

**Consultation on amending  
the routes for assessed  
applications as set out  
in the GDC's Specialist  
List Regulations**





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# 1. Introduction

This report provides a summary of the comments received to the General Dental Council's (GDC) consultation on proposed amendments to the routes for assessed applications as set out in the GDC's Specialist Lists Regulations. The report also provides our consideration of the comments and our response.

The consultation asked for views on the ways registered dentists can gain entry onto the GDC's specialists lists. In particular, it asked about the avenues through which dentists who have not gained a Certificate of Completion of Specialist Training (CCST) may join their respective specialist list through expertise and experience. It also asked for feedback on amendments enabling the implementation of recent trade agreements between the UK and certain other countries.

The consultation responses represented a broad range of views, the majority of which strongly supported our proposals. Many respondents agreed that the amendments would improve the clarity of the Specialist List Assessed Applications (SLAA) process and open it up to many more people who have the skills, knowledge and experience that match, or in some cases exceed, that which is acquired following a CCST.

The consultation was open for responses from all stakeholders including patients, dental professionals, and representative bodies from 4 July 2024 until 12 September 2024.

## 2. Background

The GDC is the regulator of dental professionals in the UK, and one of ten professional healthcare regulators. The GDC is a statutory body established by the Dentists Act 1984 and has a broad statutory remit. In common with all other healthcare professional regulators, our overarching objective is the protection of the public, in pursuit of which we must pursue the three following objectives:

- To protect, promote and maintain the health, safety, and well-being of the public.
- To promote and maintain public confidence in the regulated professions.
- To promote and maintain proper professional standards and conduct for members of those professions.

Parliament has also set out four functions (our ‘statutory functions’) that we must conduct in pursuit of these objectives. They are:

- To maintain a register of dental professionals.
- To set standards for the dental team.
- To set standards for dental education.
- To investigate allegations of impaired fitness to practise and take appropriate action where necessary.

### Dental specialties

The GDC has the power under section 26(3) of the Dentists Act to make regulations that prescribe titles for distinctive branches of dentistry and make lists of dentists, supplementary to the register, who can use those titles. The GDC currently maintains 13 specialist lists<sup>1</sup> of registered dentists who have met minimum standards of training, and who are allowed to use the title ‘specialist’ in relation to their particular specialty.

The GDC is responsible for approving all curricula for education and training in specialist dentistry. The curricula are developed by Specialty Advisory Committees (SACs) who report to the relevant dental faculties of the Royal Colleges. We have worked with SACs to revise the [specialty curricula](#), which were introduced from September 2024.

1. Oral Surgery, Orthodontics, Oral Microbiology, Restorative Dentistry, Endodontics, Prosthodontics, Periodontics, Oral Medicine, Oral and Maxillofacial Pathology, Dental and Maxillofacial Radiology, Dental Public Health, Paediatric Dentistry, Special Care Dentistry

## Routes of entry to the specialist lists

There are several routes that GDC-registered dentists can use to join a specialist list.

The primary route in the UK is the pathway via specific approved specialist training programmes which follow the specialty curricula the GDC approve. Admission to those training programmes is governed by the postgraduate dental deans through a process which allocates a National Training Number (NTN) to those admitted. Successful completion of such training programme leads, on the recommendation of one of the postgraduate dental deans, to the award of a Certificate of Completion of Specialist Training (CCST) which in turns entitles the holder to entry onto the relevant specialist list.

Registered dentists who have not undertaken the specific approved specialist training programme and therefore do not hold a CCST, can apply to join a specialist list by submitting evidence that they have an equivalent level of knowledge and experience gained in other ways. These are the Specialist List Assessed Applications (SLAA) routes which apply where an applicant:

- can demonstrate that they have knowledge and experience derived from academic or research work in the specialty in question and can satisfy the GDC that this knowledge and experience is equivalent to that which the dentist might reasonably be expected to have acquired if they had undertaken the training required for the award of a CCST in that specialty. Or
- holds specialist dental qualifications awarded outside the UK and can satisfy the Council that those qualifications are equivalent to those required for the award of a CCST in the specialty in question. Or
- [for Orthodontics and Oral Surgery only] is a dentist with a relevant specialist qualification awarded by certain institutions in EEA Member States or Switzerland. Or
- [for Oral Surgery only] who are registered as a specialist on the General Medical Council's Register for Oral and Maxillofacial Surgery and has completed training equivalent to that required for the award of a CCST in Oral Surgery.

Since the SLAA process was brought in-house to be managed by the GDC, applications are submitted to them and considered by an assessment panel. There are three assessors on the panel, with at least two assessors coming from the relevant dental specialty list where possible. The assessors consider each application and make an individual recommendation before meeting as a panel to discuss it. The recommendation is based on the panel's assessment of whether, from the evidence submitted, an applicant has demonstrated an equivalent level of knowledge, skills, and experience to a dentist with a CCST in that specialty and is therefore eligible for specialist listing. The panel's recommendation is sent to the Registrar, and the decision to admit an applicant to a specialist list is made by the Registrar.

### 3. Consultation on amending the routes for assessed applications as set out in the GDC's Specialist List Regulations

The GDC consulted on proposals that would amend the SLAA routes so they can give greater clarity for applicants and greater consistency between different groups of applicants. This was driven by concerns regarding the SLAA routes that:

- UK-qualified applicants who are not, or were not, on a training programme leading to the award of a CCST were disadvantaged compared to non-UK qualified applicants; and
- The academic and research route may be unfit for purpose.
- There is a lack of consistency of how different specialties are considered.

We also proposed amendments to implement the requirements of recent trade agreements between the UK and certain other countries. These countries are Norway, Iceland, Liechtenstein, and Switzerland. We are not aware of any intention to add to these countries through future trade agreements, but the regulation is drafted to include any country which is or becomes within scope of the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023.

#### Questions and analysis

We asked three pairs of questions on specific issues, with one of each pair being a scale question. This asked the respondent to select one answer from a pre-set list, followed by an open question where they could provide rationale for their answer. There were also two more open questions.

The following information about respondents was gathered to help with response analysis:

- Whether a respondent was replying as an individual or on behalf of an organisation.
- How they would best describe themselves or their organisation.
- If they are a registered dental professional (including the title of their professional group).
- Whether they are on a specialist list and, if so, which one.
- If they were not on a specialist list, whether they were training/planning to train on a CCST route, or if they were planning to apply via assessment route.

We also provided an anonymous, optional survey to collect information about the respondents' protected characteristics. We collect this data to understand more about the audiences we engage with. Of the 332 individual respondents to the main consultation, only 35 completed the voluntary equality, diversity, and inclusion (EDI) survey. These responses showed that the age range of the respondents was spread somewhat equally across the age ranges between 25 and 64 years old, and there was an almost even split between male and female respondents. Unfortunately, the proportion of responses to the EDI survey in comparison to the main consultation meant we were unable to use this data set within the analysis of the consultation. We will continue to analyse the EDI survey responses across all our consultations, to ensure we are doing more to engage with hard-to-reach groups.

Respondents had the option to either read and respond to the consultation paper online via our website and a survey platform or download a copy of the paper and submit their response via email.

## **How we promoted the consultation and engaged with stakeholders**

We launched the consultation and made the materials available on our website. We promoted them by correspondence to our stakeholders, social media posts and a press release. We also included announcements and reminders of the consultation via our monthly newsletter to stakeholders and used opportunities in our regular meetings with stakeholders to promote the consultation. We also sent email reminders to stakeholders to make sure they were able to submit their response in time.

## **How we reviewed the consultation responses**

Responses for closed (quantitative) questions are reported in the form of summary tables. For open text (qualitative) questions, a coding framework was prepared for each question to categorise each response and identify key themes across all responses.



## 4. Headline analysis of consultation responses

We received 341 responses to the consultation. 332 of these were submitted to us using the online platform. 2 responses were a completed consultation document sent to us via email, and 7 were sent to us via email but not in the format of the consultation document.

323 of the respondents stated that they were responding as individuals. 16 respondents told us that they were responding as an organisation; these were mainly from professional representative bodies. The remaining 2 respondents did not answer or provide information about whether they were responding as an individual or on behalf of an organisation. The information is summarised in Table 1.

**Table 1 – Number of responses from organisations and individuals**

Response	Number of responses	Percentage of responses*
Individual	323	95%
Organisation	16	5%
Blank/did not say	2	<1%
<b>Total</b>	<b>341</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

Responses were made on behalf of the following organisations who have agreed to be listed in this report:

- British Association of Oral Surgeons
- British Association of Oral and Maxillofacial Surgeons
- British Dental Association (BDA)
- British Endodontic Society
- British Orthodontic Society
- British Society for Community Dentistry (BASCD) and the British Society of Community Dentistry (BASCD) consultants and specialists group.
- Cardiff University, School of Dentistry.
- COPDEND - UK Committee of Postgraduate Dental Deans and Directors
- Curran Oral Surgery Clinic
- Dental Faculty, Royal College of Physicians and Surgeons Glasgow
- Faculty of Dental Surgery at the Royal College of Surgeons of England (FDS)

- Neo Orthodontics North East Limited
- Restorative Dentistry-UK
- School of Dental Sciences Faculty of Medical Sciences Newcastle University
- Specialty Advisory Committee for the Additional Dental Specialties (SACADS)
- The Royal College of Surgeons of Edinburgh Faculty of Dental Surgery

As not all respondents answered every question, in our analysis we have adjusted the base rate number (n) to reflect the number of completed responses to that question.

In general, responses from organisations contained more detail than those from individuals, and this is reflected in the analysis of the feedback. The breakdown of the responses we received can be found in the tables below.

**Table 2 – Respondents described themselves as the following**

Response	Number of responses	Percentage of responses*
Dental patient or member of the public	0	0%
Professional body	8	2%
Education or training provider	8	2%
UK registered dental professional	298	90%
NHS body	8	2%
Training or studying to join the GDC register	6	2%
Regulator	0	0%
Other	3	1%
<b>Total</b>	<b>331</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

Table 2 shows that a very high proportion of responses were received from UK-registered dental professionals.

**Table 3 – Responses broken down by type of dental professional title**

Response	Number of responses	Percentage of responses*
Dental hygienist	2	1%
Dental nurse	0	0%
Dental technician	0	0%
Dental therapist	2	1%
Dentist	295	99%
Orthodontic therapist	0	0%
Clinical dental technician	0	0%
<b>Total</b>	<b>298</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

Table 3 demonstrates that dentists made the vast majority of responses.

**Table 4 – Specialist list status**

Response	Number of responses	Percentage of responses*
On a specialist list	106	36%
Not on a specialist list	83	28%
Planning to join a specialist list in the future	106	36%
<b>Total</b>	<b>295</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

Table 4 shows that there was a fairly even split in the number of responses from dentists on a specialist list, dentists not on a specialist list and those planning to join a specialist list in the future.

**Table 5 – Planned route to specialist listing**

Response	Number of responses	Percentage of responses*
I am training/planning to train on a CCST route	28	26%
I am planning to apply via the assessment route	78	74%
<b>Total</b>	<b>106</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

Table 5 shows that of those planning to join a specialist list in future, about three times as many respondents are planning to apply to join a specialist list via the assessment route compared to the CCST route.

**Table 6 – Planned route to specialist listing**

Response	Number of responses	Percentage of responses*
Endodontics	7	6%
Periodontics	5	4%
Prosthodontics	6	5%
Oral Surgery	49	40%
Special Care Dentistry	11	9%
Dental Public Health	1	1%
Orthodontics	27	22%
Oral and Maxillofacial Pathology	0	0%
Dental and Maxillofacial Radiography	0	0%
Oral Medicine	2	2%
Oral Microbiology	0	0%
Restorative Dentistry	6	5%
Paediatric Dentistry	8	7%
<b>Total</b>	<b>122</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

## 5. General consultation feedback

The consultation prompted a large number of responses that indicated strong overall support for the proposals. This support was shared by 15 out of the 16 organisations that responded, and the majority of individuals. We received a range of feedback, including some that was critical of the plans. We have evaluated this feedback and consider that there was no persuasive argument against the proposals. This means that we will proceed with our proposals to amend the regulations.

There was understandable concern that the standard of entry onto the specialist lists should not be compromised, and we are pleased that respondents share our commitment to the integrity of the specialist lists. There were also many specific comments which are summarised across the rest of this document.

The proposals set out in the consultation were intended to refine the existing, established SLAA routes to specialty listing to create greater clarity for applicants and greater consistency between different groups of applicants.

We received positive feedback that included the proposals would lead to a system that was *'Easier and fairer to understand'* and that *'multiple routes are confusing and off putting. A single but robust route, which is clear about evidence requirements for entry is preferable.'*

A consistent and common theme in the responses was a call to ensure that the process for determining equivalence was robust, fair, and transparent:

*'It is imperative that the process shows full equivalence to specialist training and CCST outcomes, via alternative methods.'*

Fairness was a common theme of those both in positive and negative comments. This covered both the fairness to enable a wider range of applicants with the skills, knowledge, and experience to apply via the SLAA pathway, and fairness to people who had already started or completed the National Training Number (NTN) pathway.

*'Current route does not recognise skills and experience of specialist-equivalent clinicians, working mostly in SAS positions in specialist NHS departments in the UK. Academic success is not necessarily an indicator of clinical competence. It's important to recognise these skilled clinicians to provide opportunities for career progression and staff retention and ultimately service improvement.'*

*'This hugely undermines those in current training that have likely attained their NTN through personal cost may that be financial or otherwise. These individuals have taken an arduous route showing commitment to the specialty...'*

Some responses made remarks around the quality assurance of the process, for example:

*'One route is good for clarity. However, the responsibility lies heavier on the GDC to ensure this route includes all robust steps required for quality assessment.'*

Some respondents also called for more information to be provided on the detail of the proposed processes.

*'There needs to be better clarity on the pathways through to specialist registration attainment, with a transparent outline of the requirements.'*

We also note that some of the responses did not address the specific question being asked. We have included all responses in our analysis.

**GDC response:**

Following the incorporation of the SLAA process into the GDC's direct management, we are making continuous efforts to add greater clarity and transparency to the process. We welcome the feedback that there is still work to do in this area. We will reflect on what more we can do to foster greater confidence in the process. We are already exploring how we can develop an internal consistency check process, including holding review days with assessors.

## 6. Specific feedback

A summary of the consultation feedback to the specific questions and the GDC's response, are set out in order below.

### Question 8:

**As set out in this document, the GDC proposes to add an additional route at regulation 6(1)(b) of the draft regulations to provide Oral Surgery and Orthodontics applicants who have gained their qualifications, knowledge skills and experience within the UK, but do not have an NTN, with a route to specialist listing. To what extent do you agree or disagree that we should make this amendment?**

The consultation asked respondents to what extent they agreed the GDC should amend the regulations to provide individuals who had gained sufficient knowledge, skills and experience in the UK in Oral Surgery or Orthodontics with a specific route to specialty listing. They could answer the question indicating their response on a scale between strongly agree and strongly disagree. Respondents could select one answer from five options or choose not to answer.

The answer options and the responses received are set out in the table below.

**Table 7 – (responses to consultation question 8)**

Response	Number of responses	Percentage of responses*
Strongly agree	180	55%
Agree	51	16%
Neither agree nor disagree	18	5%
Disagree	21	6%
Strongly disagree	59	18%
<b>Total responses to this question</b>	<b>329</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

The majority of respondents were supportive in their response to this question. (Strongly agree/agree = 231; 71%). The GDC is encouraged by the level of support for this proposal and the number of comments made.

249 respondents provided an explanation to their answer, with the majority of respondents agreeing with the proposed amendments. A wide range of comments were made which are summarised below. We note that some of the concerns raised were not directly related to the specific question asked.

## Fairness

It was recognised that the proposed change would improve fairness of the system as it would result in the orthodontic and oral surgery specialties being treated in a similar way to the other specialties.

A few comments were made that a significant amount of oral surgery in secondary and tertiary care was conducted by a large number of highly skilled, experienced staff who were not on the specialist list, and the proposed change would provide an opportunity for them to apply.

*'Following its [the Grandfathering of Oral Surgery specialists] closure there has been a limited number of specialists added to the list due to the limited number of Oral Surgery training posts in the UK. The majority of Tier 2 and 3 Oral Surgery in the UK is carried out by non-specialists and this includes non-specialists working in secondary care and primary care practitioners. These individuals are the forgotten 'tribe' of oral surgery and their experience of treating complex oral surgery cases needs to be recognised.'*

Other comments included that the current system was fair because the entry onto the NTN programme was competitive and transparent, whereas an assessment process *'will create a system that is open to abuse, favouritism, and ultimately old fashioned.'*

### GDC response:

We recognise the fairness of considering orthodontics and oral surgery within the same framework as the other dental specialties.

We note the comments that this proposal would open new opportunities for experienced staff with the right knowledge, skills, and experience to apply for the specialties, particularly for oral surgery.

We will make sure the assessment process remains clear, transparent, and fair.

## Equivalence and quality assurance

A large number of comments were received about the need to ensure that the new pathways met the equivalent standards of the existing NTN pathway. There was concern that people who were not clinically competent to the level required by a specialty may be accepted through the new assessed route. It was suggested that the rigour of other training pathways (i.e. other than NTN pathway) cannot be guaranteed, and one comment expressed the opinion that the standard of MSc programmes (for example, oral surgery) was not of the same standard as the NTN pathway.

Similarly, the need for clarity of the assessment process was also raised. A common theme was the need for a robust and consistent system that ensured equivalence with the NTN pathway.

### GDC response:

The concerns around the equivalence of new routes into specialist pathways highlights the complexity of the issue. We need to demonstrate that the assessment process is robust, defensible and secures the integrity of the specialist lists. The SLAA process is anchored to the specialty curricula and because of this we are assessing whether applicants coming through the SLAA route have all the required knowledge, skills, and experience to join a list. We require the evidence to demonstrate this to be provided in a consistent and explicit way against the Higher Learning Outcomes set out in the curricula.



The SLAA process is now directly managed by the GDC. This allows us as the regulator to oversee the assessment process. Of the three assessors on each assessment panel, at least two are normally from within that specialty. A robust recruitment process was used to appoint specialist assessors to sit on the assessment panels, all of whom have Deanery or specialty-level assessment experience, and knowledge of UK higher education systems and education requirements for specialist dentists. All assessors have received in-depth training on the assessment process which includes the surrounding legal framework. Until the day of panel, the assessors will not know who the other panel members are, meaning that each assessor's recommendations remain independent. All decision letters go through a comprehensive review process to ensure detailed feedback is provided to applicants.

The GDC have arranged further training days, which are due to be held in the near future to help ensure a standardised assessment process between the assessors. Following the feedback from assessors, each training day has been tailored to the different specialty groups.

## Summative examination

A number of comments were made about how passing a Royal College specialist examination demonstrated the level of knowledge required for the specialty. Some considered the examination to be a desirable way of demonstrating that a standard has been reached and provided an '*objective and fair assessment*.' Some respondents of this view also argued that passing the specialist examination should be essential requirement for it is an important aspect in being considered for entry to a specialist list. Some fed back that passing an examination would be a desirable part of an application, and others argued that this should be a mandatory requirement for the SLAA process.

Many respondents argued that there should be access to the Royal College specialist examinations for a wider range of candidates. The rationale for this argument included that there were dentists not on the NTN pathway with considerable expertise who should be given the opportunity to participate in the examinations to demonstrate their knowledge.

### GDC response:

We recognise that a summative examination provides candidates with the ability to demonstrate their specialist knowledge in a concise and consistent way. We note that an examination does not offer candidates the opportunity to demonstrate their clinical skills and practical capabilities that are key to specialist status and caution an overreliance on an examination as the central part of an assessment. It is essential that applicants who have completed a summative examination also present a portfolio of evidence of their practical skills which will be assessed at a panel.

The GDC recognises that the examinations that could be incorporated into a recognition scheme, are conducted by the Royal Colleges and are not under our administration or management. These examinations are only open to those on the NTN pathway and for some overseas candidates. We would not oppose the opening up of access to these examinations if the Royal Colleges wished to do so and would support efforts in this direction.

## Patient safety and public confidence

Concern was expressed that any dilution of standards required to enter the specialist list could present a risk to patient safety. Similar comments were made about the risk to the reputation of the specialty if people who were not sufficiently clinically competent were admitted to the list. Some argued that having more professionals with the required expertise and experience recognised as specialists would enhance public confidence, as patients value being treated by a recognised expert.

A further comment was made that any changes would result in the orthodontic specialty becoming oversubscribed by dentists, a number of whom would rely on AI for their treatment plans, thereby reducing standards of care.

### GDC response:

We are confident that patient safety is being protected and the reputation of the specialty is being maintained. The SLAA process is anchored to the specialty curricula and because of this we are assessing whether applicants coming through the SLAA route have all the required knowledge, skills, and experience to join a list. We require the evidence to demonstrate this to be provided in a consistent and explicit way against the Higher Learning Outcomes set out in the curricula. This means that SLAA applicants must demonstrate, and will be assessed against, the same learning outcomes and standards in this route as the NTN route.

## Workforce

A number of respondents thought that there were too few training places available. Others thought that changing the application routes to the specialist list would not resolve workforce shortages, nor should it be used to do so.

### GDC response:

We acknowledge the comments about the limited number of training places available. The role of the GDC is to regulate dental professionals in the UK and we are not responsible for managing workforce numbers or commissioning training posts. The proposals being discussed have not been developed to address workforce challenges; they have been developed to create greater clarity for applicants and greater consistency between different groups of applicants.

**Question 10:**

The GDC proposes to amend the existing routes at regulation 6(2) of the draft regulations to replace the current non-CCST routes into a single assessment route. To what extent do you agree or disagree that we should make this amendment?

**Table 8 – (response to Consultation question 10)**

Response	Number of responses	Percentage of responses*
Strongly agree	146	44%
Agree	81	25%
Neither agree nor disagree	46	14%
Disagree	19	6%
Strongly disagree	39	12%
<b>Total number of responses</b>	<b>331</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

**General feedback**

Most of the respondents were in favour of the proposal to replace the non-CCST routes with a single assessment route (69% of respondents agree or strongly agree). Respondents observed that the amendment would enable applicants to present a variety of evidence in a portfolio format. The removal of the '*academic and research*' requirements would also clear obstacles to specialist listing for practitioners with extensive primary and secondary care experience in their field. A number of comments were received on the principle of the assessment route. However, this is a well-established route for applying to join the specialist lists and one which the GDC is legally required to operate for some applicants. The focus of this consultation was on proposed amendments to the assessment routes, not on the principle of the route itself.

## Fairness

There were many comments in favour of changes that made the process simpler, more transparent, fairer, and more uniform. There was a call for the pathway to have clear aims and objectives.

Some commented that the current system was not fair and needed to be opened up to those with the necessary skills, knowledge, and experience, but had not previously been able to access the specialty list. It was noted that being able to build experience, knowledge, and expertise slowly for an SLAA assessed route could be fairer as it means that the individual did not need to relocate in pursuit of an NTN training post. Others argued that the sacrifices needed to be made in pursuit of an NTN training post demonstrated the commitment of that individual to that specialty.

It was suggested that any changes may present the opportunity to higher education institutes to introduce new training programmes that may be of variable quality and be a potential risk to patient safety. It was viewed that this could also introduce an inequity as such programmes were likely to be expensive and only available to some clinicians.

### **GDC response:**

We welcome the view that the proposals will make the process simpler and fairer for those candidates who have not followed a standard CCST route. The single assessment route proposed aims to address concerns that there are many practitioners who have sufficient experience to be considered for their respective specialist list but previously have been unable to do so due to the lack in clarity of the routes through which they can apply

Comments were received that oral and maxillo-facial surgeons on the GMC medical specialty register should not have automatic membership to the GDC oral surgery specialty list. It was noted that this sort of parity does not exist in any other specialty in dentistry and some respondents wanted oral and maxillo-facial specialists to apply through the assessed route.

### **GDC response:**

This is an objective misunderstanding of the position - there is no automatic membership of the oral surgery list. Regulation 9(4) of the European Primary and Specialist Dental Qualifications Regulations 1998 provides that an Oral and Maxillofacial Surgeon is eligible for entrance onto the GDC's Oral Surgery specialist list:

- If their name is on the GMC's specialist register for Oral and Maxillofacial Surgery; and
- If they satisfy the GDC that their training in Oral and Maxillofacial Surgery included elements that are equivalent to the training required for a CCST in oral surgery.

An OMFS applicant to the oral surgery specialist who was not able to demonstrate that their OMFS training fully covered the oral surgery specialist curriculum and who was not on the CCST route for oral surgery would need to apply through the assessed application route in the same way as any other candidate

This requirement is not part of the current consultation and remains unchanged by the proposed amendments to the regulations. Changes to the European Primary and Specialist Dental Qualifications Regulations can only be made by Parliament.

## Equivalence

Ensuring that all entering the specialty have the requisite high level of knowledge, skill and experience was highlighted in many responses. They felt that more detail on, and clarity of, the assessment process would be helpful and necessary to gain confidence in the system.

Views contrasted on the key components. Some stated that only the CCST route was able to ensure applicants had completed a robust and comprehensive training programme with ongoing assessment. Others stated that evidence from cases, work-based assessments and logbooks would help those dentists who have the required skills and experience access specialist lists.

### GDC response:

We agree that it is essential that everyone joining a specialist list has the required level of knowledge, skills, and experience, and recognise concerns regarding the ability of those who have not followed the formal CCST route to demonstrate this.

We are confident that the SLAA application and assessment processes are robust. We engage specialist associate assessors who are experienced in developing specialty curricula and training programmes, teaching, or assessing at specialty level and who have experience in conducting such assessments. These specialist assessors are equipped with the expertise to assess whether applicants meet the GDC's criteria – equivalence to the CCST. Our view is that the proposed amendments to the current specialist regulations will provide greater clarity for our associate assessors to consider a wider range of evidence to identify the specific and specialist skills required for equivalence, instead of relying on a narrower net of evidence permitted by the current 'academic and research' route.

We recognise that there is interest in greater transparency about the SLAA process. We will aim to increase and improve the public and profession facing information on our internal processes to promote understanding and confidence.

## Quality assurance

Comments were received stating that quality assurance by the GDC of any new routes was essential to maintain standards and to protect the public.

### GDC response:

We recognise the importance and value of assuring the quality and consistency of the assessment process. When developing the in-house SLAA process, we aimed to restart the assessment of applications that maintained integrity of the assessment process and addressed the backlog of applications. Having now conducted over 170 applications and held multiple assessment panels, we have a solid evidence base on which to further calibrate and align assessments. We are planning to continue this work with development sessions for all assessors in autumn 2024. We will also update our assessors' guidance to align with the amendments made as a result of the consultation outcome. By making amendments that simplify the process and increase flexibility in the types of evidence that can be submitted, we will be able to provide more specific guidance without the legislative restraint of 'academic and research' terminology.

## Summative examination

There were a large number of comments supporting the need for a summative examination being an essential part of the assessment process. This would help demonstrate breadth and depth of knowledge on a subject. It was also suggested that the SLAA assessment process could be a gateway to the relevant specialty examination.

### **GDC response:**

We acknowledge the comments in support of a summative examination. The examinations that could be incorporated into a recognition scheme are conducted by the Royal Colleges and are not under our administration or management. These examinations are only open to those with NTN's. We would not oppose the opening up of access to these examinations if the Royal Colleges wished to do so and would support efforts in this direction.

## Public confidence

Some respondents mentioned that unifying the process into one route would secure greater public confidence as all specialists would be assessed against the same criteria regardless of how they gained their knowledge and experience.

### **GDC response:**

We recognise the importance of maintaining public confidence in specialist lists. We are confident that the proposed changes will contribute to achieving this.

## Workforce

There were a number of comments on workforce shortages and what was considered to be a small number of training places available. Some welcomed the proposals as a way to get the best minds working in a specialty, whereas others viewed the CCST as being essential.

### **GDC response:**

We note the feedback that the proposals may result in benefits to the workforce and dental patients, and we welcome this.

**Question 10:**

Should the current obligation to retain the requirements under the European Primary and Specialist Dental Qualifications Regulations 1998 fall away, the GDC proposed to extend the six routes set out in regulation 6(2) of the draft regulations to include orthodontics and oral surgery. To what extent do you agree or disagree that we should make this amendment when possible?<sup>2</sup>

**Table 9 – (response to Consultation question 12)**

Response	Number of responses	Percentage of responses*
Strongly agree	120	37%
Agree	70	22%
Neither agree nor disagree	77	24%
Disagree	17	5%
Strongly disagree	39	12%
<b>Total</b>	<b>323</b>	<b>100%</b>

\*Percentages have been rounded to the nearest whole number.

In general, comments were supportive (59% agreeing or strongly agreeing compared to 17% disagreeing or strongly disagreeing). There was some recognition for a robust, clear, and uniform process that is in line with other dental specialties in the UK, thereby ensuring parity, rather than different approaches due to historic reasons.

**GDC response:**

We would like to provide consistency and fairness to applicants of all specialties. We therefore welcome the positive response about moving orthodontics and oral surgery onto the same approach that is available to other dental specialties.

2. A typing error occurred on question 12 where an unrelated number was included in the question wording. This was corrected on 15 August 2024. We had already received 164 responses at the time of correction, but we do not believe the error had any impact on the consultation or its outcome.

## Fairness

Fairness was a consistent theme amongst the responses to this question. Respondents recognised the need to align the rules regarding Oral Surgery and Orthodontics with the other eleven specialties to ensure parity.

### GDC response:

We welcome the recognition of the need for parity between Oral Surgery and Orthodontics and the other eleven dental specialties.

## Equivalence

Equivalence remained a key theme within the responses to this proposal. The notion of equivalence is a multifaceted issue, with some respondents arguing that the proposal would allow individuals who have extensive knowledge and experience in Oral Surgery and Orthodontics to gain due recognition. Other respondents said that some individuals had experience in their specialty that superseded what can be gained via the CCST, but the complexity of the current routes to specialist listing prevents these individuals from applying and/or being successful.

One organisation commented that:

*'There needs to be a shift away from the complexity of non-CCST applications in Orthodontics and Oral Surgery and move towards a process that is robust, clear, and uniform in line with other specialties. Current EU legislation is binding and prevents this, but in the future, if allowable, the EU equivalent processes for the application to Orthodontics and Oral Surgery needs to be removed. The thirteen different specialties that the GDC consider requiring a specialist list, all should have parity and equivalence, and not different mechanisms to be added to the list due to historical EU membership.'*

A respondent argued that a CCST was 'essential,' stating that it was 'dangerous to allow specialist registration without formal training,' as, in their view, equivalence of non-CCST programmes to a CCST could not be achieved. Another respondent remarked 'you must CCST' and likened the proposals to 'what's been done with physician associates replacing doctors'. These responses were concerned about the 'dilution' of Oral Surgery (in particular) by individuals gaining listing without adequate skills that would be gained via the CCST route.

### GDC response:

The SLAA route is well-established for those wishing to join the specialist lists and one which the GDC is legally required to operate for some groups. We believe that greater transparency will promote greater confidence in the SLAA process. We will improve the public and profession facing information about our internal processes to promote understanding.



## Summative examinations

One respondent called for the completion/passing of a '*recognised exam*' and a logbook to demonstrate knowledge and experience.

### GDC response:

We agree that summative examinations can demonstrate the attainment of a specific level of knowledge. It may increase the efficiency of applications and reduce the amount of evidence required in a portfolio. As mentioned earlier, these examinations are conducted by the Royal Colleges and are not under our administration or management.

When bringing the management of the SLAA process in house, we sought to focus the information applicants must gather in support of their applications to only that which is relevant to an assessment. We have already collaborated with members of the Specialist Advisory Committees (SACs) to develop documents that supplement and guide the preparation of portfolios and evidence logs for submission for assessment. Following the merging of existing routes, and the addition of the route for UK applicants (Orthodontics and Oral Surgery), we would be able to produce more flexible and tailored guidance that sets out, in detail, the evidence that will be considered/accepted at assessment to meet equivalence to a CCST.

Some of the responses suggested there was less understanding of this question. One respondent answered, '*I find point number 12 particularly difficult to understand*' and another said, '*I don't understand the question – unsure what 'fall away' mean*'. Some answers also appeared not to entirely match the question.

### GDC response:

We also recognise that the legislative boundaries surrounding the specialist lists are complex, particularly following the UK's departure from the European Union. We will update our specialist list application guidance following the consultation and will give more information about the legislation to help individuals understand the system.

We note those comments about the clarity of the question. Whilst we do not believe this has impacted the outcome of the consultation, we will learn from this feedback to improve future consultations.

**Question 5:**

**Please tell us about any impacts you think the proposals may have in respect of the protected characteristics or any other aspect of equality, diversity, and inclusion.**

In general, the responses suggested that the proposed changes may have a positive impact on equality, diversity, and inclusion as they are aimed at widening access to the assessment process. In doing so, respondents noted that this may be helpful for older professionals who have already gained significant expertise and experience and who may be encouraged to apply for assessment. It was also suggested that it could benefit professionals who are pregnant or have children as they may be able to apply for assessment without having to relocate to secure an NTN training post. However, some respondents felt the changes would have no effect on equality, diversity, and inclusion.

## 7. Next steps

We are pleased with the large number, and content, of responses this consultation received. Now that we have considered the responses, we are confident that the proposals to amend the SLAA routes will meet the aim of creating greater clarity for applicants and greater consistency between different groups of applicants.

Following on from the analysis of the consultation responses, we sought approval to make the changes outlined in the consultation proposals. Council agreed this at its meeting of 25 October 2024 and made the regulations.

These [regulations](#) are published with this consultation response. The regulations take effect from 1 January 2025.



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