ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

CONSULTATION:	Review of the GDC's role in regulating the dental specialties – call for information
ORIGINATING SOURCE:	General Dental Council
CONTRIBUTORS:	Members of Dental Council as of April 2014
SUBMITTED:	7th May 2014

Review of the GDC's role in regulating the dental specialties – call for information

Introduction

The General Dental Council (GDC) is currently reviewing its approach to regulating the specialties to ensure that it is operating as an effective and modern regulator. As its primary role is to protect patients and the public, the first phase of this review will consider whether there are risks to patients and the public in relation to more complex treatments and if so, how the GDC's regulatory approach mitigates these risks.

We would like to hear your views. This information gathering exercise is a first step in gaining a better understanding of the views of our registrants and stakeholders on the regulation of the dental specialties, and whether there are any risks to patient safety in particular. We are also conducting a separate piece of research to understand the perspective of patients and the public.

We are committed to engaging with our stakeholders throughout this review. Your views will help us to develop initial proposals for the GDC's Council to consider in Summer 2014. These will include options for further work, and we will keep you updated as the project progresses and when opportunities to give further input arise.

Background

The GDC established the specialist lists in the late 1990s. Today, we hold specialist lists in 13 areas of dentistry.[1] We have approximately 1400 specialists in Orthodontics - the largest of the specialties - and seven Oral Microbiologists. Overall, about 10% of dentists are registered as specialists. We do not hold specialist lists for Dental Care Professionals (DCPs).

Key information we are interested in gathering at this stage

We first reviewed our policy on holding the lists during 2004 and 2005. This will be our second review of our approach to regulating the specialties, which will initially consider the evidence in relation to three key questions:

- Does regulation of the specialties bring any benefits (potential and/or actual) in terms of patient and public protection?
- Is regulation of the specialties proportionate to the risks to patients in relation to more complex treatments?

[1] Dental and Maxillofacial Radiology; Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral Medicine; Oral Microbiology; Oral Surgery; Orthodontics; Paediatric Dentistry; Periodontics; Prosthodontics; Restorative Dentistry; and Special Care Dentistry.

- Are the specialist lists the appropriate mechanism for helping patients to make more informed choices about care not seen as falling within the remit of the general dental practitioner?

The GDC is sharply focused on creating policies which take into account the perspective of patients and the public, and have clear benefits in terms of patient and public protection. In particular through the research that we are carrying out with patients and the public, we are considering what sort of information patients require from us to make informed decisions about their care. We need to understand to what extent patients wish to make decisions about care falling outside the scope of a general dental practitioner, and assess whether the specialist lists are useful in assisting patients to make choices for more complex treatments.

Our initial proposals to Council in Summer will take into account the results of this exercise; patient and public research; and an examination of the costing and legal issues around the specialties, among other strands of work. Our work after that is likely to look at the nature of the lists and the GDC's specific approach to regulating them.

Deadline for completion

Please complete and return the form to Duncan Fyfe (dfyfe@gdc-uk.org) by 9 May 2014.

Who are you?

To help us to understand the context of the information you provide, please indicate the perspective from which you are replying.

Organisations – I am replying on behalf of:

- [ ] Employer (NHS/Private/both)
- [X] An education provider (pre –registration/post registration/VT trainer)
- [ ] A regulatory body
- [ ] A professional association
- [ ] An indemnifier
- [ ] Student organisation
- [ ] Other

Please provide details of your organisation.

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

Individual

I am a: (please select the box or boxes for the dental profession that applies to you)

- [ ] Clinical Dental Technician
- [ ] Dental Hygienist
- [ ] Dental Nurse
- [ ] Dental Technician
- [ ] Dental Therapist
- [ ] General Dental Practitioner
- [ ] Orthodontic Therapist
- [ ] Specialist (please specify)
- [ ] Non-registrant (please specify)

Contact details

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Questions

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

Response (boxes expand when typing)

Complex treatments necessitate a greater degree of skill and therefore to be managed appropriately and successfully, additional training and experience are a pre-requisite. Complex treatments outside the scope of treatment of a dental practitioner without these skills and experience increases the risk of a poor outcome and greater likelihood of harm to the patient.

Specialist listing provides national (international) benchmarking of appropriate skills, knowledge and experience.

Evidence:

- Increase in cases appearing before GDCs Fitness to Practise panels.
- Increase in litigation seen by dental defence organisations relating to specialist treatments being carried out by general dental practitioners resulting in a poor outcome and/or harm to the patient
- Learning from tragedy, keeping patients safe; Overview of the Government's action programme in response to the recommendations of the Shipman Inquiry - 2007

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

Response

Specialist lists (except in the instance of mediated entry) ensure that patients have a way of being able to ensure that their treatment is carried out by a suitably trained practitioner.

Specialist training is highly regulated and quality assured nationally to ensure that specialists are trained to an appropriate national (international) standard and that they have achieved the requisite competencies.

Evidence:

- Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs. Kennedy Report 2010
- Document produced by the Academy of Royal Colleges – The Benefit of Consultant Delivered Care published in 2012 has shown beyond doubt that care delivery to patients is optimum.
- Mary Otto, *For Want of a Dentist,* Washington Post, Feb. 28, 2007, p 301

3. Are you aware of any evidence that the regulation of the dental specialties benefits dental patients?

Response

In several areas of dentistry CSAG publications on the constitution of several multidisciplinary teams specify the involvement of specialists. Examples include Cleft lip & palate services, Cardiac, Oncology and Safeguarding children. The National guidelines for these teams recognise the difference a specialist / consultant brings to the teams in the care of severely ill children. Without regulation, these specialties will suffer.

Evidence:

- The GDCs own fitness to practice cases and outcomes demonstrate the risks to patients of care being provided by dentist who do not have the requisite skills and competencies
- There is evidence that feedback and assessment has a positive effect on clinician performance in medicine (BEME Systematic Review 7 2006 Vebstu et al). Training leading to specialist list inclusion includes feedback and assessment.
- There is evidence that portfolio completion and regular feedback from a mentor support professional development in postgraduate education (BEME systematic review 12 2009 Tochel et al). This is a feature of dental training to specialist levels and this further strengthens the argument that entry to a specialist list should include these things

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

Response

Specialist lists (except in the instance of mediated entry) ensure that patients have a way of being able to ensure that their treatment is carried out by a suitably trained practitioner.

Specialist training is highly regulated and quality assured nationally to ensure that specialists are trained to an appropriate standard and that they have achieved the requisite

competencies

The provision of Specialist lists also facilitates secondary and tertiary referrals of difficult cases by practitioners onto specialist colleagues with the relevant training and competence. This is reassuring for patients and practitioners as it ensures the patient safety is always at the centre of decision making.

Evidence:
Please refer to DH publications on care delivery for patients: Right place, Right Time and Right person. See:
Lord Darzi report High Quality Care for All in 2008,
Lord Darzi High Quality for all; Our journey so far in 2009
NICE Report 2012 - Patient experience in adult NHS services: improving the experience of care for people using adult NHS services
Other relevant documents include: A high quality workforce; Our NHS our future; The NHS constitution and many more.

The new DH proposals for patient pathways in England give validation of specialists undertaking Tier 3 work. This ensures practitioners across all levels have relevant training and support at all times. This specialist and consultant led service would put patient safety at the core of clinical interventions and decision making.

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

Response

Except in the case of mediated entry, there is no disadvantage to the patient of regulating the dental specialties. The disadvantage to the dentist may be due to increased cost of regulation and the need to have a period of structured training and assessment of competence.

There is concern about mediated entry to the Specialist lists where the decision to include an individual does not seem to have been based on their training, competencies and experience but rather a fear that the GDC may be involved in litigation.

There are numerous examples in all specialities where the SAC has advised that a mediated entry applicant should sit the relevant Royal College exam to demonstrate their knowledge and skills, but the GDC have ignored this advice and placed the individual onto the Specialist list on appeal. This goes against the whole reason d'etre of the lists and is cheating the public

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

Response

The GDC has significant experience of validating undergraduate training and is the current regulator of the dental team. Once someone is on the dental register, regardless of whether they are on a specialist list, the GDC are responsible for ensuring that they work within their competency and that they provide a satisfactory service to their patients. The GDC should therefore be the regulator of specialists. The GDC understands the business of dentistry and the public would look to the GDC in matters concerning regulation. As the regulator for undergraduate teaching and training, it is well placed to regulate the specialist lists.

Whilst others may wish to regulate specialties there would be no reason to have specialty regulation in the remit of a different body to the rest of the dental team regulation. The Royal Colleges are however well placed to advice on matters relating to individual specialties.

The main disadvantage to the GDC being the organisation to regulate specialist is in relation to their handling of mediated entry (see box above)

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

Response

The report of the Francis enquiry recommended that the GMC systems of reviewing the acceptability of the provision by healthcare providers must include a review of the sufficiency of the members and skills of available staff for the provision of training and to ensure patient safety. This should also be the role of the GDC in association with specialty and possibly other dental training.

The CQC outcomes 12 and 14 cover issues of training and qualification. Specialist training and specialist list inclusion meets those outcomes for complex work.

CSAG report on the multidisciplinary cleft lip and palate team

RCPCH report of clefts

National Service framework for children – DH, 2008

NICE guidelines on safeguarding children

Achieving Equity and Excellence for Children 2010 (DoH).

Guideline for the management of children referred for dental extractions under GA – published by the Association of Paediatric Anaesthetists of Great Britain and Ireland in collaboration with several other professional organisations. 2011

Healthcare Standards for Children and Young People in Secure Settings – RCPCH, June 2013

Mouth Care for Children and Young People with Cancer: Evidence-based Guidelines Produced by the UKCCSG-PONF Mouth Care Group

Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT. March 2014

Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs. Kennedy Report 2010

Thank you for your feedback.

The information we collect will be invaluable in helping to inform the direction of future work at the GDC. Although we will use this information in our report to Council, it will not be linked to your response in the reporting process.

Please tick this box if you are happy for the information to be shared.

We may wish to contact you again to follow up on the information you have provided. Please indicate whether you would be happy for us to do so.

Yes [X] No [ ]

Contact details

For further information, or if you would like to respond in any other way, please contact Duncan Fyfe at dfyfe@gdc-uk.org or 020 7344 3744.