



British Association of Oral Surgeons
Royal College of Surgeons Edinburgh
Nicolson Street
Edinburgh
EH8 9DW

Mr Peter Dyer
President of the BDA and the Chair of the CCHDS
64 Wimpole Street
London
W1G 8YS

17th May 2018

Dear Mr Dyer

We write to cordially request the BDA seek a review with the GDC of the current systems in place for entry onto Dental Specialist lists for candidates who have not had the opportunity to follow the formal Specialist training route.

Reviews have indicated that SAS Oral surgeons are delivering significant numbers of Oral Surgery services at Specialist level in the United Kingdom. Access to the Oral Surgery (OS) Specialist list is especially problematic for Staff Grades, Speciality Dentists and Associate Specialists (SAS) in Oral Surgery due to the low numbers of OS training posts and the fact that many of these have only recently been created. To help rectify this and provide both recognition for the individual and reassurance for the public, we propose the introduction of a parallel Certificate of Eligibility for Specialist Registration (CESR) route for General Dental Council (GDC) registered SAS Dentists in Oral Surgery and also for its consideration for other dental specialities.

The CESR route overseen by the GMC is available for our medical SAS colleagues and has been functioning successfully for many years. However, it is not available for dentally qualified SAS through the GDC. In all other aspects of the grade there is no contractual distinction between the medical or dental SAS - for example, eligibility requirements to become an SAS and national terms and conditions.

On the reintroduction of the GDC OS Specialist list in 2008 the GDC grandfathered all of those on the Surgical Dentistry list onto the OS list regardless of whether they were practising Oral Surgeons and without any form of competency assessment. This creates the false impression of a large Specialist OS work force (755 registered Specialists in 2014).

The introduction of formal Oral Surgery Speciality training posts has been slow and to date there are only 41 Speciality Registrar (StR) posts. Should the StR's successfully complete their training this leads to only 41 new OS Specialists being generated every three years. Although the number of training posts is slowly increasing there will soon be a significant shortfall in the number of OS Specialists needed to lead, train and deliver OS service as it becomes apparent that a significant proportion of those grandfathered are either not practising OS or retired.



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There has been recognition of the amount of OS service the SAS grades deliver particularly in Oral and Maxillofacial Surgery (OMFS) units in secondary care and the level of care and training they deliver within a multidisciplinary team, both by the MEE review of Oral Surgery services 2010 and the NHS England Guide for Commissioning Oral Surgery and Oral Medicine 2015. Brotherton et al also published 'The scope of practice of UK Oral Surgeons' in 2015 which detailed the breadth of service provision by the SAS grades.

Both the OS MEE review and Commissioning Guide suggest that the OS SAS grades are recognised and given the opportunity to gain entry to the Specialist list and obtain further career development. Further development of SAS grades is also supported by the 2017 NHS Workforce Review 'Facing the Facts, Shaping the Future'.

OMFS SAS have the largest ratio of SAS to Consultants across all medical and dental specialities (347 to 322 in the MEE review in 2010) indicating the amount of OS service the OS SAS are delivering. The British Association of Oral Surgeons (BAOS) has approximately 330 SAS members making up two thirds of its membership. Not only do OS SAS deliver OS services under LA and GA at levels 1,2 and 3 they also hold additional roles - for example; leadership and management roles plus involvement in OS teaching and training for undergraduate and postgraduate dentists. They also regularly take part in on call rotas at Registrar and Consultant levels (BAOS membership survey 2017).

The current cohort of OS SAS did not get the opportunity to be grandfathered onto the GDC OS Specialist list or to gain access to the extremely small number of training places that have only recently been created. The majority are functioning at a high level of clinical practice and are too experienced to be appointed into a training post now. They have no mechanism to prove their knowledge and competency to gain access to the Specialist list and though delivering care at this level have no Specialist recognition when doing so. Prospective manpower planning must take this into account as currently there are not enough OS Specialists being generated for the future and patients greatly need OS Specialists with the ability to deliver advanced OS services in Primary and Secondary care.

The current GDC mediated entry process onto the OS Specialist list is not a transparent route this group can utilise either as it is currently designed to 'mediate entry based on academic and research grounds' and not on clinical competence.

We are not proposing an alternative to Specialist OS training, which we fully support (and sincerely hope additional training posts will be available in the future) but rather the opportunity for the current senior cohort of SAS Dentists to have a mechanism to apply for a CESR in OS. A review of this process will also potentially have benefit to all Specialist list applicants.

The OS SAS dentists are competent clinicians who are very capable of being the Specialists required to deliver both current and future OS services in both Primary and Secondary care and



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to be leaders and trainers in their Speciality. It is only right that there should be a fair, transparent and equitable mechanism in place for them to be able to demonstrate this formally

and, along with their medical colleagues, earn a place on the OS Specialist list gaining the recognition and career progression they deserve.

BAOS would be very happy to collaborate with the BDA and other relevant stakeholders in order to take this crucial matter forward and we would suggest a meeting – preferably before the end of the Summer – in order to do so.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rebecca Hierons', with a horizontal line underneath.

Mrs Rebecca Hierons
BAOS President

A handwritten signature in black ink, appearing to read 'Pippa Blacklock'.

Mrs Pippa Blacklock
BAOS Secondary Care and Education Committee

Cc: Dr Christine Goodall, Chair of Oral Surgery SAC
Dr Alan Mighell, Chair of ABSTD
Mr Nicolas Taylor, Chair of COPDEND
Mr Mamdouh Morgan, Associate Dean for SAS COPMED
Dr Amit Kochar, Chair of BMA SAS committee
Ms Faye Macdonald, CESR lead, GMC
Prof Michael Escudier, Dean of the Faculty of Dental Surgery, RCS England
Prof Fraser McDonald, Dean of the Faculty of Dental Surgery, RCS Edinburgh
Professor Graham Ogden, Dean of the Faculty of Dental Surgery, RCS Glasgow
Dr John Marley, Dean of the Faculty of Dental Surgery, RCS Ireland
Dr David Geddes, Head of Commissioning NHS England
Prof Sara Hurley, CDO England
Dr Colette Bridgman, CDO Wales
Dr Margie Taylor, CDO Scotland
Dr Simon Reid, CDO Northern Ireland