Onwards and upwards

Miloi O’Sullivan, head of education at the FGDP (UK) reports on the recent DwSI conference

The Faculty of General Dental Practice (UK), in conjunction with the Department of Health (DH) England and the Oxford Dental Deanery, organised the ‘moving on’ conference to support and encourage the commissioning of services involving dentists with special interests (DwSI).

Developing new frameworks

The FGDP(UK) and the DH have worked collaboratively to develop competency frameworks in conscious sedation, endodontics, minor oral surgery, orthodontics, periodontics and prison dentistry. The FGDP (UK)’s commitment to promoting excellence in dentistry extends to the personal and professional development of the whole dental team, and the FGDP(UK)’s accredited diploma programmes in primary care orthodontics, restorative, and implant dentistry, work within the remit of the GDC’s recent consultation on flexible training to specialists.

The programme for the day included six presentations on specialty areas, followed by two concurrent workshops in the afternoon; both workshops were designed to enable delegates to share good practice.

Keynote speech

Sue Gregory, Deputy Chief Dental Officer gave the keynote address. She highlighted the endorsement of the DwSI scheme in the recent Steele Review on NHS Dental Services in England. The emphasis of the address was on the changing context of practice, also the potential implications of two year foundation training for the workforce, including future demand for DwSI and specialists.

The common themes arising from six specialty areas were:
• The need for an oral needs healthcare assessment to ensure the service provision is accurate.
• The DwSI role is a contractual one where practitioners with particular skills are contracted to provide a service, so does not detract from the traditional and important role of the generalist.
• Clinical networks of specialists and DwSI enable good communication.
• Training needs for aspiring and current DwSI.
• Standards on the roles of the GDPs and PCTs should be put in place to reduce variation in experiences, while acknowledging the need for local implementation/patient needs.

The workshop session on prison dentistry highlighted competencies needed by prison dentists in addition to generalist skills. Speaking on her own experiences as a prison dentist, Judith Husband emphasised the importance of communication between members of the dental and prison team to ensure that the priorities of security and patient care are met. Theo Papadakis presented the new DH guidance, noting that it was to support PCTs and prison dental teams leading to better quality of care for patients in prisons.

Considering solutions

The workshop session on commissioning, contracting and implementing a DwSI scheme gave delegates the opportunity to discuss the issues and consider the solutions. David Cheshire, Consultant in Restorative Dentistry in West Sussex PCT, shared his experiences as an outreach consultant, providing the local interface between the PCTs and GDPs. Peter Briggs, Consultant in Restorative Dentistry at St George’s Hospital, London, shared the experiences of the pilot training programme funded by the PCTs for DwSI in endodontics.

Candidates’ feedback concluded that the day was an excellent opportunity to network and share experiences. We also asked delegates what else could be offered to support DwSI and suggestions included a national network, study days and an online register of current schemes to facilitate the development of new schemes.