

Special Care Dentistry: attitudes of Specialists in Paediatric Dentistry practising in the UK to the creation of a new specialty

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Summary. *Objectives.* This study was designed to examine the attitudes of Specialists in Paediatric Dentistry (SPDs) practising in the UK towards the creation of a specialty of Special Care Dentistry (SCD).

Design. Data were collected by postal questionnaire.

Sample and methods. Two hundred and eleven dentists whose names were entered on the General Dental Council's Specialist List in Paediatric Dentistry, and who were resident and practising in the UK, were asked to complete a questionnaire consisting of both open and closed questions.

Results. Questionnaires were returned by 167 (79.2%) of the eligible SPDs. One hundred and sixty respondents (95.8%) expressed an opinion in relation to the creation of a specialty of SCD. One hundred and forty-three respondents (85.6%) stated that they supported such a proposal. However, slightly fewer ($n = 149$) respondents were prepared to indicate what they considered to be the remit of the proposed specialty. Ninety-two respondents (55.1%) considered that it should be restricted to the provision of specialist care for adults with 'special needs'; the remaining 57 respondents felt that it should provide specialist care across the entire age spectrum.

Conclusions. Among SPDs, there is overwhelming support for the creation of a specialty of SCD, the majority view being that this should be dedicated to the provision of specialist care for adults with 'special needs'.

Introduction

In the UK, the majority of people with disabilities receive their oral care in the primary care sector. Hitherto, dental services for those with profound disabilities (including varying levels of dependency and social support) have been provided largely, although not exclusively, through the Community Dental Service. Across all care sectors, a number of dentists have acquired additional knowledge and

skills in the provision of oral care for people with physical, sensory, intellectual, mental, medical or social impairments. In accepting referrals from colleagues, these individuals have essentially been working as *de facto* specialists in what has come to be termed 'Special Care Dentistry' (SCD).

The need for postgraduate education and training in SCD was accepted by the Board of Faculty of the Royal College of Surgeons of England in January 1999. However, in the intervening years, there has been considerable debate as to what direction this should take. If dentistry is to follow the medical model [1], the development of a new specialty will be a two-stage process. Among the objectives of the first stage will be the necessity to demonstrate that there is a current

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or predicted future demand that cannot be met through existing specialty or subspecialty arrangements, and that there are no unacceptable, adverse consequences for other areas of healthcare.

On completion of training, specialists in Paediatric Dentistry are competent to undertake diagnosis, treatment planning and treatment pertaining to the specialist care of infants, children and adolescents, including those with 'special needs'. As a consequence, the specialty of Paediatric Dentistry is a major stakeholder in relation to the development of the proposed new specialty, and its views will undoubtedly be canvassed. It is clearly important that any views that are propounded are those of the specialty as a whole and not those of individuals. Therefore, this study, conducted between the beginning of August and the end of October 2003, sought to determine the views of Specialists in Paediatric Dentistry (SPDs) practising in the UK towards the development of a specialty of SCD.

Subjects and methods

The names and registered details of 222 dentists entitled to use the title 'Specialist in Paediatric Dentistry' were obtained by reference to the relevant Specialist List maintained by the General Dental Council. Of these, 211 individuals were identified as resident and practising within the UK and were included in the study.

A postal questionnaire, comprising both 'open' and 'closed' questions, was developed for data collection. Closed questions were used to examine the following areas:

- details relating to the setting in which the respondent practised as a SPD;
- details relating to the respondent's mode of entry to the Specialist List in Paediatric Dentistry;
- the respondent's current practice with regard to the treatment of adults with 'special needs';
- the respondent's support for the proposal to create a new specialty of SCD;
- the respondent's opinion with regard to the nature and remit of the proposed specialty of SCD; and
- the respondent's intentions (both historical and future) in relation to applying for entry to a Specialist List in SCD.

Subsidiary 'open' questions were used to collect the following data, only some of which are reported here:

- the percentage of adults with 'special needs' currently treated by the respondent;
- the age at which the respondent ceased to treat children with 'special needs'; and
- the reasons underlying the respondent's support/lack of support for a specialty of SCD.

Prior to the study, advice was sought from the Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England and the Joint Advisory Committee for Special Care Dentistry (JACSCD). Local SPDs also evaluated the instrument for ease of use. This exercise led to several minor changes of wording.

Each eligible SPD was sent a copy of the questionnaire and a stamped addressed envelope for its return. An explanatory letter was also included. In order to allow the identification of non-respondents, each questionnaire was coded. However, in order to ensure anonymity, the code-break was kept by a third party not directly involved in the analysis of the responses. Responses were analysed using the Microsoft Excel XP computer program.

Results

Over a 3-month period following a single mailing, questionnaires were returned by a total of 167 SPDs, a response rate of 79.2%. Given the satisfactory response, the authors elected to abandon their previous plans to send non-respondents a second postal questionnaire. However, since completeness of the returned questionnaires was variable, the reader should, in viewing the responses to individual questions, note the response rate on which the data are based. Throughout the text, all percentage values are based on the same denominator (i.e. 167 respondents).

One hundred and sixty-five respondents provided information relating to the setting(s) in which they were currently practising specialist Paediatric Dentistry. Ninety-six respondents stated that they were practising as a SPD in the Hospital Dental Service and 89 were employed in the Community Dental Service, while 24 practised in a setting other than the Hospital or Community Dental Services. However, it should be noted that responses were not mutually exclusive: 50 respondents stated that they were practising as a SPD in more than one setting. Thirty-two stated that they were providing such services in both the Hospital and Community Dental Services; 12 respondents stated that they were

working in the Hospital Dental Service and also in a setting other than the Community Dental Service; three respondents stated that they were working in the Community Dental Service and a setting other than the Hospital Dental Service; three respondents stated that they were working in the Hospital and Community Dental Services, as well as another setting.

The same 165 respondents provided information relating to the mechanism by which they had gained entry to the Specialist List. Twenty-eight respondents (16.8%) stated that they had entered the Specialist List in Paediatric Dentistry by virtue of the fact that they had been an existing consultant when the list opened in July 1998; 30 respondents (18%) had gained entry by virtue of having completed a training programme approved by the Specialist Advisory Committee in Paediatric Dentistry; 107 respondents (64.1%) had gained entry through the mediation ('grandparenting') process.

One hundred and sixty-one respondents provided information relating to the management of adult patients (i.e. those over 16 years of age) with 'special needs'. Fifty-five (32.9%) stated that they did not treat this group of patients, the age at which they referred children with 'special needs' onwards ranging from 13 to 26 years (mean = 16.8 years, mode = 16 years). Of the 106 respondents who stated that they treated adults with 'special needs', 104 gave an estimate of the proportion of their practice devoted to their care. These estimates ranged from less than 1% to 80%, with 15 respondents indicating that this group of patients made up 50% or more of their workload.

One hundred and sixty respondents were prepared to express an opinion in relation to the creation of a new specialty of SCD. One hundred and forty-three respondents (85.6%) stated that they supported such a proposal. However, slightly fewer (149) respondents were prepared to indicate what they considered to be the remit of the proposed new specialty. Ninety-two respondents (55.1%) considered that it should be restricted to the provision of specialist care for adults with 'special needs'; the remaining 57 respondents felt that it should provide specialist care across the entire age spectrum.

One hundred and sixty-one respondents provided information as to what action they would have taken had a Specialist List in SCD existed at the time they entered that in Paediatric Dentistry. Eighty-one respondents (48.5%) would have applied only for the Specialist List in Paediatric Dentistry; seven respondents (4.2%) stated that they would have

applied only for the Specialist List in SCD; 73 respondents (43.7%) stated that they would have applied for both lists.

One hundred and fifty-one respondents were able or willing to state what their action will be in relation to entering the relevant Specialist List should a specialty of SCD be established. Sixty-four respondents (38.3%) stated that they will apply to join a Specialist List in SCD. The majority of those electing to apply to join a Specialist List in Paediatric Dentistry ($n = 61$) stated that they will also remain on the Specialist List in Paediatric Dentistry. However, two respondents stated that, in the event that a specialty of SCD is established, they will ask that their names be removed from the Specialist List in Paediatric Dentistry; the remaining respondent was undecided as to what her or his action might be.

Discussion

It is now more than 5 years since the General Dental Council opened the first Specialist Lists in dentistry. Since quinquennial review is regarded as good practice for all statutory arrangements, the Standing Dental Advisory Committee (SDAC) has recently been commissioned by the Chief Dental Officer for England to review the arrangements for the dentally based specialties and to make recommendations for their future development. In completing its task, the SDAC has been asked to take account of the need to increase patient choice within proposals for the modernization of primary care dentistry, as well as the views of a wide range of interested patient, professional, managerial and government bodies.

The specialty of Paediatric Dentistry provides comprehensive therapeutic oral care for children from birth to adulthood, including care for children who demonstrate intellectual, medical, physical, psychological and/or emotional problems. However, from the results of this study, it is clear that many SPDs (almost two-thirds of those responding) also treat adults with 'special needs'; indeed, 15 respondents reported that this group of patients contribute 50% or more of their workload. This probably relates to the number of SPDs who gained access to the Specialist List through mediation and are employed within the Community Dental Service. However, it also reflects the historical role of Consultants in Paediatric Dentistry in providing care for a group of patients for whom there has often been no other defined source of oral care at this level.

It is perhaps not surprising, therefore, that there is overwhelming support among SPDs for the creation of a specialty of SCD, the majority view being that this should be focused on the provision of specialist care for adults with 'special needs'. (That more than one-third of respondents considered that the proposed new specialty should span the entire spectrum of age again probably reflects the experience of many working in the Community Dental Service.) In the case of need for the proposed specialty of SCD [2], the JACSCD makes it clear that its focus will be on adults and those caught in the transition period from paediatric to adult services where it is currently so easy for them to get 'lost in the system' [3].

In all the dentally based specialties, the number of specialists is currently at a high, reflecting the number of individuals who gained entry through the mediation process. Since the number of training posts is inadequate to replace those lost through retirement, let alone increase the workforce, the number of SPDs can only fall over the coming years. In considering potential adverse consequences for the specialty of Paediatric Dentistry, it is obviously necessary to question what impact the establishment of a specialty of SCD might have on the number of registered specialists in Paediatric Dentistry. It is, therefore, encouraging to note that, although 64 SPDs indicated their intention to seek entry to a Specialist List in SCD (should this be established), only two would ask for their names to be removed from the Specialist List in Paediatric Dentistry. Viewed solely from this aspect, therefore, the establishment of the new specialty would have no detrimental effect on Paediatric Dentistry. However, it is important to take account of the fact that the intention to join or not join a Specialist List in SCD will depend on exactly how the new specialty is defined; for the purposes of this study, individual respondents will have made assumptions that may or may not prove to be valid.

Conclusion

Among SPDs, there is overwhelming support for the creation of a specialty of SCD, the majority view being that this should be dedicated to the provision of specialist care for adults with 'special needs'.

Résumé. *Objectifs.* Cette étude a été menée pour estimer les attitudes des Spécialistes en Dentisterie Pédiatrique pratiquant au Royaume Uni envers la création d'une spécialité de Soins Spécifiques en Dentisterie.

Protocole. Les données ont été recueillies par questionnaire postal.

Echantillon et méthodes. Il a été demandé à deux cent onze dentistes dont les noms sont dans la liste des dentistes pédiatrique du General Dental Council et résidant et pratiquant au Royaume Uni de remplir un questionnaire consistant en des questions ouvertes et fermées.

Résultats. Les questionnaires ont été renvoyés par 167 (79,2%) des spécialistes éligibles. Une opinion en relation avec la création de la spécialité a été exprimée par 160 répondants (95,8%), 143 (85,6%) d'entre eux la soutenant. Cependant, un peu moins (149) des répondants étaient prêts à indiquer ce qu'ils considéraient comme les attributions de la spécialité proposée. Quatre-vingt-douze répondants (55,1%) considéraient que cela devrait être limité aux soins par des spécialistes pour adultes avec besoins spécifiques; les 57 autres répondants pensaient que cela devrait concerner des soins de spécialité pour tous les âges.

Conclusions. Il y a, parmi les spécialistes en dentisterie pédiatrique, un réel soutien envers la création d'une spécialité en Soins Spécifiques en Dentisterie, celle devant pour une majorité des praticiens concerner la réalisation de soins spécialisés chez des adultes avec des «besoins spécifiques».

Zusammenfassung. *Ziele.* Diese Studie wurde durchgeführt, um die Einstellung von Spezialisten der Kinderzahnheilkunde aus dem Vereinigten Königreich (UK) hinsichtlich der Schaffung einer Disziplin in Special Care Dentistry zu evaluieren.

Design. Die Daten wurden postalisch mit einem Fragebogen gesammelt.

Stichprobe und Methoden. Zweihundertelf Zahnärzte, deren Namen in der Spezialistenliste für Kinderzahnheilkunde bei der Zahnärztekammer registriert waren und die im UK wohnhaft sowie berufstätig waren wurden gebeten einen Fragebogen mit offenen und geschlossenen Fragen zu beantworten.

Ergebnisse. Die Fragebögen wurden von 167 (79,2%) der Kinderzahnärzte zurückgesandt. Von diesen Respondenten äußerten 160 eine Meinung zur Schaffung der neuen Fachdisziplin. Einhundertvierunddreißig (85,6%) unterstützten den Vorschlag. Weniger (149) konnten sich festlegen, worin das Überweisungsgut für die neu zu schaffende Disziplin bestehen sollte: Zweiundneunzig Respondenten gaben an, es auf die Versorgung erwachsener Patienten mit besonderen Bedürfnissen zu beschränken. Weitere 57 gaben an,

es solle Spezialisten geben, die das gesamte Altersspektrum versorge.

Schlussfolgerungen. Unter den Spezialisten für Kinderzahnheilkunde gibt es eine überwältigende Unterstützung für die Schaffung einer Disziplin 'Special Care Dentistry', wobei eine Mehrheit die Meinung vertritt, diese Disziplin solle der Versorgung erwachsener Patienten mit besonderen Bedürfnissen dienen.

Resumen. *Objetivos.* Este estudio se diseñó para examinar las actitudes de los especialistas en Odontopediatría con práctica en el Reino Unido en relación con la creación de una especialidad de Cuidados especiales en Odontología.

Diseño. Los datos se recogieron por cuestionario postal.

Muestra y métodos. Se pidió que completasen un cuestionario consistente en preguntas tanto abiertas como cerradas a un total de 111 dentistas cuyos nombres estaban inscritos en la lista de especialistas en Odontopediatría del Consejo General Dental, residentes y con práctica en el Reino Unido.

Resultados. Contestaron los cuestionarios 167 (79,2%) de los especialistas elegidos en Odontopediatría. Cientosesenta (79,2%) contestaron expresando una opinión en relación a la creación de una especialidad

de Odontología en cuidados especiales. Cienocuatrecientos y tres (85,6%) apoyaban tal propuesta. Sin embargo, algo menos (149) respondieron que estaban preparados para indicar lo que ellos consideraban la tarea de la especialidad propuesta. Noventa y dos (55,1%) consideraron que debería restringirse la provisión de un especialista en cuidados especiales para adultos con 'necesidades especiales'; los restantes 57 pensaban que debería proveerse de un especialista en cuidados especiales a todo el espectro de edades.

Conclusiones. Entre los especialistas en Odontología, hay fuerte apoyo para la creación de una especialidad de Odontología en pacientes especiales, la mayoría piensa que debería encaminarse a la provisión de un especialista en pacientes especiales para adultos con 'necesidades especiales'.

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