

Dental
Specialities
and
Continuing
Professional
Education

First report of



Foreword

This report records the discussions which took place on the topics of Dental Specialties and Continuing Professional Education during the Athens meeting of the Council of European Chief Dental Officers held in May 1994. As such, it sets out the current views of the Council on these topics.

The Council was formed in July 1992, during the United Kingdom's presidency of the then European Community, at an inaugural meeting held in London. It has subsequently met every six months in the country holding the Presidency. Its membership consists of the Chief Dental Officers (or their equivalents) of all countries in the European Union plus those of Finland, Iceland, Norway and Sweden. In addition, the Chief Dental Officers of Israel and Malta attend as observers.

Many governments seek advice from their Chief Dental Officers on a wide range of topics, including Manpower Issues, planning Oral Health Services, Dental Specialties and Continuing Professional Education. The last two topics in this list have received particular interest in many countries recently. For this reason they were chosen as subjects for discussion by the Council.

R B Mouatt
President of the Council

17th October 1994

*Report of the Discussions on Dental
Specialities and Continuing Professional
Education held during the Plenary
Sessions of the Council of European
Chief Dental Officers on 6 May 1994.*

Introduction

On 5th May 1994 three groups of participants discussed a range of questions relating to specialisation in dentistry and continuing dental education. The reports of each of the three groups were presented to a plenary session of the Council of European Chief Dental Officers, held during the morning of 6th May 1994.

There was vigorous and prolonged discussion over some points. The following report does not set out to detail all aspects of these discussions but merely to report them in broad terms. Details of the membership of the working groups may be found at Annex A.

A - Dental Specialities

The three groups discussed five topics relating to dental specialities. Group members were asked to consider questions relating to each of these topics as follows:-

1 Definitions

What is a specialist ?

During the plenary session on 6th May the definition given in the EU's Advisory Committee on Training in Nursing, Draft paper III/F/5004/2/93-EN, dated 12th November 1993 was available to participants and was used as background information for the discussion which took place. The following definition was agreed :-

A specialist dentist is a dentist trained beyond the level of a general dental practitioner and authorized to practice as a specialist with advanced expertise in a branch of dentistry. Specialised practice may include clinical, teaching, administrative, research and advisory tasks.

It was further decided that as far as dentistry was concerned, a specialty is a nationally or internationally recognised branch of dental specialisation for which a structured postgraduate training programme exists.

What is postgraduate education ?

After much discussion it was decided that Postgraduate Education should be defined as "all education taking place after qualification, including formal education undertaken with the aim of obtaining a further degree or diploma".

What is specialist training ?

A composite of the definitions of the three groups states that specialist training is postgraduate training which leads to the production of a specialist. It involves components of education and training, for a minimum of three years (4500 hours) full time or the equivalent part time. The academic (theoretical) parts of the training should take place within a university or equivalent institution. The practical parts should be co-ordinated by a university or equivalent but could take place in approved locations inside or outside the university. At the completion of training there should be a formal evaluation of the trainee specialist.

It was also decided that Continuing Training was postgraduate training undertaken throughout a dentist's career to maintain and update dental knowledge and skills. This definition applies to both general dental practitioners and specialists.

2 Do you think that more specialties could be established and recognised in the European Union (EU)? If yes, which specialties and in which priority ? If no, what solutions do you propose for the treatment of a specific problem?

This topic generated much discussion. The group accepted that there was a need for the existing dental specialties of oral surgery and orthodontics and that there is a strong case for the EU to accept dental public health as a specialty throughout the

Union. It was agreed that it is up to each member of the EU to decide which specialties it did or did not require, in the light of its perceived future oral health problems.

3 Do you think that measures should be taken for convergence of the various educational programmes and for the evaluation of the specialists in the various EU countries ? What are your suggestions ?

It was agreed that there should be convergence and agreed criteria should be published and followed. There should be a revision of the EU Directives relating to undergraduate and auxiliary training to ensure that specialists, dentists and auxiliaries graduate/qualify at comparable levels throughout the EU.

Most of those present agreed that after graduation all dentists should then undergo a minimum of 2 years structured and controlled postgraduate training in general dental practice, away from dental schools, prior to either fully independent general dental practice or entry into specialist training. There was also almost universal agreement that all specialist training programmes should conform to EU criteria, contain academic and clinical elements, take place only in approved locations and last for a minimum of 3 years full time (4500 hours) or the part time equivalent.

It was felt that in principle, there should be convergence rather than harmonisation and that the following bodies would have an interest :- A Future European College of Dentistry, The Association for Dental Education in Europe (ADEE), The Advisory Committee on Training in Dentistry, Universities, Faculties and Specialist Societies.

4 Can you propose measures for promoting the limitation of specialists' practice to their speciality and also for the regulation of the geographical distribution of specialists ?

There was a consensus that patients should only be referred to specialists via general dental practitioners or, in cases where patients move their domicile, from one specialist to another. Some felt that specialists should be precluded from undertaking general as well as specialist practice. Others pointed out that, whilst this could be desirable, it might be difficult to enforce. As far as freedom to establish specialist clinical practice in any location was concerned, it was felt that it was a matter for those organisations who pay for dental treatment to offer incentives for specialists to establish their practices in specific areas. Otherwise clinical specialists should be free to practise where ever they wished to.

5 How can you calculate the need for specialists numbers in each country ? How can the new specialties be introduced into existing social services and/or insurance schemes ?

The participants agreed that it is very difficult to forecast optimal specialist numbers. Oral health status of a country, patient demand, the numbers of auxiliaries and general dental practitioners and the willingness of individual dentists and/or governments to pay for training are all factors which have to be considered.

One delegate pointed out the dangers of over producing specialists (or any dentists).

It was suggested that the issue of dental manpower forecasting should be discussed in depth at a future meeting of the Council.

B - Continuing Professional Education

1 Should participation in Continuing Professional Education (CPE) courses be mandatory or totally voluntary ?

Two groups recommended that CPE should be mandatory. The third group suggested that this was impractical and that it should be actively encouraged by the means outlined below in answer to question 2.

2 If participation of the dental practitioners in CPE courses is to be voluntary, what means could be employed to stimulate the individual to participate fully ?

A variety of suggestions were made. These included :-

- Raising dentists' awareness of the necessity for regular update training through participation in Clinical Audit and Peer Review groups.
- Offering dentists a very wide range of lectures, hands-on courses and distance learning material (such as videos, computer assisted learning and manuals). All of which should be evaluated by the GDPs or specialists for whom it has been produced and modified in response to their comments, if necessary.
- Offering postgraduate diplomas to GDPs.
- Paying incentives to dentists to take part in CPE and refusing payments from public or private insurance schemes to those dentists who do not undertake regular CPE.
- Pressure from professional indemnity societies.

3 If participation in CPE courses is to be compulsory for all practising dentists, what means are appropriate to ensure participation by dentists ?

The view was expressed that if a government made CPE compulsory it should pay for it. A further view was that notwithstanding the opinions of two groups, CPE does not need to be legally compulsory because, if dentists had considerable difficulty in receiving payment for their work, as a consequence of non-participation in CPE, then they would almost certainly participate.

4 If participation in CPE is made compulsory by means of making it an absolute requirement for licence re- certification, how frequently should this be done ?

A minimum participation in CPE of 15 - 20 hours per year was suggested. As far as re-certification was concerned, an interval of every five years was proposed.

5 If a member state introduces participation in CPE courses for licence re - certification what should be done with the "freedom of movement" and right to practise ?

It was concluded that re-certification was beyond the power of the current Directives. However, the Directives need to be reviewed to reflect the changes which have occurred since they were formulated. Whatever was decided all countries should endeavour to act in concert and ideally, all patients in the EU should receive the same standard of care.

6 If participation in CPE courses were to be made mandatory by various member States should programs of mutual recognition be developed ?

The Council decided that it was not possible to make CPE mandatory at present. However, when it was possible, recognition should be mutual and participation in CPE should be recognised by all States. In the mean time, as previously mentioned, the establishment of a European College of Dentistry would be helpful. It might also be desirable to develop a European Diploma in General Dental Practice (? in tandem with the Faculty of General Dental Practitioners (UK) and other interested organisations) and to share distance learning material and other educational resources throughout Europe.

Additional Considerations

During discussions, participants expressed very strong feelings over two additional questions, which they wish to be included in this report, these were :-

- 1 that all Member States should have a Chief Dental Officer and
- 2 that the status and role of General Dental Practitioners should be enhanced in all countries through involvement in continuing postgraduate training throughout their careers.

Annex A

LIST OF PARTICIPANTS IN DISCUSSION GROUPS 5/6TH MAY 1994

Group 1

Roynesdal K	Chair
Eaton K A	Rapporteur (also for the plenary session)
Apostolopoulos A X	
Aravantis L	
Briche G	
Katsikis A	
Kelman A F	
Marshall K	
Morataki - Tsami K	
Mouatt R B	
Skak - Iversen L	

Group 2

Wild R	Chair
Galea H	Rapporteur
Anapliotou - Vazaiou E	
Brusseleers J	
Cahen P M	
Chassapis S	
Phillips D	
Purdell - Lewis D	
Spyropoulos M N	

Group 3

Van den Heuvel J	Chair
O'Hickey S	Rapporteur
Bramley Sir P	
Bohlin E	
Goulas G	
Jackson R B	
Sykaras S	
Viglas P	
Widstrom E	

