

BSP Response to GDC Specialist Listing

The BSP appreciates the opportunity to feedback to you and hope that this will be useful in shaping the future of specialist training in the UK. The Society would be very happy to engage in further dialogue to help develop this process in an informed and constructive way.

The system of specialist listing is designed primarily to protect the public by the provision of a body of individuals who possess a recognised high level of clinical knowledge and clinical skillset allowing the delivery of suitably high quality of care of those patients who have advanced oral and dental problems or treatment needs.

It additionally ensures that patients are less likely be misled by inappropriate claims of practitioners and whilst not overtly restricting practice, ensures that those who achieve a certain level of knowledge and performance can be identified. The existence of lists aids in creating formal and informal referral pathways within and outside the NHS, as well as in appointing clinicians in a range of posts and services and facilitating care and manpower planning.

To address the questions raised:

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.

Whilst the presence of the lists and their purpose is generally adequate, there are some shortcomings.

The title "specialist" is clearly valued by clinicians and the public, such that some individuals will sometimes use terms such as "Special interest" or "practice limited to" or "specialty dentist" which may confuse patients. The use of these is not uncommon and should be addressed.

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

As outlined above, the use of terminology that implies specialist level expertise inappropriately should not be ignored. The use of Tier 2 or enhanced practitioner may be considered, the GDC should encourage any such individuals to demonstrate and publicise the difference between this and specialist status.

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

Criteria for listing should be based on a public health need and should not relate to a single means of therapy. As a result, cosmetic and aesthetic dentistry / medicine should not be considered. Likewise, dental implantology should not be considered a lone standing specialty or should bespoke training courses in the use of a particular technique of treatment. Currently individuals are potentially confusing patients by advertising completion of such courses.

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

Currently there does not seem to be justification for the creation of new specialist lists. There is no justification for the creation of a Specialist list in General Dental practice.

The need for any such addition should be based on health need, manpower and care planning from the NHS, Department of Health, Specialist Societies and Royal Colleges.

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

The GDC should consult the bodies outlined above. The GDC should ensure that any new proposed list is not already for activity that is included in existing lists or other professional regulation.

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

Patient representative groups should be involved in both stages to establish need and opinions. This should also apply to the BDA, the relevant specialist societies, the providers of exit examinations, the DoH, the OCDO and the NHS.

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

Records of appropriate Continuing professional development involving PDPs, CPD, annual appraisal and possible logbooks including aspects of clinical, teaching, academic and/or management activity.

8. Should consideration be given to developing the specialties from 'listing' to specialist registers?

No this would be of no great benefit.

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

Not applicable. Presently it is funded from the current fees.