

## Part One: Draft principles and criteria for specialist listing

### Consultation questions:

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

Yes, in particular the importance of informing the public of dentists who possess specialist level skills and training. It is necessary to inform the patient as much as possible in relation to the skill set of their clinician. However, of more relevance to the public might be level of experience as well as training.

2. Are there additional purposes and/or criteria that should be considered? Please explain your answer.
3. Do you have any other comments about the proposed purposes and/or criteria?

Enhanced patient knowledge of existence of specialists and their remit is valuable to ensure they are well informed regarding the level of training they can expect their treating clinician to have. Again though, specialist listing is simply indicative of training and/or experience in the field. It does not clarify a particular area of expertise as, even within the specialities, there is a range of sub-specialities. A record of specialist is also useful so referring dentist know to whom they may refer.

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

### Consultation questions:

1. What types of evidence should be considered, or required, before adding or removing a dental speciality?
  - Public health need
  - Patient demographics
  - Clinical developments with evidence
  - Remit of speciality
  - Check role not duplicated by another specialty
2. What should the role of the GDC be in responding to requests for the addition or removal of specialist lists?

The GDC should co-ordinate rather than lead the selection of an appropriate working group including all relevant stakeholders (see below). Requests should be vetted against agreed standards for specialist lists.

3. What other stakeholders should have a role in the process of adding or removing specialist lists, and what should that role be?
  - Specialist societies
  - Royal Colleges
  - General dental practice representative
  - Patient representatives
  - University dental schools representatives

## Part Three: Maintaining accreditation on specialist lists

### Consultation questions:

1. What do you believe the appropriate regulatory levers for maintaining accreditation on specialist lists should be?
  - Appropriately focussed CPD for specialist level targeted to the specialist's clinical practice. ECPD already requires this of clinicians. This can be challenging as at the level required, they can be rare and difficult to access. It should not be of a greater volume than that required by a non-specialist.
  - Evidence of continued practice in the area eg portfolio of cases
2. Should consideration be given to developing the specialties from 'listing' to specialist registers?

It is unclear that this would do anything other than create a further register to administer and hence increase costs which would be passed on to registrants who are already dissatisfied with the current ARF.

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

If there is to be any change, it would need to be funded from existing budgets. See above, registrants already question the value gained from the ARF.

## Part Four: About you

### Questions:

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

Organisation: [Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow](#)