General Dental Council

Principles of specialist listing

Consultation outcome report

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1. Introduction

This report provides a summary of the outcomes from the GDC's consultation on the principles of specialist listing which ran from 31 January 2019 to the 25 April 2019.

The consultation invited comment on fundamental issues related to the system of specialist listing, including:

- revised purposes for specialist listing, setting out what the GDC expects listed specialties to fulfil, and criteria by which the GDC will determine which disciplines of dentistry should be listed
- principles for the addition and removal of specialist lists
- processes for maintaining accreditation on specialist lists.

Further information on the consultation is available at www.gdc-uk.org

The GDC holds lists of specialist dentists in 13 distinct areas of dentistry.

Number of specialist titles as at 13 August 2019 (note that registrants may hold more than one specialist title)			
Dental and Maxillofacial Radiology	28	Orthodontics	1384
Dental Public Health	105	Paediatric Dentistry	239
Endodontics	293	Periodontics	383
Oral and Maxillofacial Pathology	35	Prosthodontics	443
Oral Medicine	72	Restorative Dentistry	298
Oral Microbiology	8	Special Care Dentistry	306
Oral Surgery	741		

Any registered dentist can work in a particular field of dentistry, but only those on our specialist lists can present themselves as specialists. These dentists have met certain requirements and may, as a result, use the 'specialist title'. Dentists with specialist titles are often employed as consultants in hospitals, but can work in other settings.

A specialist list is not a dental register. A dentist on a specialist list is a general dentist with the right to advertise their specialist knowledge in a particular area, or areas, of dentistry with documented evidence of additional skills, knowledge, attitudes and training. If a dentist is on a specialist list, it will be noted in their entry on the general register.

Specialists pay a fee, in addition to their annual retention fee, in order to be included on these lists.

Only dentists are eligible to join specialist lists. There are no specialist lists for other members of the dental team.

Background to the specialist lists

In 1992 the GDC first indicated its intention to exercise its powers under the Dentists Act 1984 (as amended) to establish distinctive titles for a range of branches of dentistry. The Chief Dental Officer's 1995 Report on UK Specialist Dental Training[1] concluded that there would be a greater need for specialists in the future and supported the GDC's proposals to introduce specialist titles and lists.

The first lists were established by the European Primary and Specialist Dental Qualifications Regulations 1998. (The Special Care Dentistry list, opened in 2008, is the 13th and most recent specialist list.) Once the lists were established, they were subject to transitional arrangements or 'grandparenting' which enabled direct entry onto the lists for specific groups, including those already working as NHS consultants. The GDC has administered specialist lists since 1998.

Modern purpose for specialist lists

The focus of the GDC's policy work on the dental specialties since 2005 has been:

- the development of Standards for Specialty Education
- the development of a process for the quality assurance of specialty training and
- a 2014–15 review of the GDC's role as regulator of the dental specialties.

The 2014–15 review concluded that the GDC should continue to regulate the specialties, but not make significant policy changes. In 2019 we commenced the review of specialty training curricula and assessments and a comprehensive review of the mediated entry process.

This consultation provided the GDC with the opportunity to consider its position on what a system of specialist listing should achieve. This fundamental question has not been revisited since 2005.

Having reviewed the intended, potential and actual benefits of specialist listing in the Specialty Working Group[2], we are now proposing to update the stated purposes of specialist listing, with new, clear purposes that all specialist lists must meet.

In addition, if the purposes of specialist lists and specialist listing are clearly defined and understood across all decision-makers in specialty training, it will provide a solid basis for considering changes to specialist lists, or the system of specialist listing, in the future.

1 UK Specialist Dental Training: a Report from the Chief Dental Officer, NHS England, 1995

2 The SWG was established in April 2017 to strategically align developments related to specialty training across the four nations and has met 7 times to date. Membership of the SWG comprises, in addition to the GDC: the Advisory Board for Specialty Training in Dentistry; the Association of Dental Hospitals; the Chief Dental Officers for England, Northern Ireland, Scotland and Wales; the Committee of Postgraduate Dental Deans and Directors; the Dental Schools Council, the Faculty of General Dental Practice; Health Education England; NHS Education for Scotland; the Northern Ireland Medical and Dental Training Agency; Heath Education and Improvement Wales; the Royal College of Physicians and Surgeons of Glasgow; the Royal College of Surgeons of Edinburgh; and the Royal College of Surgeons of England.

2. Headline analysis of consultation responses

We received 161 responses to this consultation; 30 organisational responses and 131 from individuals. Of those individual responses, most came from orthodontic specialists, general practice dentists, and dental educators.

The GDC received responses from the organisations listed below:

- Advisory Board for Specialty Training in Dentistry (ABSTD)
- All-Wales Dental Public Health Quality Improvement Group
- Association of Dental Hospitals (ADH)
- British Association of Oral Surgeons (BAOS)
- British Dental Association (BDA)
- British Endodontic Society
- British Orthodontic Society
- British Society of Periodontology
- British Society for Restorative Dentistry
- Committee of Postgraduate Dental Deans and Directors (COPDEND)
- Consultants and Specialists in Dental Public Health Group of the British Association for the Study of Community Dentistry (BASCD)
- Consultants in Dental Public Health and Chief Administrative Dental Officers Group in Scotland
- Consultant Orthodontist Group, British Orthodontic Society
- Dental Public Health Advisory Committee
- Faculty of Dental Surgery at the Royal College of Surgeons of England
- Health Education England (HEE)
- Irish Committee for Specialist Training in Dentistry (ICSTD)
- Medical and Dental Defence Union of Scotland (MDDUS)
- NHS Education for Scotland (NES)
- Orthodontic Specialist Advisory Committee
- Peridontology Faculty of Kings College London
- Restorative Dentistry Specialty Advisory Committee's, Royal College of Surgeons of England
- Restorative Dentistry UK (RD-UK)
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Surgeons of England
- Specialist Advisory Committee in Oral Surgery
- The American Dental Society of London
- The Association of British Oral and Maxillofacial Surgeons (ABAOMS)
- The Faculty of General Dental Practice UK (FGDP UK)
- University of Aberdeen, Institute of Dentistry

It should be noted that not all respondents provided answers to all questions contained within the consultation document.

The GDC contacted all current dental education providers, as well as a range of other stakeholders, to alert them to the consultation.

The GDC would like to thank all the organisations and respondents for their views. The positive feedback and the general support for the proposals is welcomed and provides a strong basis upon which to proceed.

3. Part one: Draft principles and criteria for specialist listing

Part One of this consultation proposed the purposes that specialist listing fulfil are:

1. Protecting the public against unwarranted claims of specialist provision.
2. Helping the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry.
3. Supporting provision of specialist care for patients as part of effective patient pathways.
4. Supporting development of scientific knowledge and education in connection with the purposes listed above.

Alongside this, the GDC proposed a framework of criteria to help make decisions about whether a branch of dentistry should be listed as a specialty. That is, to be listed as a specialty by the GDC, a branch of dentistry must:

- fulfil the purposes specified above
- be recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry and
- respond to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

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

There were 145 responses to this question with responses from both individuals and organisations being broadly supportive of the four proposed purposes.

The BDA noted that 'specialists in dental public health do not deliver specialist care directly to patients and so are not directly 'part' of patient pathways. They do, however, support specialist care as they work with commissioners on pathway design and procurement'. They therefore sought assurance that the GDC would include this meaning in the wording of the list of purposes.

This feedback was also highlighted by the BASCD: 'Specialist Dental Public Health knowledge is required to select, design and evaluate these strategies to meet population health needs.' They suggested that point three be modified to: 'Supporting the delivery of high-quality dental care including health promotion for patients and populations".

Organisational and individual responses alike were supportive of the fact that the public is put at the heart of the principles and stressed the importance that the public could be confident in the purposes of specialty listing and not be misled.

A number of respondents were also concerned that there is a lack of public awareness of the specialties. COPDEND noted 'The proposed purposes clearly seek to protect the public by identifying those with recognised specialist knowledge, skills and capabilities. However, there is concern that the public do not understand the complexity and identity of the 13 dental specialties. Currently there appears insufficient control over some registrants potentially misleading the public by using ambiguous titles.'

The American Dental Society of London provided a general response in support of the maintenance of the current specialty lists and in particular noted their concern with the use of the phrase 'with a special interest in' and the potential to mislead patients.

Just under 10% of individuals that disagreed with the principles also focussed on the potential to mislead the public, or had a fundamental disagreement with the existence of specialist lists.

Question 2. Are there additional purposes and/or criteria that should be considered? Please explain your answer.

133 respondents answered this question. A majority of both organisational and individual responses found the criteria listed in the consultation to be adequate, but there was a range of feedback relating to specific specialties, which was not the subject of this consultation. Again, concerns were raised about the misuse of specialty titles.

The BASCD suggested an additional criteria to address the whole population aspect of dental care: 'Defines those areas of dentistry which are distinct, require additional knowledge, skills and experience and are recognised as having a specific role to play in improving the oral health of patients and the population'.

COPDEND raised the point that the role of specialty lists in the 'supporting of patient referral/access to specialist care' should be considered.

A number of respondents felt that there was benefit to specifically highlighting the level of training required to be a specialist, pointing to the different levels of training required in different specialties.

Question 3. Do you have any other comments about the proposed purposes and/or criteria?

There were 124 responses to this section with the focus largely on the public's awareness of the specialties. There were also several comments around the number and types of specialties, which fell outside the scope of the consultation.

There was some feedback from individual respondents that the qualifications of specialists should be published on the GDC website, for transparency and to help patients and referrers.

Organisational responses from the Royal College of Physicians and Surgeons of Glasgow, the BDA and COPDEND highlighted the importance of the commercial interests of various parties not unduly influencing decisions made in this area. There was overall agreement that public health and patient need should underpin the criteria.

GDC response:

We are encouraged to see broad consensus with the revised principles and criteria outlined in the consultation document.

Based on the feedback, minor amendments will be made to the text and the GDC will publish a revised purpose and criteria for specialist lists, which can be found in Annex 1.

The GDC notes the general concern about lack of public awareness of the specialties. We will aim to give greater clarity about this on our website and intend to explore this in future patient survey work.

Those who successfully complete specialty training are awarded a Certificate of Completion of Specialty Training (CCST) and these are of an equivalent level across all specialties. The revision of specialty curricular, which is currently underway, will continue to ensure that there is standardisation of the CCST award across specialties.

4. Part two: Draft principles for addition and removal of specialist lists

The GDC has the statutory power to list certain distinct branches of dentistry as 'specialties', thereby permitting suitably qualified registrants to use an appropriate specialist title. While the GDC is the sole regulatory authority in this area, for the sake of transparency and consensus-building, we suggested the following principles to underpin the consideration of such decisions.

- That the branch of dentistry is distinct from the general practice of dentistry as well as existing dental specialties.
- What need would be addressed by such a change (e.g. changing demographics, clinical need, disease need or workforce need).
- That the lack of official titles in that branch of dentistry, and regulatory requirements for the attainment of those titles, poses the risk of harm to patients.

This section proposed evidence that we would need to consider and our role when listing a new specialty and/or delivering an existing specialty.

Question 1. What types of evidence should be considered, or required, before adding or removing a dental speciality?

There were 124 responses to this question which largely agreed with the points set out in the consultation document and emphasised patient needs and demographics, focussing on what was in the best interest of public protection. They stressed the importance of patients being able to understand what it means to be on a specialist list.

Consistent with the proposals in the consultation document, respondents noted that the evidence used would need to be monitored over time, and that demographics, referrals, workforce and technological developments would drive the need for the addition of specialties.

Organisational responses to this question focussed on public health needs being paramount to the addition or removal of a specialty, and highlighted that any decision in either direction would need to be plainly set out to the public and the profession in a timely manner, so as not to cause confusion.

Respondents also focussed on the existence of clear training pathways which reflected the point that the branch of dentistry is distinct from the general practice of dentistry, as well as existing dental specialties. Responses on this question again focussed on the need to clearly differentiate the specialties to help patients get the best possible outcomes.

Question 2. What should be the role of the GDC be in responding to requests for the addition or removal of specialist lists?

There were 147 responses to this question which clearly supported the GDC's role as an impartial arbiter, relying on the advice of expert stakeholders, but ultimately deciding whether to add or remove a speciality list. These responses stressed the importance of getting advice from stakeholders across the dental profession.

It was noted that the GDC also have a role in accrediting the training for any speciality which aims to be added as a list.

Several respondents were concerned about the possibility of specialist groups lobbying the GDC for inclusion of a specialist list. It was therefore felt to be of fundamental importance that the GDC maintain transparency about the process that they adopt for the addition or removal of specialist lists.

Question 3. What other stakeholders should have a role in the process of adding or removing specialist lists, and what should that role be?

There were 144 responses to this question. It was clear that respondents considered it important for the GDC to draw on a broad range of stakeholders across the dental profession. Respondents highlighted that these stakeholders should include Royal Colleges, professional organisations, the Deaneries, specialist societies, higher education providers and the public health bodies (such as the NHS and Chief Dental Officers).

Respondents also stressed the need to consult the public and the profession when taking a decision to add or remove a specialist list. The UK Specialty Registrars in Dental Public Health and the British Endodontic Society's response however highlighted that, as the GDC has the regulatory responsibility for specialist lists, this role could only be advisory.

Many of the responses also commented on the number and type of specialist lists, which was not the subject of this consultation.

GDC response:

We are pleased to see that there is broad consensus about the type of evidence required for adding or removing a specialty from the list. We agree that the type of evidence required should be monitored over time and reviewed as appropriate. We also agree that clarity to the profession and the public regarding any changes and the rationale should be shared at the earliest possible opportunity. Building on the foundations we laid out in Shifting the Balance, we are committed to transparency and to working with partners and stakeholders.

Decision making in relation to addition or removal of specialties will rest with the GDC. Those decisions will be informed by robust evidence, including information and views from key stakeholders.

The GDC approve the specialty curricula and assessment leading to a certificate of completion of specialty training. We quality assure education and examination providers who deliver specialty education and training. We also facilitate the process for Specialist List Assessed Application Review, also known as the mediated entry route, whereby those seeking to join a specialist list can prove equivalence of experience and competence by presenting a portfolio of evidence, which is assessed.

We note the interest in the number and type of specialties and have noted it as a potential area for future work.

5. Part three: Maintaining accreditation on specialist lists

In this section of the consultation we sought to begin to explore the mechanisms by which we can maintain public confidence to ensure that those on the specialist lists maintain their specialist knowledge. Currently, after meeting the requirements to enter the list, there are no further requirements beyond paying an annual fee. We asked about how proper maintenance of accreditation on specialist lists could be appropriately supported by our regulatory tools. We also asked respondents to consider whether there is a need to develop the specialities from 'listing', to specialist registers.

Under the new framework for enhanced continuing professional development (CPD), each registrant must choose CPD that includes activities relevant to each field of practice they work in during their CPD cycle. The resultant CPD activity may support maintenance of current skills, the maintenance of skills in a specialist area or the development of new skills within registrants' (including specialists') current or future field of practice. Enhanced CPD provides progress in maintaining accreditation on specialist lists, but we are open to discussions as to whether further developments may be needed.

The consultation questions were not about a review of enhanced CPD, but the opportunity to provide opinion and evidence concerning the appropriate level of regulation for the specialties.

The questions were explorative in nature and the information derived from the responses will inform discussions and decisions about the nature and direction of future policy development. Each question possessed legislative implications and development would unlikely be rapid. Nonetheless, we wanted to make the most of the opportunity afforded to us by the consultation to shape future policy and early decisions by the Council in policy development.

Question 1. What do you believe the appropriate regulatory levers for maintaining accreditation on specialist lists should be?

There were 124 responses to this question. Overwhelmingly responses indicated that the appropriate regulatory levers for accreditation on specialist lists should be 'evidence of actively working and updating professional knowledge in the specialty', as expressed in the BDA's response. The consensus on this question was that this could best be demonstrated by a requirement to undertake CPD in the relevant area of specialty, with respondents also highlighting the benefits of appraisals and peer review.

Question 2. Should consideration be given to developing the specialities from 'listing' to specialist registers?

There were 129 responses to this question. Feedback to this question was mixed with 41 supportive responses and 49 indicating they did not see a benefit. The remaining respondents felt that there was not yet enough detail to allow them to consider the difference between a specialist list and a specialist register.

HEE, COPDEND, BOAMS and the Royal College of Surgeons were supportive of the development of a specialist register, with COPDEND noting that such a register would 'allow the delisting of an individual if they failed to fulfil the requirements to be retained on the specialist register but their GDC registration would not be affected.' HEE noted that this would align dentistry with medicine and strengthen the role of the specialist.

In contrast, the BDA felt that there is not an equivalence between medicine and dentistry as 'doctors undertaking some form of 'specialist' training are then linked to a list in that specialty. In dentistry, the fundamental training is that of a generalist, with the option of undertaking additional specialist training or not' and therefore there was no need for deviation from the current system.

Where responses were supportive of the development of a speciality register, they tended to focus on the ability to enforce the levers discussed in the question above, and to provide a mechanism for ensuring that once on the register, specialists maintained their expertise. COPDEND noted that such a register would 'allow the delisting of an individual if they failed to fulfil the requirements to be retained on the specialist register but their GDC registration would not be affected.'

Where responses were unsupportive, they tended to focus on the fact that this would be little more than a semantic change.

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

There were 113 responses to this question. Overwhelmingly, the feedback focussed on the importance of such a register being funded in such a way that it does not raise the Annual Retention Fee (ARF) and is absorbed into the current budgets, noting that specialists already pay a fee to appear on the list.

Organisations and individuals alike reflected this in their feedback with the Royal College of Surgeons noting that: 'We recognise that there will be a diversity of opinions on how a specialist register should be funded. Some will suggest that if the specialist register is to be kept separate from the general dental register it is individual specialists who should be expected to pay for this, while others may argue that as the GDC already levies a significant retention fee and an additional fee for specialist listing, the funding should come from this pre-existing envelope. Given this, we will wait to see what proposals the GDC brings forward regarding funding before forming a firm judgement.' This is reflective of the overall feedback, which was almost unanimous in its agreement that costs for this should not be reflected in the ARF.

Some felt that the cost of such a register should be borne by those who are using it, i.e. the specialists themselves. But in these cases, there was also a lack of appetite for increasing the cost to the individual specialist.

GDC response:

We thank respondents for their answers to the questions on this section of the consultation document. As noted in the consultation document, the feedback that we have received will form a basis for internal policy discussions and future Council decisions.

It is clear from responses that we will need to do further work to better explain what we mean by the creation of a specialist register, how this would differ from a specialty list and the implications involved in making such a change, including the costs and potential need for legislative change and ensuing timescales.

There was a clearer steer that CPD should form a crucial regulatory lever for maintaining accreditation on specialist lists. Developments to enhanced CPD are currently being considered and we will feed in the responses we have received to inform this work. We have opened a conversation about how dental professionals can take increasing ownership of meeting and maintaining high professional standards and quality patient care and there is clearly appetite for this to be linked to the maintenance of specialty lists in the form of required CPD to the area of specialty.

The aim is to ensure that lifelong learning in dentistry continues to evolve to meet the expectations of the public, patients and dental professionals, in a way that is proportionate to risk, and flexible on how professionals go about reaching their development goals. We agree that assuring that specialists remain up to date with development in their field is crucial to maintaining public confidence in what it means to be a specialist.

As we consider the implications of these responses, some of which may require legislative change, we will be in a better position to provide further detail and update as work progresses in these areas.

5. Next steps

The GDC remains committed to working closely with the profession, patients and the public on future developments related to the specialist lists, continuing to be transparent in how we work.

We will make minor amendments to the proposed purpose and criteria for specialist list and develop the principles and the process for the addition and removal of specialties from the list to publish these in 2020.

Further development work will be undertaken regarding maintenance of accreditation on specialists lists, utilising feedback received from this consultation and updates will be given as the work progresses.

Annex 1: Proposed revision of principles and criteria for specialist listing

Any registered dentist can work in a particular field of dentistry, but only those on our specialist lists can present themselves as specialists. These dentists have met certain requirements and may, as a result, use the 'specialist title'. Dentists with specialist titles are often employed as consultants in hospitals but can work in other settings.

A specialist list is not a dental register. A dentist on the specialist list is a general dentist with the right to advertise their specialist knowledge in a particular area, or areas, of dentistry with documented evidence of additional skills, knowledge, attitudes and training. If a dentist is on a specialist list, that will be noted in their entry on the general register.

Specialists pay a fee, in addition to their annual retention fee, in order to be included on these lists. Only dentists are eligible to join specialist lists; there are no specialist lists for other members of the dental team, e.g. dental nurses.

Principles for specialist listing

The purposes that specialist listing fulfil are:

1. Protecting the public against unwarranted claims of specialist provision.
2. Helping the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry. Supporting provision of specialist care for patients by supporting patient referral/access to specialist care as part of effective patient pathways.
3. Supporting development of scientific knowledge and education in connection with the purposes listed above.

Formally listed specialties will be characterised by high standards of training, as set out in the GDC's Standards for Specialty Education.

For all listed specialties, the GDC will provide on its website an explanation of how that branch of dentistry fulfils the purposes of specialist listing, and the context in which it does so.

Criteria for specialist listing

Deciding whether a branch of dentistry should be listed as an official specialty is a complex matter. While specialties should fulfil all the above purposes, they might do so in different ways, and to different extents. In addition, some branches of dentistry might fulfil some, or all, of the above purposes without being listed. A branch of dentistry might also fulfil various useful purposes without meeting the specific tests for recognition by the GDC as a listed specialty.

We are therefore proposing a framework of criteria to help make decisions about whether a branch of dentistry should be listed as a specialty. That is, to be listed as a specialty by the GDC, a branch of dentistry must:

- fulfil the purposes specified above
- be recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry, and with a specific role to play in improving the oral health of patients and the population
- respond to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

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