

General Dental Council

The first 50 years

It may come as a surprise to learn that self-regulation for dentistry is only 50 years old. But on 4 July 2006 the General Dental Council celebrates its golden anniversary. Have you ever wondered where the GDC came from and how it has evolved into the 21st Century regulator of today? Robin Basker, a former GDC member, gives us a potted history of the GDC's first half century.

The first meeting of the General Dental Council was held on 4 July 1956. Sir Wilfred Fish, C.B.E., was elected President. This bald statement serves the purpose of establishing the starting point of the Council's existence. But into what sort of world did it emerge?

World War 2 had come to an end ten years previously but the after-effects were still very much a part of life. Exactly two years before the first meeting of the Council, the end of rationing of meat and bacon brought to a conclusion 14 years of rationing of most basic requirements such as food and clothing; sweets were de-rationed in 1953.

The National Health Service came into being on 5 July 1948. Soon after its introduction, the cost of health care rocketed far beyond the Government's expectations. In 1951 the Service's protagonist, Aneurin Bevan, resigned from the Cabinet in protest over the introduction of charges for some dental treatment and for the provision of spectacles. There was a significantly high level of dissatisfaction expressed by dentists working within the NHS.

Within three months of the Council's first meeting the problem of lack of candidates of suitable calibre for training as dentists was highlighted in the McNair report on 'Recruitment to the Dental Profession' (1956). It was believed that the dental needs of the UK required a work force of about 20,000 dentists. There were only 16,000 on the Dentists Register, of which half were beyond middle age. The report stated that the yearly intake of students to dental schools should be 900. There were places for only 645 and, recently, only 495 candidates had applied.

THE EARLY DAYS



Sir Wilfred Fish

Sir Francis Dyke Acland

It is worth remembering that it was only 35 years before the establishment of the General Dental Council that Parliament had determined that the practice of dentistry should be restricted to registered dentists. The regulatory work arising from the 1921 Dentists Act was entrusted to the Dental Board of the United Kingdom, which functioned under the auspices of the General Medical Council. Years later the first President of the GDC was to express the profession's grateful thanks to the GMC for the advice and support given as policy and standards were developed in such key areas as discipline, registration and education. He also expressed thanks to the GMC for their many kindnesses. The message of thanks was formalised in a Council resolution; 50 years on, the wording of the last part might appear a little dated.

Moved from the Chair, and agreed: -

“That the President of the General Medical Council be thanked for that Council's hospitality in allowing the Dental Council the use of their Council Chamber, dining and smoking rooms.”

Self-regulation had been signalled 18 years before it was actually achieved. In 1938 Sir Francis Dyke Acland, the first chairman of the Dental Board, expressed the view that ***“if the Council were to feel that the Board were sufficiently adult to be entrusted with an individual authority on any or all of the three subjects, discipline, registration and education, it would be wrong to continue by legislative enactment a connection which was always regarded as a stage in progress towards a more logical and satisfactory condition of things.”***

This quote was referred to in the 'Final Report of the Inter-Departmental Committee on Dentistry' (Teviot Report, 1946). It stated that there was very general agreement with the view that the Board was now “sufficiently adult” and that the dental profession had earned the right to self-government. Such statements must have provided powerful support to the profession's desire. The Dentists Act of 1956 fulfilled those desires.

The newly created General Dental Council had 43 members, including 4 lay members, 11 dentists elected from the UK constituencies and 19 nominated by the dental authorities. This contrasted with the 7 nominated and 6 elected dentists who had made up the Dental Board.

As might be expected, most of the first session of the Council was devoted to examining draft Rules and Regulations and establishing a committee structure. The only item, which appears to have caused significant argument, was the size of the fee for retention of a dentist's name on the register. The proposal of £4 10s. 0d. was

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challenged and an amendment moved that the fee should be £3 15s. 0d. The amendment was not carried.

Very early on in its existence the Council had to consider the implications of the McNair report. Whilst the Council recognised that a larger number of dental students could be educated only by enlarging dental schools and building new ones, it realised that the required financial investment was not its legitimate concern. Rather, its fundamental role, in protecting the public, required it to ensure that the standard of education was maintained, whatever changes were made. The Council did, though, have a legitimate concern about such matters as the public's perception of dentistry as a career and a widespread lack of awareness of the importance of oral health, both topics having been shown to influence recruitment at that time. As a consequence the Council established a committee to tackle both matters. Work in these areas was to end in the 1990s because other bodies were, by then, undertaking it so well.

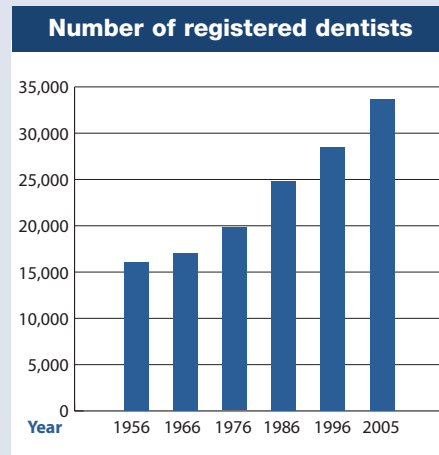
Other important priorities which were dealt with in those early years included:

- The creation of regulations governing ancillary dental workers, later to be known as dental hygienists.
- The design of an experimental scheme for the training and employment of dental auxiliaries, later to be known as dental therapists.
- The formation of rules and regulations for a statutory examination, which would offer a way onto the Dentists Register for those who had received their education in countries whose diplomas had not been recognised by the Council. In the 1950s this examination of competence was of particular value to refugees created by the recent global conflict and by the more immediate Hungarian revolution.

The above brief outline indicates that those early years were extremely busy.

THE MIDDLE YEARS

With the administrative structure in place and the Council having moved into its purpose-built accommodation in Wimpole Street in 1959, it might be tempting to think of the middle years (the 70s and 80s) as a period of consolidation. Such a description strikes one as inappropriate even when taking just a brief look at developments.



Recruitment to dental schools continued to be a matter of concern in the early 1970s. But the tide was beginning to turn. The Council's Charitable Trust provided career literature and dentists found themselves able to promote the profession with a level of enthusiasm which had not always been possible. At long last the number of dentists on the Register was approaching the symbolic 20,000 foreseen by Teviot and McNair but it was not until 1977 that the number was achieved. Today, there are around 33,000 dentists on the Register. (See graph above).

The European journey commenced in 1971 when there was agreement on the arrangements for British participation in the EEC. M. Jean Monnet, the 'Father of Europe', in his first reaction to the vote in the House of Commons, spoke of the value to Europe of the UK's age-tempered, time-weathered institutions. The President of the GDC linked this thought to the value of the statutory bodies. The Council became the 'competent authority' for the dental profession in the UK and so began an extensive programme of work through the various advisory and liaison groups

RECENT TIMES

During the last few years there have been huge changes to the regulation of dentistry and there can be little doubt that history will look back at these recent times as being particularly influential. Within the scope of this article it is possible to touch on only a selection of the reforms; some have been chosen to illustrate how the Council's thinking has evolved over the last half century.

General anaesthesia in dentistry

A brief examination of the evolution of the policy related to anaesthesia illustrates how the Council's thinking on education and fitness to practise reacted to public and professional concerns about the safety of undertaking the technique in general dental practice. In the early 1970s there was still a firm belief that general anaesthesia was likely to remain an integral part

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seeking harmony in areas such as the programme of undergraduate education, the assessment of its quality, specialisation, and a system for sharing fitness to practise information. As much of the work continues to this very day, perhaps the Council now feels truly age-tempered and time-weathered.

With the passage of time it was inevitable that the public's perception of certain aspects of professional behaviour would change. On occasions the Council's advice on ethical matters needed to be fine-tuned. For example, there was a perception that the Council's approach towards advertising seemed to be stricter than that of other professions - even other health professions. There was a view that this attitude was to some extent an understandable consequence of recent history as, even in the 1970s, there were still a considerable number of people who had memories of the report of the Acland Committee appointed to inquire into the *'Extent and gravity of the evils of dental practice by persons not qualified under the Dentists Act'* (1919). Ultimately, as a consequence of considerable pressure from the Office of Fair Trading, the approach towards professional anonymity and advertising was relaxed.

A consequence of the 1983 Dentists Act was that the Council became responsible for dental education at all its stages. At the postgraduate level the Council dealt with a marked increase in numbers of overseas dentists coming to the UK by developing further the process of Temporary Registration and expanding the Statutory

of general dental practice and that dental schools still needed to teach the administration of general anaesthetics for as long as it was not always possible to call on a trained anaesthetist. There developed the concept that a second qualified person should be present but, in an emergency, it was permissible for one person to act as operator/anaesthetist. Later on, in the middle years, concern over the amount of training that was possible at the undergraduate level was followed by a plea that a national policy for postgraduate training in dental anaesthesia be established. Inevitably, the real worry surrounding undergraduate experience, and the broader view that the

Examination (since replaced by the International Qualifying Examination). It took on a supportive role in the rapidly developing Vocational Training Scheme.

Another important event arising from the 1983 Act was the introduction of the Health Committee, which gave the Council power to control the registration of dentists whose fitness to practise was seriously impaired by physical or mental ill health.

An assessment of the quality of undergraduate education had been made through a visitation of examinations which was completed in 1974; the findings influenced the new edition of the Council's *'Recommendations concerning the Dental Curriculum'*, the document which provided educational guidance to the dental authorities and which functioned as the blueprint against which the undergraduate courses were assessed for 'sufficiency'.



The Council mounted a major visitation of dental schools in 1982. Looking back over the last 20 years, this particular programme of visitations can justifiably be regarded as a pivotal point in the development of this aspect of the Council's responsibility. It paved the way for the pattern, which now exists where undergraduate courses and final examinations are assessed during the same visitation cycle and individual school reports and a general summarising report are created. The reports highlight best practice and innovation, as well as weaknesses which require follow-up. *'Recommendations concerning the Dental Curriculum'* has now evolved into *'The First Five Years'* where much more detail has been added to the competency profile needed by the new graduate. It is particularly gratifying to note that in 2003 an international group of dental educationalists decided to use *'The First Five Years'* as a springboard towards establishing a common core undergraduate curriculum in Europe.



whole matter of pain and anxiety control be addressed, brought about major changes to the requirements in the *'First Five Years'*, which was updated to cover non-pharmacological methods of anxiety management, competence in administering local and regional analgesia and administration of inhalational and intravenous conscious sedation, and there was no longer a requirement for the student to administer general anaesthesia. With regard to the care and safety of patients the most significant development was the clear pronouncement that general anaesthesia for dental treatment should only be administered in a hospital setting with critical care facilities.

Continuing professional development

A further example of major reform was the development of a policy covering life long learning. In the late 1970s there was a growing recognition of the conundrum that, although the legal position was such that the new graduate was entitled to practise without supervision, in reality the first degree/diploma was but the first step on the educational ladder. This recognition gave explicit support to the concept of vocational training which was being seen as not merely desirable but essential. By adding to this mix the clause in the 1983 Dentists Act which confirmed the responsibility of the Council to promote high standards of dental education

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'at all its stages', the way was cleared for the decision that continuing professional development should be a condition of a dentist's name being retained on the Dentists Register.

The Specialist Lists

A brief survey of just some of the developments in recent times would not be complete without a mention of specialisation. In earlier years there does not seem to have been great enthusiasm for developing Specialist Lists. All that changed following the publication of the Chief Dental Officer's Report on UK Dental Specialist Training in 1994. As the Council was recognised as the sole competent authority for dental specialties a major piece of work developed immediately. The story of the development of the initiative continues to this day; currently there are twelve specialties.

A new constitution

The new millennium brought a significant piece of constitutional reform - a smaller

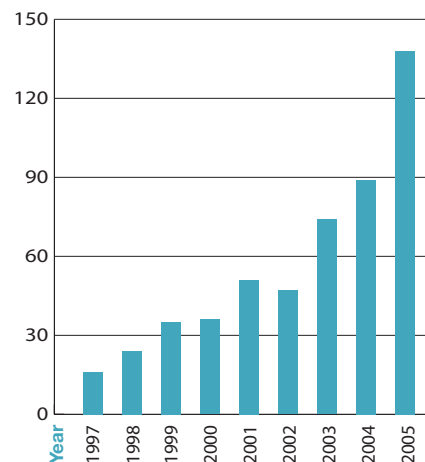
Council, which would concentrate, on long-term policy whilst at the same time seeking advice from a wide range of people and organisations. The end result was a Council reduced from 50 to 29 members; an increase in the number of lay members (from 6 to 10); a reduction in the number of elected dentist members (18 to 15); and an increase in the DCP membership (from one member elected by the Dental Auxiliaries Committee, to four members elected by other dental hygienists and dental therapists). The dentist membership nominated by dental authorities was abolished. The four Chief Dental Officers sat as associate members.

The Fitness to Practise Committee

It was also decided to establish an independent 'Fitness to Practise Committee' which ensured that those who judged professional standards were distinct from the Council which sets those standards. It is apparent from the Annual Reports of the Council that members of the committee

have had ever increasing demands put on their time (see graph below) and that such a vital aspect of protecting the public has been consuming an ever increasing proportion of the income of this self-regulatory body.

Number of hearing days of the conduct committee



2006 - THE GOLDEN YEAR

In July 2006, 50 years after the Council first came into being, there is a fundamental reform - the opening of a new register for dental care professionals (DCPs). An important catalyst for this development was the Nuffield Foundation's report into the 'Education and Training of Personnel Auxiliary to Dentistry' in 1993 and the ensuing debate has concluded with the statutory registration of four groups: dental nurses, dental technicians, clinical dental technicians and orthodontic therapists. These members of the dental team will be registered alongside the two existing DCP groups, dental hygienists and dental therapists.

Two other major GDC initiatives going live in this the Council's golden anniversary year are:

- the Dental Complaints Service - a new, independent complaints service for private dental patients, and
- a new overhauled system for dealing with fitness to practise issues, including the introduction of new poor performance procedures.

Reading the recent GDC Gazettes and Annual Reports leads this writer to conclude that the Council continues to work at a great pace and to make its policy decisions following widespread consultation. Surely, this approach is consistent with the motto on the Arms of the Council...

Esse quam videri
(Better to be than to seem to be).

Acknowledgements

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Robin Basker OBE

Professor Robin Basker was a member of the General Dental Council from 1986 to 1999. He was Chair of the GDC's Education Committee from 1995 to 1999.

Robin first registered with the Council in 1961. He spent two years as an assistant in general dental practice before his appointment as Lecturer in Dental Prosthetics in the University of Birmingham. He was appointed Professor of Dental Prosthetics in the University of Leeds in 1978. In Leeds he was Dean of the School of Dentistry 1985-1990 and Chairman of the Board of Faculty of Medicine and Dentistry 1990-1993. He was appointed Emeritus Professor in 2000.

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