Faculty of General Dental Practice (UK)

GDC Specialist List Review Group – 29 April 2005

The Case for a Generalist List for Dentistry

Introduction

1. The legislation that introduced the Postgraduate Medical Education and Training Board (PMETB) introduced, for the first time, a list of general medical practitioners which will be held by the General Medical Council.

2. The fundamental argument is one of public interest – an accessible list which enables the public and those employing doctors to readily identify those who are qualified to work as general practitioners within the National Health Service and those who are not.

3. It can be argued that, by extension, the list further serves the public interest by enabling the public and potential employers to identify whether a practitioner has undergone a period of recognised further training, regardless of employment situation.

4. The GDC's Specialists Lists Review Group has identified the establishment of a list for General Dental Practitioners, following the model for General Medical Practitioners, as a theme which should be explored. The 2004 report by the Standing Dental Advisory Committee, *A Review of the Dentally Based Specialties and Specialist Lists*, also recommended that the case for the generalist list be examined.

5. This paper seeks to identify the principal considerations in the introduction of a generalist list for dentistry, and suggests that there is a public interest argument for the introduction of such a list.

Background

6. As the precedent for the generalist list has been introduced in medicine, it is helpful to rehearse the similarities and differences between medicine and dentistry.

Comparison of medicine and dentistry

7. Although training pathways at a postgraduate level in medicine and dentistry differ, there is a basic similarity in that the acquisition of a medical degree and a dental degree has historically conferred the basic right to practise (following, in medicine, completion of a pre-registration year).

8. A further period of training has however become the norm for graduates in both professions, with specialist training pathways and vocational training for the generalist. The introduction of vocational training in

dentistry has been a relatively recent introduction, not made compulsory for NHS dentists until the early 1990s.

9. With the introduction of *Modernising Medical Careers* the medical system is to go to a foundation period consisting of two years (the first foundation year encompassing the pre-registration year). The practitioner can then elect to continue training by following either a specialist or generalist pathway, a programme of three years duration. Completion of either the generalist or specialist pathway will be marked by the issue of a Certificate of Completion of Training by PMETB. The convergence of terminology recognises the importance attached to general medical practitioner training.

10. Training pathways for those wishing to specialise in dentistry range from between three and five years.

11. Dental vocational training does represent the most significant difference between medicine and dentistry. It is short, in the United Kingdom (excluding Scotland) just one year, and it also not currently the subject of a final assessment.

12. Other models for dentistry have however been proposed and indeed implemented in parts of the UK. In England there have been discussions for some years about two year general professional training programmes although their development has been somewhat piecemeal. As the name indicates, the intention is to provide two years of general professional training prior to choices about specialisation. In Scotland a two year training programme for all graduates has been introduced, with ongoing and final assessment at the end of the two year period. In the rest of the UK, following the publication of *Modernising Medical Careers*, there is renewed interest in looking at two year foundation programmes for dentistry. These curricula progress competencies beyond and above those listed in the competency framework of *The First Five Years*.

Dental Vocational Training Authority

13. The system for vocational training is administered by the Dental Vocational Training Authority (DVTA), at the moment a stand alone body. The currently stated policy intention is that the Authority should be subsumed within PMETB.

14. The acquisition of a vocational training number (to indicate completion of vocational training or equivalence) is essential to practice within the NHS as a principal. Interestingly, in dentistry an assistant or locum can practise within the NHS without a vocational training number.

15. This contrasts with the plans for medicine where the introduction of the general medical practice register is designed to reinforce a legal requirement that all doctors entering general medical practice in the National Health Service must have been trained to the standards required by the UK competent authority. The registration requirement therefore extends to all

general practitioners working in the Personal Medical Services and General Medical Services, including assistants, locums and deputies.

Discussion

16. If a generalist list for medicine is in the public interest, does it follow that there is similar value in introducing a list for dentistry? This paper suggests that there is.

17. This section further examines some of the issues which arise. The discussion is approached from the medical model to inform discussion about the precise nature of the generalist list for dentistry.

Consistency and transparency in protecting the public interest

18. As previously noted, the current system administered by DVTA requires all UK dentists wishing to practise as a principal to possess a vocational training number to entitle them to inclusion on a dental list held by a health authority or Health Board. Dentists obtain a vocational training number by undertaking vocational training or demonstrating equivalence.

19. The list of those holding DVTA numbers is not however, publicly accessible, and does not apply to assistants and locums. These are two areas of departure from the medical position designed to protect the public interest.

Assessment and accreditation of essential further training

20. A further issue requires consideration by both the regulator and those providing training for general dental practitioners. At present vocational training is not assessed outside Scotland. Many would argue that this is becoming an increasing anomaly, which will become more apparent should vocational training become the responsibility of PMETB. The unassessed nature of vocational training perhaps stems from the historical position that the primary qualification provides the right to practise as a general practitioner, and vocational training was seen as a time of 'protected assimilation' into the NHS, rather than a period of further training.

21. However, medical practice, based on a similar legal position, has long recognised that new skills are acquired in this period which should be formally assessed. In dentistry, it is widely accepted that dental graduates are now leaving dental school with less practical experience than has previously been the case. This point has been publicly articulated by many undergraduate teachers. Skills are being consolidated in the vocational training year and new skills over and above the competencies set out in *The First Five Years* are being learned.

22. There is a strong argument for the protection of the public by confirming that the necessary skills have been acquired by the dentist in this period, with recognition of this by inclusion on a publicly available list.

23. It is for discussion where a generalist list should be pitched, and this will need to take place against a background of discussion about the future of vocational training, general professional training, and the possibility of two foundation years to match *Modernising Medical Careers*.

European legislation

24. The European angle is difficult. It is currently a source of some contention that dentists benefiting from freedom of movement provisions may become principals without undertaking vocational training. Assessing whether and how a UK generalist list could be used to ensure training to a UK standard will involve addressing some of the complexities of European legislation, and this is not attempted here. It is however an area for further exploration.

25. One avenue that could additionally be explored is the possibility of linking future revalidation requirements to remaining on the generalist list. It may be helpful to explore the General Medical Council's legal advice on implementing revalidation for doctors who benefit from European legal provisions.

26. It is suggested that complications presented by European legislation do not in themselves present an argument for not proceeding with a generalist list.

27. In terms of implementation, the medical model provided acquired rights to entry to the list if general practitioners were in practice prior to date which matched the introduction of provisions governing entry to a generalist list. A similar provision is likely to be necessary for dentistry.

Recommendation

28. If it is agreed that a generalist list has value, it is suggested that these discussions should continue in a forum involving the regulator, trainers and government to bring together issues of training, assessment, and eligibility for entry to a generalist list.

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12 April 2005