainees, associate specialists and consultants in Scotland
- providing programmes of postgraduate education and CPD
- registering CPD for specialists
- promoting clinical audit and research
- preparing and disseminating clinical guidelines
- maintaining strong links with Fellows and Members resident overseas
- providing opportunities for Fellows at home and overseas to travel to or from the UK to undertake further education and research, using the resources of the T C White Bequest Fund

EDUCATIONAL ACTIVITIES

The Faculty hosts a wide variety of educational symposiums and lectures. Help is provided for MFDS candidates using the PASS Distance Learning Course which has been developed with the RCS Ed and RCS in Ireland.

POLICY

Faculty policy is decided by the Dental Council approved by the College Council.

RELATIONSHIPS WITH OTHER BODIES

Due to the nature of its role the Faculty is linked to a wide range of organisations and specialist societies.

Faculty of Dentistry, Royal College of Surgeons in Ireland

CONTACT

Faculty Secretary
Faculty of Dentistry
Royal College of Surgeons in Ireland
123 St. Stephen's Green
Dublin 2

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E-mail: facdentistry@rcsi.ie
Website: www.rcsi.ie

MEMBERSHIP - Total: 613 (Fellows 576, Members 37)

CONSTITUTION

The Faculty of Dentistry is concerned with the education, training and maintenance of the highest standards of professional competence and conduct in dentistry. It serves and provides a Collegiate home for Fellows and Members, at home and abroad. It holds examinations and assessments consistent with criteria laid down for registrable qualifications by the Irish Dental Council. The Faculty assists in the recording of continuing professional development (CPD) and holds an Annual Scientific Conference along with a two yearly Memorial Lecture. The Faculty fulfils its role in setting and monitoring standards of specialist practice by:

- setting the curricula for examinations
- conducting postgraduate examinations
- awarding diplomas
- contributing to the approval of programmes for specialist training as a constituent member of the SACs, the ICSTD and the JCSTD
- interacting and liaising with other bodies and establishments to encompass a wide range of knowledge within the dental profession
- providing programmes of postgraduate education and CPD
- registering CPD for specialists
- maintaining strong links with Fellows resident overseas

EDUCATIONAL ACTIVITIES

The Dental Faculty undertakes a distance learning package with its sister colleges in Glasgow and Edinburgh; PASS (Pass And Successfully Study), for the MFDS/MFD (Member of the Faculty of Dental Surgery/Dentistry) diploma. The Faculty also ensures continued education through its postgraduate symposia, lectures, and examiner training days.

QUALITY INITIATIVES

Faculty policy is decided by the Board and is based on advice given by its standing committees. The main committees are the Irish Committee for Specialist Training in Dentistry, the Education Committee and the Finance and General Purposes Committee.

RELATIONSHIPS WITH OTHER BODIES

The Dental Faculty is associated with and represented on a wide variety of professional national and international bodies, committees and societies.

Faculty of General Dental Practitioners (UK) of The Royal College of Surgeons of England

CONTACT

Mr Ian Pocock

Registrar

Faculty of General Dental Practitioners (UK)

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MEMBERSHIP - Total: 3082

CONSTITUTION

Established in 1992, the FGDP(UK) is the academic home for general dental practitioners from all parts of the UK. It aims to improve standards of patient care and the status of general dental practice by encouraging involvement in relevant education, training and research. The Faculty seeks to:

- Encourage, advance and maintain the highest possible standards of patient care in general dental practice. This includes establishing evidence based standards in primary dental care
- Forge appropriate relationships with other organisations that share a similar commitment to the profession
- Establish a career pathway for general dental practitioners
- Promote the importance of general dental practitioner based research and to raise funds to make such research possible

EDUCATIONAL ACTIVITIES

The Faculty fulfils its standard setting role by:

- The award of three levels of registrable qualification which mark the attainment of recognised standards of patient care
- The organisation of clinical study days on a national and regional basis
- The development of a modular training programme, including effective dental management and a postgraduate programme in implant dentistry
- The publication of standards guidance on key aspects of primary dental care, including radiography, anti-microbial prescribing and clinical examination and record keeping.
- The publication of a quarterly academic journal, *Primary Dental Care*
- The organisation of seminars in research methodology
- Playing a wider role in the promotion of standards of practice by liaison with other bodies involved with healthcare
- Registering CPD for dentists in primary dental care

RELATIONSHIPS WITH OTHER BODIES

In pursuit of its role the Faculty is represented on and liases with a wide range of professional bodies nationally and at Divisional level.

British Association of Oral and Maxillofacial Surgeons (BAOMS)

CONTACT

Honorary Secretary
British Association of Oral and Maxillofacial Surgeons
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE

Tel: 020 7405 8074
Fax: 020 7430 9997
E-mail: baoms@netcomuk.co.uk
Website: www.baoms.org.uk

MEMBERSHIP - Total 1230

Specialist Trainees

Oral and Maxillofacial Surgery	113
Academic Oral Surgery	11
Surgical Dentistry	8

Specialist Lists

Oral and Maxillofacial Surgery	256 (figures provided by GMC as at 1.9.02)
Oral Surgery	245 (figures provided by GDC as at 3.10.02)
Surgical Dentistry	730 (figures provided by GDC as at 3.10.02)

(Note - Specialists in Oral and Maxillofacial Surgery (GMC list) may also be on the Oral Surgery and Surgical Dentistry lists. Specialists in Oral Surgery may also be on the Surgical Dentistry list.)

DEFINITION OF THE SPECIALTY

The specialty of oral and maxillofacial surgery comprises surgeons who provide through their specialty interests a comprehensive diagnostic and surgical service for congenital and acquired disabilities affecting the mouth, jaws and face and the surrounding contiguous tissues.

The specialty incorporates the work of those on the specialist lists of oral and maxillofacial surgery, oral surgery and surgical dentistry.

CONSTITUTION

The objects of the Association are:

- to promote the advancement of education, research and the development of all aspects of the specialty in the British Isles
- to encourage and assist postgraduate education, study and research in the specialty by arranging regular meetings, encouraging the publication of articles, ensuring adequate representation of the specialty and promoting the advancement of theory and practice of the specialty.

EDUCATIONAL ACTIVITIES

The Association holds an Annual Scientific Meeting and other meetings in association with sister organisations.

QUALITY INITIATIVES

The British Association of Oral and Maxillofacial Surgeons (BAOMS) has already in conjunction with the Colleges, set up a Rapid Response Team. BAOMS has participated in the development of guidelines appropriate to the activity of its members.

RELATIONSHIPS WITH OTHER BODIES

The Association has many links with the Royal colleges with respect to training, continuing education, clinical effectiveness and audit and more recently the facilitation and implementation of clinical governance. The senior officers are integrated into the colleges' committee structure.

British Orthodontic Society (BOS)

CONTACT

Administrator
British Orthodontic Society
BOS Office
291 Gray's Inn Road
London WC1X 8QJ

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E Mail: awrightbos@msn.com
Website: www.bos.org.uk

MEMBERSHIP - Total 1765

Specialist Trainees (Orthodontics)	135
Additional trainees on 2 years SAC-recognised	
Fixed Term Training Appointment	35
Specialist List (Orthodontics)	1033

DEFINITION OF THE SPECIALTY

Orthodontics is the branch of dentistry concerned with growth of the face, development of the occlusion, and the correction and prevention of occlusal abnormalities. Orthodontic treatment deals with variations in facial growth and oro-facial function, and the effects of occlusal variation on facial appearance and the health and function of the masticatory system.

CONSTITUTION

The British Orthodontic Society is established for the promotion of the study and practice of orthodontics. The Society works to maintain and improve professional standards in orthodontics; encourage research and education in orthodontics; inform public thinking and political debate by publishing material based on reasoned research and direct experience.

In response to the Department of Health's policy of local commissioning, the orthodontic specialty has set up local orthodontic committees (LOCs.). These comprise all orthodontic providers in a given area.

The role of the LOC is to:

- liaise with the Local Dental Committee
- advise purchasers
- bring about general development of orthodontic services

The Society has internal specialist committees which advise Council on ethics, education, clinical effectiveness, standards, media, conferences and meetings, finance and scholarships.

EDUCATIONAL ACTIVITIES

The Society holds the annual British Orthodontic Conference, an annual one-day spring meeting and several other regular national and regional group meetings. The Society also publishes the Journal of Orthodontics, a Society Newsletter and other material relevant to the practice of orthodontics.

QUALITY INITIATIVES

The Society works to promote high standards in clinical work through guidelines, clinical audit, peer review, and supports all initiatives for continuing medical and dental education.

RELATIONSHIPS WITH OTHER BODIES

The Society maintains contact with orthodontic bodies and where appropriate supports local study Groups. A close relationship exists with all UK Colleges with representatives on the SAC for Orthodontics and several examining bodies. Links exist with the General Dental Practice Committee of the BDA and with other orthodontic societies in Europe and the USA.

Association of Consultants and Specialists in Restorative Dentistry (ACSRD)

CONTACT

CC Youngson, Honorary Secretary Tel: 0113 343 6135
ACSRD Fax: 0113 343 6165
Leeds Dental Institute E-Mail: enquiries@restdent.org.uk
Clarendon Way, Leeds LS2 9LU Website: www.restdent.org.uk

MEMBERSHIP - Total 194
Specialist Trainees 64

DEFINITION OF THE SPECIALTY

Restorative Dentistry is the study, diagnosis and integrated effective management of patients with diseases of the oral cavity, the teeth and supporting structures including the care of those who have additional needs associated with disability. Treatment provision involves the rehabilitation of the teeth and the oral cavity to functional, psychological and aesthetic requirements of the individual patient including the co-ordination of multi-professional working to achieve these objectives. Its scope includes all the activities associated with endodontics, periodontics and prosthodontics.

CONSTITUTION

- promotes the understanding and management of oral and related diseases (including the promotion of improvement of services in hospital and specialist dental practice)
- promotes the training in restorative dentistry of appropriately qualified dental surgeons (including liaison with all statutory and related bodies) to ensure that the highest standards are maintained and assisting such bodies in the development of educational and training curricula and appropriate assessment
- provides, promotes and develops appropriate continuing professional development for its members
- represents the interests of the members in discussions with national and international bodies
- promotes, encourages and, where appropriate, supports research into all aspects of restorative dentistry

EDUCATIONAL ACTIVITIES

The Association holds an Annual Scientific Meeting (usually held in October). An Annual Meeting of the Specialist Registrars Group is also held in the autumn. Regional meetings are held to contribute to clinical governance initiatives.

QUALITY INITIATIVES

- national clinical audit projects and clinical guidelines
- 6 Regional groupings in the UK for peer review, clinical audit and effectiveness

RELATIONSHIPS WITH OTHER BODIES

The Association works with all related dental organisations (in particular maintaining close ties with endodontics, periodontics and prosthodontics) to promote oral health. The ACSRD has two representatives on the SAC in Restorative Dentistry. One representative contributes to the Clinical Effectiveness Committee of the Royal College of Surgeons of England and chairs a national Clinical Effectiveness Working Group for Restorative Dentistry. The Association has cross representation on Councils of the following specialist societies: British Endodontic Society, British Prosthodontic Conference, and British Society of Periodontology.

OTHER INFORMATION

The Association succeeded the Consultants in Restorative Dentistry Group in 1998 following the adoption of the Report on Specialisation in Dentistry and the establishment of the Restorative Dentistry Specialist Register by the General Dental Council. Many members of the ACSRD contribute fully to the BPC, BSP, BES, BSSPD and the BSRD.

The British Prosthodontic Conference (BPC)

CONTACT

Miss S Djemal
Honorary Secretary
The British Prosthodontic Conference
The Royal London Dental Hospital
New Road, London E1 1BB

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E-mail: serpil.djemal@bartsandthelondon.nhs.uk

MEMBERSHIP - Total 700

(see Relationships with Other Bodies)

DEFINITION OF THE SPECIALTY

Prosthodontics involves, but is not limited to, the replacement of missing teeth and the associated soft and hard tissues by prostheses which may be fixed or removable, or may be supported and retained by implants. Rehabilitation involves diagnostic procedures which must take account of psychological and social factors and depends also on a detailed knowledge of the clinical aspects of dental prosthetics, materials and of the changes to form and function which result from the loss of teeth.

CONSTITUTION

The objectives of the Conference are to:

- liaise on behalf of the member societies with those bodies which have a responsibility for education, training and certification in the fields of Prosthodontics and of Restorative Dentistry, and with the providers, purchasers and the recipients of oral health care
- undertake, where appropriate, a role in the quality assurance of continuing professional education (CPE) related to Prosthodontics and to Restorative Dentistry. To nominate members of the societies to act in an advisory capacity for specialists with regard to CPE
- represent and promote the interests of the three societies and other interested groups both within Europe and internationally

EDUCATIONAL ACTIVITIES

There is an Annual Scientific Meeting of one day's duration usually held in London during November. The constituent organisations also provide a wide range of educational opportunities.

QUALITY INITIATIVES

As part of the scientific programme, prize papers are presented. There is normally a main theme and keynote speaker. The membership strongly supports the proposed quality initiatives taking place on their behalf through the Conference by the Senate of Dental Specialties, including the Rapid Response Teams. The constituent associations have published national clinical guidelines which have been accepted for good practice.

RELATIONSHIPS WITH OTHER BODIES

The British Prosthodontic Conference has an important relationship with all other educational bodies/institutions in dentistry since it represents both prosthodontics (the British Society for the Study of Prosthetic Dentistry) and restorative dentistry (the British Society for Restorative Dentistry and the British Association of Teachers of Conservative Dentistry)

The British Endodontic Society (BES)

CONTACT

Dr Alison Qualtrough

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Honorary Secretary

Fax: 0161 275 6710

The British Endodontic Society

Email: alison.qualtrough@man.ac.uk

The University of Manchester Dental School

Higher Cambridge Street

Manchester M15 6FH

MEMBERSHIP - Total 683

Specialist List (Endodontics) 162

DEFINITION OF THE SPECIALTY

Endodontic treatment encompasses procedures that are designed to maintain the health of all or part of the pulp. When the pulp is diseased or injured, treatment is aimed at preserving normal periradicular tissues. When pulpal diseases have spread to the periradicular tissues, treatment aims to restore them to health. The scope of endodontics includes the diagnosis and treatment of pain, prevention of pulpal disease, root canal treatment, treatment of endodontic failures, surgical endodontics and restoration of the root filled tooth.**

CONSTITUTION

The objectives of the Society are to promote and advance endodontology to ensure that the dental and general health of the nation is both maintained and improved, and that life long education of the practitioner is encouraged and facilitated.

EDUCATIONAL ACTIVITIES

The Society holds a Spring Scientific Meeting in March and a Regional Meeting in October (incorporating a meeting of The Teachers' Group - a subgroup of the Society). There are also postgraduate courses and lectures, both privately funded and supported by Section 63 monies involving members of the Society as well as several study groups around the country. The international Endodontic Journal is the official journal of the Society and is published monthly.

QUALITY INITIATIVES

European guidelines for standards in endodontic treatment are published in the IEJ. Prizes administered by the Society include The Harty Undergraduate Essay Prize, the Vocational Dental Practitioner Prize and the General Practitioner's Prize. The QED Poster Prize is judged at the Spring Scientific Meeting.

The British Endodontic Society encourages high standards of care by the promotion of audit, peer review and continuing postgraduate education. Quality is also addressed through informal practice peer review groups.

RELATIONSHIPS WITH OTHER BODIES

- membership of the BES includes membership of the European Society of Endodontology
- there are representatives on the SAC in Restorative Dentistry and the Association of Consultants and Specialists in Restorative Dentistry
- an SpR representative sits on the BES Council
- the Teachers of Endodontology Group is a sub-section of the BES
- BES is a member of the International Federation of Endodontic Associations (IFEA)

** *Consensus Report of the European Society of Endodontology on Quality Guidelines for Endodontic Treatment. ESE, International Endodontic Journal 1994 27: 115-124*

The British Society of Periodontology (BSP)

CONTACT

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Administrative Secretary
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Email: bspadmin@btinternet.com
Website: www.bsperio.org

MEMBERSHIP - Total 765

Specialist Trainees (Periodontics)	10
Specialist List (Periodontics)	215

DEFINITION OF THE SPECIALTY

Periodontology includes, but is not limited to, investigation, the differential diagnosis, treatment and prevention of diseases and disorders of the periodontium with particular emphasis on infections and inflammatory processes in the supporting tissues of the teeth. These destructive processes are often related to other problems and diseases, and a comprehensive knowledge of other dental and medical disciplines is indispensable to their successful management.

The practice of periodontology also relates to other disciplines such as prosthodontics, endodontology, oral medicine and implant dentistry in addition to incorporating reconstruction and plastic surgery techniques.

CONSTITUTION

The objectives of the Society are to promote for the benefit of the public the art and science of dentistry and in particular the art and science of periodontology and in furtherance thereof, to advance all aspects of periodontology and to promote improvements in the teaching of the same.

EDUCATIONAL ACTIVITIES

The Autumn Scientific Meeting is held annually and is linked to the Annual General Meeting. The one day meeting includes lectures and the prestigious Sir Wilfred Fish Research Prize competition. There is also a Teachers' Forum with the programme being organised by the Teachers' Section of the Society. The lectures form part of a seamless theme with the Spring Scientific meeting and topical issues in undergraduate and postgraduate education which fit the meetings theme are discussed in plenary sessions which follow presentations from keynote speakers.

The Spring Scientific meeting is held over two days and is held two years out of three and normally includes a meeting of the Practitioners' Section. The topics relate to periodontology and its relationship to general dentistry and medicine. Every third year the Society contributes to the European Federation of Periodontology meeting.

In 1998 the Society set up the educational initiative including regional meetings for general, hospital and community dental practitioners. By 2002 there were 22 regions with 36 regional representatives. Study groups are held regularly throughout the country and further information is available on the Society's website www.bsperio.org.

In 2001 a questionnaire was sent to members asking for feedback on the type and nature of hands-on courses required, primarily directed to those members who were on the GDC specialist list.

Arrangements are in hand for courses including mucogingival surgery, regenerative procedures and microsurgical techniques.

REPRESENTATIVES

The Society has representatives who attend the General Assembly of the European Federation of Periodontology.

The Society has a representative on the Editorial Board of the Journal of Clinical Periodontology.

AWARDS

Sir Wilfred Fish Research Prize - The Sir Wilfred Fish Research Prize is the most prestigious prize of the British Society of Periodontology, and is awarded annually. It was instituted in 1970, with the object of encouraging young researchers to present their findings at a British Society of Periodontology meeting.

George Cross Fellowship Award - The award, which was introduced in 1991, will be made to further the education of members of the British Society of Periodontology in the field of Periodontology. The primary purpose is to enable the winner(s) to travel to 'centres of excellence' recognised by the Council of the Society. An alternative award may be made to support research projects. In 2000 the Society dedicated the travel fellowship in memory of George Cross, President, from 1955 to 1956.

Marsh Midda Travel Fellowship - In 1995 the Society instigated a travel fellowship in memory of Marsh Midda, President of the Society from 1990 to 1991. Two travel fellowships are offered yearly by the Society to encourage the presentation by graduate students of papers or posters at major research meetings.

Research Grant - The Research Grant will be awarded annually. The objective of the grant is to support periodontal research undertaken by a specialist trainee or junior member of a university faculty.

Frank Ashley Undergraduate Award - Two prizes are offered by the British Society of Periodontology to encourage dental undergraduates to carry out projects related to periodontology, including electives.

QUALITY INITIATIVES

The Society has developed general guidelines for referral and treatment.

British Society of Paediatric Dentistry (BSPD)

CONTACT

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MEMBERSHIP - Total 849

Consultants	49
Specialist Trainees	22
Specialist List	223

DEFINITION OF THE SPECIALTY

Paediatric dentistry is the practice, teaching and research into the comprehensive and therapeutic oral care for children from birth to adolescence, including care for children who demonstrate intellectual, medical, physical and/or emotional problems.

CONSTITUTION

The British Society of Paediatric Dentistry is the national society specifically concerned with the oral health of children in the UK. It aims to improve oral health in children and encourage the highest standards of clinical care.

EDUCATIONAL ACTIVITIES

The Society organises an Annual National Scientific Meeting (in September). In addition, each of the 13 geographic branches of the Society organises up to 6 educational sessions for its own branch members and the benefit of other local dentists.

QUALITY INITIATIVES

Together with the International Association of Paediatric Dentistry, the Society co-produces the *International Journal of Paediatric Dentistry*. The Society has produced a number of policy documents addressing key issues in the field of paediatric dentistry. Where possible, these documents are evidence based and represent the broad opinion of the Society. Each document is reassessed every five years and updated where necessary. All current policy documents have been published in the *International Journal of Paediatric Dentistry*, and, in the case of the document relating to fluoride, in the *British Dental Journal*. In addition in association with the Consultants in Paediatric Dentistry Group, the Society has taken an active role in the development of a considerable number of clinical guidelines in paediatric dentistry which have been produced by the Paediatric Dentistry Audit and Clinical Effectiveness Group. All current guidelines and policy documents have been published and can be downloaded from the Faculty of Dental Surgery website: www.rcseng.ac.uk/dental/fds. They have also been published individually in the *International Journal of Paediatric Dentistry*.

RELATIONSHIPS WITH OTHER BODIES

The Society is a member of the International Association of Paediatric Dentistry. The Society has representatives on a considerable number of bodies. These include:

- SAC in Paediatric Dentistry
- Oral Health and Nutrition Advisory Group of the British Dental Association
- The Royal College of Paediatrics and Child Health
- Joint Committee for Continuing Professional Education of the Joint Dental Faculties and Specialist Associations
- Senate of Dental Specialties

Consultants in Paediatric Dentistry Group (CPDG)

CONTACT

Mr IDF Saunders

Chairman

Consultants in Paediatric Dentistry Group

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MEMBERSHIP

Consultants	49
Specialist Trainees	22
Specialist List	223

DEFINITION OF THE SPECIALTY

Paediatric dentistry is the practice, teaching and research into the comprehensive and therapeutic oral care for children from birth to adolescence, including care for children who demonstrate intellectual, medical, physical and/or emotional problems.

CONSTITUTION

The Consultants Group:

- is affiliated to the British Society of Paediatric Dentistry
- aims to further the development of paediatric dentistry in the United Kingdom
- membership consists of all those holding a substantive or an honorary consultant post in the field of paediatric dentistry in the United Kingdom

EDUCATIONAL ACTIVITIES

The Group holds two scientific meetings a year (usually in March and September) and annual formal business meetings. Other meetings are organised in association with the British Society of Paediatric Dentistry.

QUALITY INITIATIVES

- the Clinical Effectiveness Group has developed national clinical guidelines and established collaborative clinical audit projects
- clinical competencies are being devised for specialist training within paediatric dentistry
- collaboration with the British Society of Paediatric Dentistry in the production of key policy documents and in continuing professional education

RELATIONSHIPS WITH OTHER BODIES

The Group has a particularly close link with the British Society of Paediatric Dentistry but also with all related dental organisations to promote the oral health of children. It has two representatives on the SAC in Paediatric Dentistry and one representative on the Clinical Effectiveness Committee of the Faculty of Dental Surgery of the Royal College of Surgeons of England.

British Society for Oral Medicine (BSOM)

CONTACT

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BSOM Website: www.eastman.ucl.ac.uk/bsom

MEMBERSHIP - Total 138

Specialist Trainees (Oral Medicine)	4
Specialist List (Oral Medicine)	84

DEFINITION OF THE SPECIALTY

Oral medicine is the specialty of dentistry that provides non-surgical management of disorders of the oral mucosa, salivary glands, temporomandibular joints and orofacial sensation. Oral medicine seeks to improve the quality of life of patients with acute, recurrent and chronic disorders of the orofacial region. It seeks to understand the pathogenesis of these disorders and apply this knowledge for the improvement of patient care.

EDUCATIONAL ACTIVITIES

The Society meets annually at which time there are presentations regarding contemporary appropriate research, teaching methods, case studies and reviews of relevant research in clinical practice. The annual scientific meeting also includes a themed symposium on a topic of particular relevance to the speciality. In addition there is an active 'juniors group' that meets twice yearly. These meetings comprise guest lectures, review of case presentations and discussion of training and related issues with senior members of the Society who are also available to discuss any concerns that the trainees may wish to raise.

QUALITY INITIATIVES

- Each year within the meeting of the Society there is a section dealing with case presentations during which time members informally appraise themselves on different aspects of oral medicine.
- Collaboration with relevant Cochrane Groups.
- Authorship of reports of relevant aspects of clinical evidence in the management of oral disease.
- Development of clinical guidelines for the management of common oral mucosal diseases is in progress.

RELATIONSHIPS WITH OTHER BODIES

The Society has close links with the British Association for Oral and Maxillofacial Pathology, the European Association of Oral Medicine (EAOM), the International Federation of Oral Medicine and the American Academy of Oral Medicine. There is representation on the SAC in the Additional Dental Specialties.

British Society for Oral and Maxillofacial Pathology (BSOMP)

CONTACT

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President

BSOMP

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MEMBERSHIP - Total 101

Specialist Trainees 6

Specialist List (Oral Pathology) 29

DEFINITION OF THE SPECIALTY

Oral Pathology is a clinical specialty concerned with the histopathological or cytological diagnosis of lesions and disorders affecting the head and neck. Oral pathologists provide reports on the interpretation of histological material, may provide an FNA service and will also advise on relevant investigations and management of disease. Oral pathology is also concerned with improving understanding of disease and of patient care through research and teaching.

CONSTITUTION

The objectives of the Society shall be to promote and encourage the study and practice of oral and maxillofacial pathology and to facilitate communication between pathologists, particularly those with an interest in head & neck, oral and dental disease.

EDUCATIONAL ACTIVITIES

The Society holds an Annual Scientific Meeting for all its members where trainees in particular are encouraged to present papers. There are also two meetings per year of the external quality assurance group to review the circulated cases (see below). These meetings are open to all trainees and consultants and include a discussion of the cases involved. There are also regular meetings (usually monthly) of regional groups of oral pathologists who operate continuing professional development as well as informal local quality assurance meetings.

QUALITY INITIATIVES

The BSOMP runs and manages a national external quality assurance scheme in oral and maxillofacial and head and neck pathology. This is co-ordinated by the National Quality Assurance Advisory Committee (NQAAC) at the Royal College of Pathologists which produces guidelines and oversees procedures and performance. Bi-annually a set of slides is circulated to all UK accredited oral pathologists and each is required to present a commentary and if possible, a diagnosis of each case. After an open meeting of all participants to review the slides (anonymously) any individual who is deemed to have performed unsatisfactorily is advised to take remedial action. If performance continues to be unsatisfactory the individual is referred to the NQAAC which takes appropriate action.

All oral pathologists are registered with the Royal College of Pathologists for continuing professional development (CPD) which involves an annual return after April each year as well as maintaining a record of all CPD activities. Logbooks are also kept which may be reviewed by the College at any time.

RELATIONSHIPS WITH OTHER BODIES

Continuing professional development and the regulation of the specialty is monitored by the Royal College of Pathologists. There is representation on the SAC in the Additional Dental Specialties.

Association of Clinical Oral Microbiologists

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MEMBERSHIP - Total 20

Specialist Trainees (Oral Microbiology)	0
Specialist List (Oral Microbiology)	5

DEFINITION OF THE SPECIALTY

The discipline of oral microbiology is a clinical speciality undertaken by laboratory-based personnel, which is concerned with the diagnosis and assessment of diseases of the oral and maxillofacial region. It is a branch of medical microbiology and in common with medical microbiologists, oral microbiologists provide reports and advice on interpretation of microbiological samples. In addition oral microbiologists provide guidance and specialist advice on aspects of the prevention and control of infection during the practice of dentistry.

EDUCATIONAL ACTIVITIES

The Clinical Oral Microbiology Group was formed in 1998 and has held an annual meeting since that time. Items discussed at the meeting include formation of protocols for clinical sampling, quality of service provision and monitoring of antimicrobial resistance. Aspects of higher training and accreditation of oral microbiologists are also reviewed. The Group formed the basis for the establishment of the Association of Clinical Oral Microbiologists in 2000.

QUALITY INITIATIVES

Quality is a central aspect of meetings of the Association.

RELATIONSHIPS WITH OTHER BODIES

The regulation of the specialty is monitored by the Royal College of Pathologists. There is representation on the SAC in the Additional Dental Specialties

The British Society of Dental and Maxillofacial Radiology (BSDMFR)

CONTACT

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President (from Apr 2003)
BSDMFR

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MEMBERSHIP - Total 74

Specialist Trainees (Dental & Maxillofacial Radiology)	4
Specialist List (Dental & Maxillofacial Radiology)	18

DEFINITION OF THE SPECIALTY

Dental and maxillofacial radiology is the specialty concerned with non-neurological head and neck imaging with particular reference to the teeth and jaws. Those specialising in the discipline are expected to be competent in advanced organ imaging in these areas.

CONSTITUTION

The objects of the Society are the advancement of the education of the public by the promotion of the study of dental and maxillofacial radiology; the promotion of the study of radiographic technique. The Society carries out or assists in the carrying out of research in dental and maxillofacial radiology and the dissemination of the results thereof.

EDUCATIONAL ACTIVITIES

The Society meetings are held twice a year and are attended by a high percentage of those practicing the specialty. One day scientific meetings are usually held in April and September each year. In addition, the fact that dental radiologists are few in number has resulted in frequent involvement in the presentation of postgraduate radiological courses.

QUALITY INITIATIVES

The use of ionising radiation has been governed by legislation for many years: originally the Ionising Radiations Regulations 1985 and the Ionising Radiation (Protection of Persons Undergoing Medical Examination or Treatment) Regulations 1988 - which placed a statutory requirement on users of radiation to have been adequately trained and to maintain an adequate level of training. The Society responded by producing a core curriculum in dental radiology for undergraduate dental students, a core of knowledge curriculum for GDP courses as well as recommending a curriculum for dental nurses. The NRPB published a document in 1994 *Guidelines on Radiology Standards for Primary Dental Care*, which contained recommendations on selection criteria, radiographic techniques, radiation protection, interpretation, equipment and endorsed the BSDMFR curricula (undergraduate and postgraduate). In response to the 1994 guidelines, the Faculty of General Dental Practitioners (UK), published the booklet *Selection Criteria for Dental Radiography* in 1998. The Society was represented on the working party and endorsed the publication. The Society also had representation in the publication *Guidelines in Patient Dose to Promote Optimisation of Protection for Diagnostic Medical Exposure*. The legislation was updated with the Ionising Radiations Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000. Once more the Society responded by active involvement in the 2001 *Guidance Notes for general practitioners on the safe use of X-ray equipment* published by the Department of Health. Also in response to the new legislation BSDMFR Council has recently approved a new core curriculum for dental undergraduates. Thus the Society is actively involved in publications on standards. Various members of the Society through their hospital groups have met in recent years to undertake supra-regional audit which involved peer review and scrutinising each other's radiological reports. BSDMFR Council has recently agreed to formalise this arrangement and organise formal peer review for all members on the specialist list.

RELATIONSHIPS WITH OTHER BODIES

The Royal College of Radiologists is responsible for specialist training and the approval of hospital training schemes. The Diploma in Dental Radiology awarded by the Royal College of Radiologists is the recognised specialist qualification and the DDR exam board oversees training. Dental Radiologists are able to enrol with the Royal College of Radiologists' continuing professional development (CPD) scheme. In addition there is RCR representation on the SAC in the Additional Dental Specialties.

Consultants in Dental Public Health Group, British Association for the Study of Community Dentistry (BASCD)

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MEMBERSHIP - Total 76

Specialist Trainees (Dental Public Health)	16
Specialist List (Dental Public Health)	123

DEFINITION OF THE SPECIALTY

Dental public health is the science and the art of preventing oral diseases, promoting oral health and improving the quality of life through the organised efforts of society.

The specialty of dental public health aims to improve oral health care through appropriate preventive, educational, and treatment services by ensuring that all individuals and agencies are equipped with information for effective decision-making.

CONSTITUTION

The Group is a group within BASCD. All members of BASCD who are consultants in dental public health or enrolled in higher training programmes in the specialty shall be members of the Group.

EDUCATIONAL ACTIVITIES

The BASCD has two conferences per year and the Consultants Group also has two nationally organised educational meetings per year. In addition regionally organised 'Quality Improvement Groups' meet on a more regular basis and include an educational element in their programme of work.

QUALITY INITIATIVES

For many years there have been regular audit meetings in dental public health. The audit groups are based on Regional Office boundaries within England and meet approximately twice a year. Consultants in Wales meet on a whole country basis. Individual regional groups also meet on a regular basis. Many colleagues also take an active part in the audit activities of health authority public health departments.

As this is a small specialty consultants have a large amount of contact both formally and informally. This helps for peer support and also gives the opportunity to identify any particular individual who may appear to be in difficulty. In addition, most health authorities/employers have a formal Individual Performance Review process leading to the setting of objectives and production of a personal development plan.

Consultants in dental public health are required to participate in this and it is an ideal mechanism for ensuring that consultants receive the support and training they need.

RELATIONSHIPS WITH OTHER BODIES

An increasing number of the members are also Honorary Members of the Faculty of Public Health Medicine. Most members work within Departments of Public Health Medicine, so this link is an important one for the future of collaborative working. Many members are also members of the European Association of Dental Public Health.

Appendix II

MEMBERS OF THE SENATE OF DENTAL SPECIALTIES

John Lowry, Faculty of Dental Surgery, RCS England (Chairman)
Gordon MacDonald, Dental Faculty, RCPS Glasgow (Vice Chairman)
Jim McDonald, Faculty of Dental Surgery, RCS Edinburgh
Peter Cowan, Faculty of Dentistry, RCS in Ireland
Raj RajaRayan, Faculty of General Dental Practitioners (UK)
Maire Morton, British Association of Oral & Maxillofacial Surgeons
Darrell Romer, British Orthodontic Society
Derrick Willmot, Consultant Orthodontists Group (BOS)
Raj Joshi, Association of Consultants & Specialists in Restorative Dentistry
John Hobkirk, The British Prosthodontic Conference
John Kennedy, The British Endodontic Society
Peter Floyd, The British Society of Periodontology
Barry Scheer, British Society of Paediatric Dentistry
Ian Saunders, Consultants in Paediatric Dentistry Group
Paul Speight, British Society for Oral and Maxillofacial Pathology
Michael Lewis, Association of Clinical Oral Microbiologists and British Society of Oral Medicine
Eric Whaites, The British Society of Dental & Maxillofacial Radiology
Sue Gregory, Consultants in Dental Public Health Group (BASCD)
Jeremy Shaw, Clinical Effectiveness Committee, FDSRCS England
Iain Hathorn, Postgraduate Education Committee, FDSRCS England
David Smith, Conference of Postgraduate Dental Deans and Directors
Ian Watson, Joint Committee for Specialist Training in Dentistry
Jim McDonald, Joint Committee for Continuing Professional Education
Caroline Abel Smith, General Dental Council
David Barnard, General Dental Council

Appendix III

GUIDELINES FOR GOOD PRACTICE PUBLISHED BY THE DENTAL FACULTIES AND SPECIALIST ASSOCIATIONS

Faculty of Dental Surgery, Royal College of Surgeons of England

(These guidelines and policy documents are available on the Faculty of Dental Surgery website www.rcseng.ac.uk/dental/fds)

The Management of Patients with Third Molar Teeth, Report of a Working Party convened by the Faculty of Dental Surgery, 1997

National Clinical Guidelines, 1997

- Management of patients with impacted third molar teeth
- Management of pericoronitis
- Management and prevention of dry socket
- Management of unilateral fractures of the condyle
- Management of the palatally ectopic maxillary canine
- Management of unerupted maxillary incisors
- Prevention of dental caries in children
- Treatment of avulsed permanent teeth in children
- Treatment of traumatically intruded permanent incisor teeth in children
- Continuing oral care; review and recall
- Screening of patients to detect periodontal disease
- Guidelines for selecting appropriate patients to receive treatment with dental implants: priorities in the NHS
- Restorative indications for porcelain veneers
- Turning clinical guidelines into effective commissioning

Clinical Guidelines For the Oral Management of Oncology Patients requiring Radiotherapy, Chemotherapy or Bone Marrow Transplantation, 1999

The Diagnosis and Prevention of Dental Erosion, 1999

Paediatric Dentistry: National Clinical Guidelines and Policy Documents, 1999

Prevention of dental caries in children

Treatment of avulsed permanent teeth in children

Treatment of traumatically intruded permanent incisor teeth in children

Continuing oral care; review and recall

Management and root canal treatment of non-vital immature permanent incisor teeth

Diagnosis and prevention of dental erosion

Stainless steel pre-formed crowns for primary molars

Management of the stained fissure in the first permanent molar

The pulp treatment of the primary dentition

British Society of Paediatric Dentistry Policy Documents

Sugars and the dental health of children (1992)

Toothfriendly sweets (1995)

Sedation for paediatric dentistry (1996)

Fluoride dietary supplements and fluoride toothpastes for children (1996)

Dental needs of children (1997)

Methodologies for Clinical Audit in Dentistry, 2000

Treatment of Intrinsic Discolouration in Permanent Anterior Teeth in Children and Adolescents, 2000

Extraction of Primary Teeth - Balance And Compensation, 2001

Restorative Dentistry: Index of Treatment Need - Complexity Assessment, 2001

Clinical Guidelines & Integrated Care Pathways for the Oral Health Care of People with Learning Disabilities, 2001

Guidelines for Surgical Endodontics, 2002

Non-Pharmacological Behaviour Management, 2002

Management of Anxious Children: the Use of Conscious Sedation in Dentistry, 2002

Faculty of General Dental Practitioners (UK)

Self-Assessment Manual and Standards (SAMS), 1991

Selection Criteria for Dental Radiography, 1998

Current Guidance for General Dental Practice, 2000

Adult Antimicrobial Prescribing in Primary Dental Care for General Dental Practitioners, 2000

Clinical Examination & Record Keeping, 2000

Scottish Intercollegiate Guidelines Network (SIGN)

Management of Unerupted and Impacted Third Molar Teeth: A National Clinical Guideline, 1999

SPECIALIST ASSOCIATIONS

British Association of Oral & Maxillofacial Surgeons

The Organisation of Oral and Maxillofacial Services in the United Kingdom, 2002

British Orthodontic Society

Ethical Practice and Professional Conduct, 2000

Orthodontic Radiographs - Guidelines for the use of radiographs in clinical orthodontics, 2001

British Prosthodontic Conference

Guidelines in Prosthetic and Implant Dentistry (BSSPD), 1996

Strategies for Planning Restorative Care (BSRD), 1997

Guidelines for Crown and Bridgework (BSRD), 1998

British Society for Periodontology

A System for Periodontal Screening for General Dental Practice, Revised 2001

Periodontology in General Dental Practice in the United Kingdom - A Policy Statement, Revised 2001

Referral Policy and Parameters of Care, 2001



Quality Assurance for the Dental Specialties

SENATE OF DENTAL SPECIALTIES

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