

BAOS Feature

Who can practice Dentistry?

Oral Surgery is a speciality of Dentistry. Under the Dentists act 1984 (1), the practice of dentistry is restricted to registered dental professionals, and dental students under direct supervision.

Oral & Maxillofacial Surgery is a medical speciality. They must be registered and licensed to practice by the General Medical Council (The medical Act 1983) (2) To register and achieve specialist status, they must qualify as both a dentist and a doctor and complete specialist training in OMFS.

We all know that OMFS includes tasks that are defined as dentistry. The GDC recognises that some OMFS tasks are essentially classified as dentistry. Should OMFS surgeons therefore have a GDC registration to undertake this aspect of their work?

The GDC recently issued a position statement on doctors practising dentistry (3). The Dentists Act 1984 allows a 'medical task exemption'. This allows GMC registrants, to perform 'medical tasks that could otherwise be defined as dentistry'. Subsection 1a of section 37 of the Dental Act 1984 defines this 'medical task exemption' as *"a task carried out as part of the delivery of clinical care"*

The Act goes onto say *"Healthcare professionals must not represent themselves as registered dentists or registered dental care professionals, nor use certain protected titles unless they are appropriately registered by the GDC"*

Examples

1. An ENT Head and Neck Oncology surgeon removes a tooth to allow for the resection of a part of the jaw as part of major cancer surgery. This would be allowed as it is part of the wider clinical care.
2. An Anaesthetist removes a partially avulsed central incisor as part of undertaking airway management for a pan facial trauma patient. Again, this would be allowed.
3. A GP prescribes antibiotics for dental infection, as the patient is unwilling to pay to see a dentist. This would not be allowed as it is not part of the medical care of the patient.

4. The MDU (4) recommends that GPs signpost dental problems to the patient's own dentist or if severe infection is a possibility to the local secondary care provider.

You might ask, why is this important?

BAOS has been asked for advice about the appointment of a medically qualified and GMC registered Speciality Doctor (SAS Grade) in OMFS, who is not dentally trained or qualified and hence has no GDC registration. It should be remembered that Speciality Doctors are regarded as senior doctors, (5) that SAS Grades are NOT training grades and that they can practice with a certain degree of autonomy.

It was proposed that the candidate would work in one of these spoke units where there is on average 7 Cons OMFS sessions per week and 35 Oral Surgery sessions per week. The question was raised whether such a practitioner, when faced with a facial pain patient could diagnose periapical periodontitis, pericoronitis, dentinal hypersensitivity etc. without dental training.

The Specialist Oral Surgeons in this spoke unit felt this would fall outside the 'medical task exemption' as the candidate would be seeing patients referred by general dentists for Oral Surgery problems and could therefore be defined as the illegal practice of dentistry.

BAOS sought advice from the DDU and the GDC who agreed this would be the illegal practice of dentistry. Because of this advice the appointment was halted.

It should be remembered that there are many medical core trainee and foundation doctors working in OMFS units across the country, however it is my understanding they can only assist in OMFS procedures and cannot undertake dentistry, unless they are a registered dental student and are working under the direct supervision of a dental registrant.

It is becoming increasingly common for OMFS surgeons to approach the speciality from a medical first background rather than the historic dental first scenario. It is important that such doctors who are undertaking their dental degree do not undertake dental procedures unless they are directly supervised by a dental registrant. If they do it could be determined as the illegal practice of dentistry and could potentially end their proposed career in OMFS before it has even started.

It is a good rule of thumb that doctors aren't dentists and dentists aren't doctors unless qualified and registered as both.

References

- (1) [Dentists Act 1984 \(legislation.gov.uk\)](#)
- (2) [Medical Act 1983 \(legislation.gov.uk\)](#)
- (3) [GDC position statement on dual registration requirements \(gdc-uk.org\)](#)
- (4) [Treating patients with dental problems: advice for GPs - The MDU](#)
- (5) [bma-plg-doctors-titles-explained-2017.pdf](#)



Adrian Curtis
BAOS Elected Member

Oral Surgery Specialist Training in the UK - What's new?

Expanding speciality

Our speciality is expanding at the right time. A need for more specialist and consultant Oral Surgery (OS) services has been reported by NHS England¹. Therefore, it is to be celebrated that UK OS specialist training posts (StRs) have increased, now over 55, and look to increase further still.

Compared to 10 years ago², there has been a 37.5% increase in number of oral surgery specialist training positions (StR). As a trainee body we are fortunate due to all those whose years of hard work has helped pave the way for Oral Surgery and specialist training to date.

Now, there are several developments ongoing for UK OS specialist training. For that reason, this is a key time for OS StRs to help shape the future of Oral Surgery by working together, and with current leaders in OS as these developments progress.

Growth and expansion of Oral Surgery and StR posts are welcomed, but from a trainee perspective any changes to training should be considered with quality in training being maintained, or improved upon, rather than growth alone. Also, the impact of changes on trainers' and trainees' and the de facto delivery of training needs consideration by stakeholders involved in ongoing key developments.

Training duration increased

Oral surgery specialist training will increase from 3 to 4 years duration with a proposed date of September 2024.

GDC approved updated OS curriculum

The *current* OS curriculum was published in 2014. The Specialist Advisory Committee has published an *updated* OS curriculum, available online through the GDC. The GDC states that the 'next curriculum will take effect for all new specialty trainees by September 2024'. The *current* curriculum can also be found online through the GDC's website.

OS Trainee National study day.

The first in-person national Oral Surgery study day for three years, and since before the pandemic, was recently held by Guy's Oral Surgery and Guy's Salivary Gland multi-disciplinary team. Almost all UK StRs attended (see photo!). Special thanks to Dr Kiran Beneng, Consultant Oral Surgeon, for making this study day a reality, especially after a period of when so much education has gone virtual. Feedback showed trainees valued an in-person study day and being together. This was particularly important to trainees after a period of documented challenges to training⁴.

I hope to see all the OS StRs from the UK at the next one!

References

1. NHS England. Oral surgery clinical standard. 2023. Available online: <https://www.england.nhs.uk/long-read/oral-surgery-clinical-standard/>
2. V Patel, L Ormondroyd. The Oral Surgery trainee perspective. *Oral Surgery*. 2015. 8: 30-37.
3. General Dental Council. Specialty Curricula. Available online: <https://www.gdc-uk.org/education-cpd/quality-assurance/specialty-curricula>
4. Gurnam A, Wanis C, Wilson G, Moore R. The impact of COVID-19 on oral surgery training. *Oral Surgery*. 2021. 14: 313-320.



Oral Surgery Specialty Registrars (StRs) from around the UK



Alex Orchard
BAOS Council Trainee Rep

Oral Surgery Clinical Standard Published

A series of Clinical Standards for dental specialties have been published by NHS England. These are more succinct documents than the earlier Commissioning Guides but contain many of the key features such as a description of the clinical service, workforce and training and an illustrative patient journey.

The Oral Surgery Clinical Standard was published in May 2023. Having chaired the working group that delivered the 2015 Guide for Commissioning Oral Surgery and Oral Medicine, I was invited to lead the development of this Clinical Standard. There is a separate Oral Medicine Clinical Standard. The work was undertaken in regular discussion with staff of the Office of Chief Dental Officer but not with the same large committee that was convened to write the Commissioning Guide.

The final draft was sent to numerous stakeholders, many of whom provided helpful feedback that was incorporated into the published version.

There was a need to review the earlier commissioning guide and particularly in light of the more recently published Getting in Right First Time (GIRFT) report for hospital dentistry in 2021. This highlighted the national gaps in the development of functional Managed Clinical Networks (MCNs) and Electronic Referral Management Systems.

The vision of the commissioning guide was to improve access, reduce inefficiencies & inequalities and enable better quality care and patient outcomes. It is disappointing that some years on, the basic systems are still not in place in some parts of England, such that inequalities continue.

The concept of clinical engagement through Managed Clinical Networks is key to overseeing change and is reiterated in the Standard.

Clearly MCN Chairs need to be appointed through fair systems, appropriately remunerated, and supported to enable them to function professionally and take responsibility for the provision of their local oral surgery services.

Reference

<https://www.england.nhs.uk/long-read/oral-surgery-clinical-standard/>



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