



Faculty of General Dental Practice (UK)

Response to the GDC consultation on Principles of Ethical Advertising

Introduction

The FGDP(UK) welcomes the opportunity to comment on this consultation. It is key to ensuring patients are able to make informed choices about the care they receive, and the profession maintaining the utmost standards of propriety in facilitating patient choice and expectation. The Faculty's Lay Advisory Group (LAG) also very much welcomes the GDC's move towards providing guidance to dental professionals in this area.

The LAG has included some additional comments to the Faculty's response. These are at Annex A.

Comments

Introductory narrative

The introductory narrative is a good summary of an individual practitioner's professional responsibilities and we have no further comments on this section.

Use of the title 'Doctor' (Dr) by dentists

This issue has been the subject of much debate in the past and the publication of this consultation document has renewed the debate within a number of dental professional organisations and circles. It is clear that the use of the title '*Dr*' is an important indication of professional standing and identity for many within the profession. The FGDP(UK) would support the view that the title can offer reassurance to patients, indicating that a professional has completed an appropriate and rigorous programme of education and training and thereby earning the legitimate use of the title.

An important factor in this debate is also the acceptance of the title '*Dr*' across Europe and the USA, and the likely continued use of the title by dentists coming to practise in the UK from overseas. Furthermore, a precedent for the use of the title has been established and accepted as the 'norm' for a period of time in the UK, and we see some difficulties for the GDC in changing its position at this stage. However, the FGDP(UK) has noted the view of its LAG that there is the potential for confusion among patients as the title is not used universally within the profession (Annex A). Notwithstanding issues around

the lack of consistency in the title's use, the FGDP(UK) is not aware of any evidence of widespread confusion among patients as a result of using the title 'Dr' where practitioners choose to, or of any instances where its use has impacted on the quality of care received.

Additional qualifications

The Faculty would refer to its previous response made to the GDC's consultation on the additional registration of qualifications in 2008. It is the Faculty's belief that there is a clear public interest case for maintaining a system that recognises the attainment of additional qualifications.

Within medicine and for dentists in secondary care, the directly managed structures of the NHS provide a system for both the profession and patients to be able to 'place' or identify the skills that practitioners should have by title within the system (e.g. consultant). There is no equivalent system for the large part of primary dental care delivered by general dental practitioners. It is to meet this need that a rationalised system recognising skills and qualifications will be of benefit to patients.

Whilst the Faculty would add general support to an approach that stresses the professional responsibility on the practitioner to be honest in the presentation of skills and qualifications, there will inevitably be confusion and inconsistency which will not be in the patient interest.

The FGDP(UK)'s proposal, as set out in its 2008 response, was for a system to be structured around the stage of a practitioner's career through the use of career pathway markers, ie:

- The BDS as the primary qualification is registered with the GDC.
- The exit assessment from a period of two years general professional training is registered with the GDC (and/or equivalent qualification MJDF/MFDS/MFGDP(UK)). This may link into discussions at the GDC about a period of provisional registration.
- The next tier is then classed as the third tier of registerable qualification. For a specialist training pathway this would be a qualification approved by the Specialist Advisory Committee, for example MOrth. For non-specialist pathways, this could include any university or College postgraduate qualification within the range of 90 to 120 educational credits as defined by the Higher Education Quality Assurance Framework. This would encompass Diploma level programmes (90 credits) and MSc programmes (120 credits).
- The fourth tier would be a Fellowship-level qualification.

We believe that this represents a simplified system that will be helpful to patients in recognising level of experience by qualification (related to stage of training). Furthermore, specific skills acquired by relevant qualifications will fit into the framework at the level of the third tier.

With specific reference to the draft guidance under *Additional qualifications*, we would urge that good practice could include the provision, via the practice/practitioner's website, of further information (or a link to this information, eg, on the education provider's website) regarding any additional qualification(s) held by the practitioner. Likewise, if a practitioner appears on a specialist list, there should be reference to the GDC's information on specialist lists (at www.gdc-uk.org/General+public/Look+for+a+Specialist/) on the practice/practitioner's website. Where possible, this should also be referenced on printed publicity material or, if not practical, printed material should include the practice/practitioner's website address.

Honorary degrees and memberships

The FGDP(UK) and its LAG support the advice set out in the document, though we would suggest a rewording of the final sentence: '*We hold lists of specialists, and registrants not on those lists should take care to avoid giving the impression of specialist status (even including in an areas where there is currently no specialist list)*'.

Specialist titles for dentists

The Faculty supports the position set out in the consultation document. The FGDP(UK) has noted the views of its Lay Advisory Group (Annex A) that care needs to be taken in the presentation of a special interest, but on balance the Faculty feels it is important that patients are able to access information about the enhanced knowledge, skills or training gained by a practitioner.

Specialist titles for dental care professionals (DCPs)

The FGDP(UK) and its LAG support the advice set out in the document.

Dental appliances

The FGDP(UK) and its LAG support the advice set out in the document.

Advertising services

The FGDP(UK) and its LAG support the advice set out in the document. We would also urge that the document points practitioners to the Patient Information Forum (www.pifonline.org.uk/) for guidance on the use of clear language on publicity material and websites, as well as the Department of Health publications *Good practice in patient care and improving the patient experience: patient information leaflets and comment cards* (2004) and *Toolkit for producing patient information* (2003). The draft would also benefit from

expanding around point iv. '*Avoid ambiguous statements*', with some examples of what could be construed by patients as ambiguous (including the use of the term 'special interest', as above).

Websites

As stated earlier, we suggest that a) a link to the GDC website should always be included on a practice/practitioner's website, and specifically a link to information on specialists lists where the practitioner is on a list, and b) there are links to information concerning any additional qualifications held by a practitioner.

Summary

The FGDP(UK) strongly supports the publication of guidance in this area, as do members of the FGDP(UK)'s Lay Advisory Group. While we believe that the guidance will be instrumental in helping patients to make more informed choices, we continue to have significant concerns around the potential for patients to be misled on the extent and nature of additional training and qualifications held by a practitioner.

It is worth noting that the Faculty has made some suggestions in its responses that refer only to advertising and marketing in an online environment (such as appropriate web links). We appreciate that many patients will not have access to the internet, or be inclined to seek information about a practitioner/practice via this medium. However, there are clear limitations to the type of information that can be presented on printed publicity materials. We suggest that practitioners indicate in their practice that they are able to provide printed information regarding their training, qualifications and skills for patients that don't have access to the internet.

Annex A

FGDP(UK)'s Lay Advisory Group response to the GDC Consultation on the Principles of Ethical Advertising

The Lay Advisory Group of the FGDP(UK) very much welcomes the GDC initiative towards providing guidance to dental professionals on Ethical Advertising.

In substance, the LAG supports the submission made by the Faculty, but would wish to reflect back to the GDC the following concerns:

Use of title 'Doctor' (Dr) by dentists

The LAG is concerned that the inconsistent use of the title '*Dr*' across the dental profession represents a potential for confusion among patients, for instance when trying to assess the relative ability and level of training or achievement between practitioners offering a service for which they have need. We also feel that there is often a perception among members of the general public that use of the title '*Dr*' indicates that an individual has a medical qualification, and therefore its use by dental practitioners could potentially be misleading. The LAG supports the guidance proposed within the GDC document.

Additional qualifications

It remains the clear view of the LAG that the public and patients strongly support formal registration of additional qualifications as the most effective way for individuals to validate a practitioner's level of training.

Specialist titles for dentists

The FGDP(UK)'s LAG has concerns around how the term 'special interest' may be used by practitioners.

It is felt that most patients would perceive the term as an indication of specific expertise or 'specialism' in an area. In the example given in the draft guidance for example, the term orthodontist may be perceived as synonymous with having a 'special interest in orthodontics'. Further, the LAG feels that use of the term 'special interest' could fall foul of point iv. under the section *Advertising services, ie, 'Avoid ambiguous statements'*.

We would support the view that the term 'special interest' implies more than a general interest in a particular area. Should a practitioner use the term to confer only the latter, this could be misleading for patients. We suggest the guidance should advise that the term 'special interest' is not used by the

practitioner unless that 'interest' has been accredited via additional training or has been measured against a competency framework (such as is the case with the Dentists with Special Interests scheme), or otherwise assessed.

The LAG also has concerns around the extent to which patients understand the significance, or indeed appreciate the existence, of specialist lists in dentistry. As stated earlier, the Faculty would suggest that the guidance urges those practitioners on a specialist list to link to the GDC's online information (www.gdc-uk.org/General+public/Look+for+a+Specialist/) from their website, or provide printed information for those patients with no access to the internet.