Journal of Orthodontics, Vol. 30, 2003, 93–94

FEATURES SECTION

Letters to the Editor

Following my editorial concerning specialist training [Volume 29(2), 2002, p. 81), we have received several letters. I have decided to print them with no response from myself as they are all fairly self-explanatory.
Kevin O'Brien, Editor

Dear Sir,
I note your editorial comments in the June edition of the *Journal* regarding Orthodontic speciality training in the UK. In it you bemoan the shortage of fully trained specialists, training places and, horror of horrors, the inclusion of 'unqualified' orthodontists in the specialist register.

It may surprise you to learn that, as an 'unqualified' orthodontist, I concur with many of your sentiments. Yes, the DoH is foolish not to increase the number of training places; yes, there should be a far greater number of part-time courses available; yes, there is already a shortage, and yes, it can only get worse. Where I take issue is your implication that anyone without a 'specialist' qualification is unqualified to carry on the practice of orthodontics.

It would be arrogant and foolish of me to state that those of us who practice orthodontics either full or part-time are in some way as qualified as, say, an M.Orth., but it is certainly worth noting that many of us have been successfully practicing orthodontics long-term in hospitals as clinical assistants as well as in our own practices.

In my own case, it was a 10-year spell at a hospital alongside the registrar and I applied to the Faculty only at the repeated prompting of the Consultant in the department. I was not successful. At present, I devote at least half of my time to Orthodontics and 16 different full-time GDPs refer all or most of their orthodontic cases to me. All of them have said that they would be lost without the service that I provide.

I for one would love to see a viable part-time specialist course that I could take while carrying on with my practice and have been asking questions about this for over a decade, but met with a stonewall at every turn.

Is it not bizarre that one can go to the Continent to gain a 'specialist' qualification in a relatively short space of time and return to the Specialist Register in the UK? Try to gain a similar qualification here and every obstacle possible is strewn in your path.

About 5 years ago I had a conversation with an eminent Consultant who said, 'Why shouldn't a GDP carry on practising orthodontics when often their results are as good, and often better than people holding a specialist qualification.' Who was it? None other than David Dibiase.

The statement that I subscribe to most strongly in your article is the last, hopefully ironic note: 'Only in the UK …'

K. D. Grimwade, BDS

Dear Sir,
The Editorial on Orthodontic Speciality Training appeared in the UK in the same week that the last appeal was heard by the GDC Specialist List Appeals Panel. I cannot but feel that its timing is, therefore, particularly unfortunate.

Those who have appealed successfully via the experience route may not possess the M.Orth., but they have endorsements provided by an altogether more protracted and rigorous scrutiny from patients, referring dentists and consultant colleagues. As a representative of the SAC in Orthodontics on the Appeals Panel I did not serve on Orthodontic Appeals, but the process was similar for all specialities. Candidates who appealed successfully against the first GDC decision came armed with letters of unreserved recommendation from as many as 30 referring dentists and six consultants, some of whom may have been serving academics. In many ways, the outcome of orthodontic treatment is easier to assess than that of other types of dental treatment. It would be patronizing in the extreme to suggest that our general practitioner colleagues cannot recognize a good occlusal correction when they see one or fail to appreciate feedback from the parents of a successfully treated child. The candidate may also have been accompanied by one or more supporters of national, indeed, inter-

national repute who themselves were on the appropriate specialist list. Such supporters would state their complete confidence in the abilities and character of the appellant, and recommend that they be recognized as a specialist on the basis of personal knowledge that they had of their work.

To ensure absolute probity, the GDC engaged the services of a senior judge of great experience. Consequently, the appeal process has been handled with the fairness and impartiality for which British Justice is renowned, free from sectarian interests and with the public interest firmly in mind.

The argument has been put forward that no appeals should have been entertained. I believe that with greater forethought and common sense in drafting the regulations many would have been avoided. What is clear to me is that those who have appealed successfully have survived a process of peer review more searching than any postgraduate examination. All specialist practitioners are, by whatever route, there by right and deserve to be recognized as equals by everyone else on the list. Surely it is now time to welcome them as specialist colleagues and to move forward. Bitterness rarely does much good.

W. P. Rock

Dear Sir,

We would like to support the views expressed in your journal's Editorial of June 2002 (Vol 29, p. 81) concerning the lack of training numbers restricting the number of training places available. In conjunction with colleagues in local district general hospitals we would be prepared to train more orthodontists, but we cannot do so because we have insufficient National Training Numbers (NTN). It is not possible to accept dentists for training without an NTN as they would not be able to obtain a CCST and get on the specialist list at the completion of training.

We appreciate the need to restrict the number of FTNs, because these are linked to the projected number of consultant posts available. However, we do not understand the restriction on the number of NTNs, particularly for training in areas where there is a shortage of orthodontists. The UK has one of the highest ratios of orthodontist to 12-year-old children in the world. This has arisen over the years because of the mis-application of the medical model to our specialty.

Philip Benson, Derrick Willmot,
Melanie Stern, Fiona Dyer