

Please enter your e-mail address: [stephen.henderson@mps.org.uk](mailto:stephen.henderson@mps.org.uk)

**Who are you?**

- Clinical Dental Technician
- Dental Hygienist
- Dental Nurse
- Dental Technician
- Dental Therapist
- Dentist
- Orthodontic Therapist
- Specialist
- Other health care professional
- Member of the public
- On behalf of an organisation: Dental Protection Ltd

**Principles of ethical advertising**

When placing advertisements for services you provide as a registrant you must ensure that you adhere to the Council's ethical guidance Standards for Dental Professionals. Three of the most relevant principles of the guidance in relation to advertising are:

- 1.3** Work within your knowledge, professional competence and physical abilities
- 1.10** Do not make any claims which could mislead patients
- 6.1** Justify the trust that your patients, the public and your colleagues have in you by always acting honestly and fairly

All information or publicity material regarding dental services should be legal, decent, honest and truthful.

Advertising by dental professionals can be a source of information to help patients make informed choices about their dental care. But advertising that is false, misleading or has the potential to mislead patients is unprofessional and may lead to referral to fitness to practise proceedings.

Patients may be confused and uncertain about dental treatments so you should take special care when explaining your services to them. This includes providing balanced, factual information enabling them to make an informed choice about their treatment. Do not exploit the trust, vulnerability or relative lack of knowledge of your patients.

Misleading claims can make it more difficult for patients to choose a dental professional or dental services, and this can lead to expectations which cannot be fulfilled, and in more serious cases can put patients at risk of harm from an inappropriate choice.

If you make misleading claims, you may have to justify your decisions to the GDC through our fitness to practise procedures.

## Does the guidance document make clear the need for legal, decent, honest and truthful publicity material regarding dental services?

Yes  
 No

If no, please explain why not:

N/A

## Use of the title 'Doctor' (Dr) by dentists

Dentists should not use the courtesy title 'doctor' (or the abbreviation 'Dr') unless they have a PhD or are a medically qualified and registered doctor. Its use as a courtesy title is potentially misleading to patients and it is important that patients do not assume that you have training or competencies which you do not possess.

Do you believe that dentists should be able to use the courtesy title 'Doctor'?

Yes  
 No

Please give reasons for your answer:

Dental Protection Ltd is an international organisation, indemnifying dentists and DCP's all over the world, giving the organisation the opportunity to reflect the wide perspective this gives us. In almost every other jurisdiction dentists are referred to as 'Doctor' and we are not aware of any case where a patient has raised a concern that there was any confusion about the scope of practise of the 'Doctor' that they are attending for dental treatment. Equally, we do not wish to minimise the very significant achievement and commitment that has gone into the achievement of a PhD award, and we hope that our remarks will be viewed by the Council in that context and in a spirit of co-operation.

DPL does not, in general, take part in political debates (on the use of the title Doctor) and as an organisation DPL remains neutral on this particular question. However, we wish to raise some points that our team has considered when discussing this point. The Council may not be aware that DPL engaged in prolonged correspondence with the Advertising Standards Authority when they were considering the one case that has, we believe, led the GDC to reconsider its position. DPL believes that the ASA was fundamentally misguided in its interpretation of that particular case and absolutely wrong in its failure to acknowledge the huge public acceptance of the current situation. We set out below a number of arguments that we hope will lead to the GDC formally accepting the status quo, which allows an individual registrant to decide how he/she styles him/herself, on the strict understanding that whenever using the courtesy title 'Doctor', it is simultaneously made clear that the person concerned is a Dental Surgeon, not a Medical Practitioner.

The Dental Register in the UK is far more diverse than when the original decision was made, with free movement of dentists both from (by right) Europe and the rest of the world. DPL believes that the Council should recognise this diversity and respect the fact that almost all the European and Rest of the World dentists have always been known, and styled themselves as 'Doctor'. We believe it will be extremely hard for these practitioners to alter the habit of a lifetime and change how they are styled.

Female dentists, who wish to maintain a clear boundary between their professional and personal lives often choose to style themselves as 'Doctor' so that their marital status is hidden from their patients, thereby maintaining their privacy. DPL fully supports their right to do this.

The cohort of UK graduates who have qualified since the GDC's original decision to permit the courtesy title of Doctor have always styled themselves in this way, many for fifteen years or more. This cohort of practitioners is not adequately represented on the Council and DPL would invite the Council to reflect on their perspective because they will be carrying the profession forward over the next twenty years.

Whilst DPL recognises the theoretical possibility that a patient may be confused by the title 'Doctor', we do not accept that this possibility arises if the title is used in the correct context, i.e. in practice advertising material or within the dental practice. When compared to other professions, no confusion arises over the scope of practice

of the individual when a patient is referred to a surgeon, who is styled 'Mr' even though he is a registered Medical Practitioner. No-one is confused about the scope of practice of a Chiropractic who is styled Doctor.

There is a danger that the Council could be perceived as acting disproportionately in response to a problem that is more theoretical than substantive. In doing so, it would be taking an enormous retrograde step, and as an outlier compared to the regulators in the rest of the world.

Finally, from DPL's perspective (and also we would anticipate, from the GDC Executive's perspective) this final point ought to be the most persuasive, when the Council is facing the economic challenge and organisational challenge of the current level of FTP cases. The Fitness to Practise implications for the GDC are significant. If the GDC decides to change its position the only way that such a change could be enforced would be for the GDC to be prepared to deal with perhaps many hundreds of additional Fitness to Practise cases and perhaps even legal challenges. It is not impossible that parties who feel strongly that the use of the courtesy title 'Doctor' should remain open to Dental Practitioners, might apply to the Courts for injunctive relief to prevent the GDC from implementing the proposed policy.

In any event, DPL can foresee FTP being overwhelmed by complaints about the 'abuse' of the title Doctor. In addition, sadly, as with many advertising concerns where one registrant anonymously reports another in a misguided turf war to 'protect' their own business opportunities, DPL is concerned that this new chance to cause an FTP investigation into a neighbour will be widely used, throwing FTP into chaos. The financial implications for the indemnifiers will also be significant, bearing in mind even the simplest response to FTP costs between three and five times the current Annual Retention Fee, let alone the invisible costs of time lost from practice by the respondent with its attendant inconvenience to patients.

## **Additional qualifications**

You can include in your advertising or publicity material any relevant additional qualifications you hold so long as this information is not misleading.

Patients may believe that qualifications listed in an advertisement for dental services, or on a practice plate or practice literature, have some bearing on the dental professional's ability to provide dental care.

Your patients will generally know much less about the qualifications and skills of dental professionals than those who practise in the profession. The use of qualifications in advertising for dental services can be misleading if it implies that the dental professional:

- a.** has a specialist status they do not in fact possess, i.e. either:
  - implies that the individual is on our specialist lists when they are not; or
  - implies that the individual is a specialist in an area not in fact covered by specialist listing (e.g. implantology, cosmetic dentistry)
  
- b.** has a skill, or level of skill in a particular area, that the dental professional does not in fact possess

Patients can check whether or not their dental professional is registered, and also whether or not they are a specialist on one or more of our specialist lists, but they will be more likely to rely on information you provide in your practice e.g. certificates on the wall, practice leaflets.

The onus is on you to be honest in your presentation of your skills and qualifications. For example, if you have undertaken a weekend course in implantology, can you really say that you are a 'qualified implantologist'? Would you be able to justify this claim to a fitness to practise panel if something went wrong?

**Do you think that dental professionals should be able to include qualifications other than the qualification which they used to register with the GDC when advertising their services to the public?**

- Yes  
 No

## Do you believe dental professionals should be able to claim that they are a specialist in an area the GDC does not have a specialist list in?

- Yes  
 No

Later in the consultation you will have the chance to tell us more about your views on specialist titles when questions are asked on that section of the guidance.

### Please provide any comments you would like to make about the guidance on the use of additional qualifications:

In our response to the additional skills consultation, DPL made the following proposal:

- The Register contains the name, address and year of primary qualification of the registrant. Leaving the place of original qualification off the Register will reduce the opportunities for discrimination against registrants on the grounds of race or origin. Each registrant will have satisfied the GDC that their primary dental qualification is sufficient to be entered onto the Register, and any confusion about the relative merit of the differing degrees is removed (*see additional comments provided below*).
- The GDC should develop the minimum criteria for recognition of the additional qualifications. We suggest that the qualification should be directly related to patient care and have been awarded by a recognised university or college both in the UK and the rest of the world. The course of study would have taken one year or more to complete. Naturally, this would remove the opportunity for dentists to use honorary qualifications granted without a formal course of study and those awarded simply for being a member of a particular interest group.
- If a registrant intends to use additional qualifications or skills on their own practice/hospital notepaper, advertising material or website, the registrant will need to give notice of this to the GDC in advance, on annual basis. Only those qualifications notified to the GDC would be permitted to be used in relation to the practitioner's professional practice.
- The GDC would be able to randomly sample these additional qualifications, on application and seek verification.
- The declaration would need to be made annually.
- It would be DPL's role to educate our members about the process in the context of risk management.

It follows that DPL supports the proposition that registrants are able to use additional qualifications when advertising their services to the public.

The GDC may be interested to know that DPL has experience of having conducted (successfully) a Human Rights challenge up to the Privy Council of the House of Lords, on behalf of a member, when a Dental Board attempted to discriminate against him on the basis of his origin and country of qualification.

DPL recognises that there is potential for confusion about the term "specialist" especially where there is no 'Specialist List' in an area of practice. Please see our detailed comments below on this issue.

## Honorary degrees and memberships

Patients may reasonably believe that if you put a qualification after your name, it has been 'earned', that is, it represents a particular level of academic achievement. This will not be the case where a degree is honorary.

Listing memberships or fellowships of professional associations and societies can also mislead. The letters may indicate to the public that a registrant has attained a certain level of skill when in fact they have just paid a subscription. The use of honorary degrees, memberships and fellowships should be limited to materials not related to marketing your services to patients, e.g. scientific papers and curriculum vitae.

Patients may also believe that a qualification suggests the attainment of specialist status. We hold lists of

specialists, and registrants not on those lists should take care to avoid giving the impression of specialist status (even in an area where there is currently no specialist list).

**Please provide any comments you would like to make about the guidance in this section:**

DPL recognises there is scope for confusion in the mind of the public with 'qualifications' awarded by small interest groups and even international study groups that are not awarded following formal education, validation and examination. These 'qualifications' should not be used in practice advertising material (i.e. in contact with patients or potential patients), though there should be no limit to their use in correspondence within the profession who are able to identify the 'qualifications' for what they are.

Having said that, we believe that there is considerable merit in practices being able to advertise the fact that they have met the quality assurance standards set by, for example the BDA Good Practice Scheme and Denplan Excel, or IHAS. These awards are made after an assessment of the practice against agreed standards, and demonstrate to the public that they can expect certain standards of clinical governance in these practices.

## **The use of specialist titles**

### **Specialist Titles for Dentists**

The presence of a dentist's name on our specialist lists indicates that they have specialist expertise. Dentists who imply that they have specialist expertise in an area for which they are not on our specialist lists, or which is not covered by our specialist lists, are misleading patients.

You can say you have a special interest in orthodontics (for example) but you could not call yourself an 'orthodontist' as this is likely to imply to patients that you are a registered specialist.

### **Specialist Titles for Dental Care Professionals (DCPs)**

There are currently no specialist lists for DCPs. DCPs should therefore ensure that they do not mislead patients by claiming a specialist status which cannot be supported.

### **Do you believe that if a dentist calls themselves an 'orthodontist' (for example), this implies that they are a registered specialist?**

- Yes  
 No

### **Do you believe that if a dentist says they have a special interest in orthodontics (for example), this implies that they are a registered specialist**

- Yes  
 No

### **Should dental care professionals be able to call themselves specialists if they have not completed specialist training approved by the GDC?**

- Yes  
 No

**Please provide any comments you would like to make about the guidance in this section:**

DPL recognises and supports the GDC's view that the public should not be misled about the status of a practitioner and that deliberately false claims concerning specialist status should be investigated by FTP. However, although the GDC has established Specialist Lists, the GDC does not and cannot have a monopoly on the use of the words 'specialise' or 'special', although we probably accept that using the word 'specialist' is more open to debate, although the protected usage technically relates to the term 'specialist in', rather than the

word 'specialist' per se. Clearly any registrant who is prepared to use these words in advertising material would be extremely foolish to hold themselves out as something that they are not, as they are likely to come to the attention of FTP sooner or later.

Many prudent and sensible practitioners have spent many years developing skills and particular areas of interest in their clinical practice. It is not unreasonable that they want to advertise this fact to existing and new patients. Registrants should be able to describe themselves as practitioners who have either 'limited their practice' or have a 'particular interest/special interest' in an area of clinical practice, provided that the statement is true. A registrant who limits their practice to, for example, endodontics or orthodontics, should be able to truthfully and accurately describe themselves as 'an endodontist' or 'an orthodontist', while also making it clear to patients whether or not they are included in the relevant Specialist List held by the GDC. The word itself is a truthful description of their practice and does not always imply that a person is a specialist, principally because anyone who is a specialist is likely (and the evidence is visible in their advertising) to say that they are a 'specialist endodontist' or a 'specialist in orthodontics' for example. It appears that the GDC is concerned to create a problem by an over protective use of the words in this section.

## **Dental appliances**

Dental technicians or clinical dental technicians advertising the provision of dental appliances should make it clear that patients need to see a dentist before seeing them.

The only exceptions to this are – the repair of dentures direct to members of the public or, for clinical dental technicians, the provision of complete dentures to patients with no natural teeth or implants.

### **Please provide any comments you would like to make about the guidance in this section:**

GDC will have to work closely with the professional associations in order to propagate the encouragement to adopt this approach.

## **Advertising services**

Whenever you or your practice produce any information containing your name, you are responsible for checking that it is correct. You must:

- i. ensure information is current and accurate
- ii. use clear language that patients are likely to understand
- iii. back up claims with facts
- iv. avoid ambiguous statements
- v. avoid statements or claims intended or likely to create an unjustified expectation about the results you can achieve

Do not abuse your position as a dental professional by endorsing medicines, oral health products or devices for financial gain. Recommend products only if they are the best way to meet a patient's needs.

If you offer services which your training as a dental professional does not qualify you to provide, make sure you are appropriately trained and competent to undertake them, and do not mislead patients into believing that you are trained and competent to provide other services purely by virtue of your primary qualification as a healthcare professional.

### **Please provide any comments you would like to make about the guidance in this section:**

DPL supports the proposal that any advertising should be legal, honest, decent and truthful as set out by the paragraph above. The restriction on endorsing products needs to be qualified much more clearly if the guidance is to have the desired effect. The issue is surely that the registrant must have reasonable grounds for recommending/endorsing a product rather than simply being paid to do so. A lecturer who in good faith recommends a particular product because he/she genuinely believes it to contribute to a patient's oral health, may well be paid for their time and effort. We would suggest that no GDC guidance should act to prevent this.

## Websites

For all dental professionals providing dental care mentioned on the site the following information must be displayed:

- i. their professional qualification and the country from which that qualification is derived; and their GDC registration number, with the GDC address and other contact details, or a link to the
- ii. GDC website

A dental website must display the following information:

- i. the name and geographic address at which the dental service is established;
- ii. contact details of the dental service, including e-mail address and telephone number (it may also provide a fax number);
- iii. the date it was last updated; and
- iv. not be more than a month out of date

### **Please provide any comments you would like to make about the guidance in this section:**

The information that the GDC requires on a website about the registrant ought to be the same as that which is held on the Register as a minimum. Whilst patients may wish to know the country of origin of a registrant, they are at liberty to seek this information directly from the registrant if they choose to. We would have thought that the GDC would wish to guard against any suggestion of insitutional racism. The GDC fulfills its statutory duty to the public by either registering, or not registering, a dentally qualified applicant, following fair and appropriate processes in doing so. The proposed additional information is thereby rendered gratuitous. All dentists who have satisfied the Council that they may register here in the UK are entitled to be treated equally and not discriminated against because of their place of qualification. Naturally, if a registrant choses to place their place of qualification on their own website, that must be their right, but we believe a compulsion to do so would be a step too far.

### **Please provide any further comments you would like to make regarding the 'Principles of ethical advertising' guidance:**