

The “Specialist List” Issue



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BAOS

There has always been debate and questions from BAOS members regarding gaining “specialist” status for those individuals who are not currently on the specialist list. There is an expectation that BAOS should provide both guidance and help to those individuals wishing to pursue this process. I have therefore tried to produce some information that members may find helpful.

When the surgical specialist lists of Surgical Dentistry and Oral Surgery were formed, there was a two year window of opportunity for people to enter the lists via the TRANSITIONAL arrangements in order to do this it was necessary to demonstrate that at the time of the formation of the list you were an EXISTING specialist. This facility closed two years after the lists were formed.

It was, from that point on and still is possible to gain entry by ‘Mediated Entry, however when the lists of Oral Surgery and Surgical Dentistry were amalgamated there was no new transitional period due to the fact that they were amalgamating two lists that had already had the benefit of transitional arrangements.

Currently the only way to gain entry to the Oral Surgery list other than by formal training pathway, is by Mediated Entry., which is entirely under the control and direction of the GDC.

People wishing to apply by Mediated Entry should first study the GDC website area applicable to specialist lists, where they will find information relevant to the Specialty of Oral Surgery. It will very quickly become apparent that for almost all UK graduates, who do not have a RECOGNISED training in Oral Surgery, the only route available is route 7. It is important to read the notes to this as it will then become apparent that in order to gain entry by this route you have to demonstrate equivalence, by knowledge and experience in Oral Surgery derived by ACADEMIC AND RESEARCH work, what it says in the notes for applicants (which you should read) is that it is not suitable for people applying on the basis of clinical experience only. What it does NOT say is that there is no route for people applying on the basis of clinical experience only.

So where does that leave you?

The thing everyone has to realise is that this system was not produced as a method of getting experienced but not formally trained individuals onto the specialist lists, it was designed to deal with a very small number of people who have done informal training programmes or have spent time in academic and research work.

Since the demise of the ACOMS programme this has become an unrealistic objective and the GDC have taken a more pragmatic approach to applicants such that if they can demonstrate EQUIVALENCE to formal training both from the clinical and academic point of view they will often (but not always) admit them to the list.

In making the decision as to whether equivalence has been achieved they will often but not always seek the opinion of the SAC and when they do they do not always accept the advice that is given.

So what happens when you submit an application to the GDC is that it is either accepted, rejected or passed to the SAC, please note that neither BAOS nor the SAC have any involvement in this.

If the application is sent to the SAC they will review the papers against the curriculum and against all aspects of a formal training programme.

Please note that the SAC can only assess the papers they are sent, so if you don't put stuff in your application it will not be assessed, also please note that there are no hard and fast rules about what you need to have done, except to say that you do not need to demonstrate competence in any part of the post CCST curriculum, but that simply having experience (no matter how much) will be unlikely to bring success. You need evidence of didactic training, which as a Specialty Doctor is difficult to demonstrate as these are largely service provision jobs.

Things that will help your application:

Documented evidence of training:

A comprehensive logbook demonstrating exposure to ALL aspects of the curriculum.(please also include a summary sheet)

Evidence of any postgraduate qualifications you may have achieved, MSurg Dent , M Oral Surg, or equivalent are useful but not mandatory.

Evidence of post graduate academic training, Diploma in Sedation or Implantology, or other relevant area would be a big help.

Evidence of papers published in relevant areas

Significant presentations

Demonstrative involvement in Audit

Teaching experience

References, these need to be from people who you work with and people who can verify your training, character references although very nice are not what is needed

The above list is a guide only and is certainly not exhaustive.

Notes:

It has been obvious to all of us on BAOS Council that there are a section of our members who feel “disenfranchised” by the fact that they were too early in their careers to be “grandfathered” onto the surgical dentistry list when it was established, and there were insufficient training programmes available for them to complete and gain formal training. Remember the inclusion of an individual onto any specialist list is a decision by the GDC and is independent of any specialist associations-BAOS is an association of oral surgeons, it has no influence over the GDC; or the Oral Surgery SAC, and it is not a “trade union” and therefore is not in a position to formally advise or influence members applying for specialist status.

However:

If an individual is undertaking a FORMAL training programme at the end of this programme they have two specific elements:-

1. A portfolio showing evidence of 3 years formal supervised training in all aspects of the curriculum (clinical and non-clinical), with demonstrated competency acquisition signed off by an accredited training supervisor (e.g. Consultant).
2. They have passed all aspects of the tricollegiate “exit” examination i.e. originally the M.Surg Dent , now the M.Oral Surg. , or an equivalent specialty examination e.g. FFD Oral surgery from Ireland (N.B. NOT the FFD oral surgery /oral medicine which is the equivalent of the original FDSRCS)

Therefore if an individual wishes to be granted specialist status they would have to clearly demonstrate they have full equivalence of both of these elements. The curriculum is available on the RCS website and therefore it is possible for an individual to demonstrate logbook activity matched to each element of this to show all aspects have been completed. **** There must be evidence that they have been trained and supervised in these elements , not just that they have done “lots of them”-numbers of procedures done does not equate to demonstration of competence-this can only be shown by formal assessments carried out by a recognised supervisor*****

An individual can submit this same portfolio to be considered for eligibility to apply to sit the M.Oral Surg. If it is accepted, and the individual sits and passes the M.Oral surg, then they would be in a very strong position to apply for “mediated entry” to the specialist list.

As it is a decision for the GDC this still doesn’t mean they will necessarily get onto the list.

I hope members find this helpful, but would re-iterate that this is not intended to be official advice as BAOS are not in a position to do this