SDA Position Paper

I. Introduction

1. On 26 May 2019, the Singapore Dental Association ("**SDA**") elected a standing committee ("**Standing Committee**") to deliberate and make recommendations to the general body of the SDA on all matters relating to the practice of dentistry, including to consider the preliminary recommendations of the Singapore Dental Council ("**SDC**") and the Ministry of Health ("**MOH**") to implement a Framework for Competencies and Certificates of Competencies for Identified Higher-Risk Intermediate Dental Care Procedures ("**COCs**") (collectively, the "**Recommendations**").

2. After considering the Recommendations and conducting public and professional engagements on the same, the Standing Committee has prepared this position paper ("**Position Paper**") to (i) set out the findings from these engagements, (ii) highlight the views and concerns of dental practitioners in Singapore, and (iii) provide feedback on and suggest alternatives to the Recommendations.[1]

A. The Formation of the Standing Committee

3. On 19 March 2019, the MOH Chief Dental Officer ("**CDO**") and the SDC President held a briefing with the Executive Committees of the SDA and the College of General Dental Practitioners ("**CGDP**") on the proposed implementation of a dental procedure classification as well as certificate of completion training (*i.e.* the "**Recommendations**").

4. On 13 April 2019, the SDA, together with the SDC and the MOH CDO, held a dialogue session for some of the members of the SDA on the Recommendations. On 18 April 2019, 50 members of the SDA called for a Special General Meeting ("**SGM**") to form an independent standing committee to study the Recommendations and engage the relevant authorities to achieve an outcome that is in the interests of both the dental profession and patients. On 26 May 2019, at an SGM of the SDA with 477 members in attendance, the Standing Committee was appointed.

[1] For the avoidance of doubt, the views set out in this Position Paper (and its appendices) are not intended to be representative of the views of any individual member of the SDA or the Standing Committee.

5. The Standing Committee is empowered to engage the members of SDA as well as the MOH, the SDC and other government and/or professional bodies in relation to the Recommendations.

B. *The SDC Circular and the Recommendations*

6. On 25 May 2019, the SDC released its Circular No. 2/2019 ("**SDC Circular**") which set out the preliminary recommendations of an MOH-appointed Working Committee ("**MOH Working Committee**") on "*better competency development for safe and quality dental care*", and invited views and feedback from the dental professional bodies and the dental community on the same. The SDC Circular is annexed as "**Appendix A**".

7. The SDC Circular highlighted, by way of background, that:

   (a) "*Patient expectations on the standard and quality of dental care are … rising. In recent years, the [SDA] has received over 100 annual complaints against dentists… On its part, the SDC has seen a four-fold increase in initial complaints and more than three-fold increase in statutory complaints, from 10 and 6 in 2014 to 40 and 21 in 2018 respectively*."

   (b) "*Given the increasing patient expectations and demand on safe and quality dental care, it is important that our dentists acquire and update their knowledge and skills to maintain high standards of competency and professionalism…*"

8. The SDC Circular then set out the MOH Working Committee's four preliminary recommendations (*i.e.* the Recommendations):

   (a) First, to have a framework that categorizes "*the competencies for dental care*" into three categories: "Basic Dental Care", "Intermediate Dental Care Requiring Additional Training" and "Specialist Dental Care" (*i.e.* the Framework for Competencies);

   (b) Second, to develop "*new training courses leading to Certificates of Competency (COC)*" in "*identified higher-risk intermediate dental care*" in order to help dentists attain the competencies for such procedures (*i.e.* the COCs), though the COCs "*need not be mandatory at this time*";

(c) Third, to have the courses leading to the COCs recognized under "*the SDC Continuing Professional Education (SDC CPE) framework*"; and

(d) Fourth, to allow "*existing registered dentists who have acquired equivalent competencies through past equivalent training courses, on-the-job training or relevant working experience*" to "*apply and be issued with a relevant COC*".

C. *The Standing Committee's Engagement Methodology*

9. Following its election, the Standing Committee sought to engage with the members of:

(a) the SDA;
(b) the Dental Specialist Societies; and
(c) the public.

10. With regard to the members of the SDA:

(a) On 15 June 2019, the Standing Committee notified SDA members of an engagement session on 7 July 2019 for SDA members to discuss and vote on the Recommendations. In the notice, the Standing Committee also requested that SDA members, ahead of the session, provide their views on the Recommendations and complete an online poll on the extent and frequency that general dental practitioners ("**GPs**") were carrying out advanced dental procedures. The notice is annexed as "**Appendix B**".

(b) The views of the SDA members were then collated into a reading deck and circulated to the members of the SDA on 1 July 2019. The results of the online poll were circulated to the members of the SDA on 4 July 2019. The reading deck ("**Pre-Reading Deck**") and the results of the online poll ("**Online Poll Results**") are annexed as "**Appendix C**" and "**Appendix D**" respectively.

(c) On 7 July 2019, the engagement session was held ("**7 July Engagement Session**"). The facilitation slides used in this session and the results of the vote conducted during this session are annexed as "**Appendix E**" and "**Appendix F**" respectively.

(d) On 4th September 2019, the Standing Committee conducted an internal survey of 959 members of the SDA in relation to the implementation of the Framework for Competencies and the COCs. The results of this survey are annexed as "**Appendix G**".

11. With regard to the Dental Specialist Societies, on 17 June 2019, the Standing Committee wrote to the Presidents of five Dentist Specialist Societies by email to seek their views on the Recommendations:

(a) the Society for Paediatric Dentistry;
(b) the Association of Orthodontists;
(c) the Society of Endodontics;
(d) the Society of Periodontology; and
(e) the Association of Oral Maxillofacial surgery.

The responses received from the Presidents of these Dentist Specialist Societies are annexed as "**Appendix H**".

12. With regard to the public, in August 2019, the Standing Committee conducted an independent public survey of 1,438 members of the public aged between 25 and 60 years, to "*study the confidence of the public in dentists, the public's concern on dental costs, and also to gauge the public confidence of practicing dentists in Singapore in relation to safety and performance*". On 11 September 2019, the results of this survey were released by the Standing Committee via a media press release. The press release is annexed as "**Appendix I**".

II. Findings of the engagement with the members of the SDA

A. Voting and survey results

13. The results of the vote conducted during the 7 July Engagement Session are as follows:

(a) On the **Framework for Competencies**:
  (i) 87% voted to reject it entirely;
  (ii) 12% voted to accept COCs but without any attendant restrictions (*e.g.* mandatory COCs); and

(iii) 1% voted to accept it.

Notably, of the 87% who voted to reject it, 79% comprised GPs with less than 5 years of experience, 18% comprised GPs with more than 5 years of experience, and 3% comprised specialists.

(b) On the **COCs**:

(i) 61% voted to maintain the status quo (*i.e.* reject the COCs entirely);

(ii) 2 % voted in favour of having non-mandatory COCs;

(iii) 29% voted in favour of having Clinical Practice Guidelines without COCs (*i.e.* reject the COCs entirely but have Clinical Practice Guidelines as an alternative – the Clinical Practice Guidelines are elaborated on at paragraph 40); and

(iv) 8% voted in favour of having Clinical Practice Guidelines with non-mandatory COCs.

Notably, of the 61% who voted to maintain the status quo, 85% comprised GPs with more than 5 years of experience, 11% comprised GPs with less than 5 years of experience, and 3% comprised specialists.

14. These voting results show that a clear majority of the SDA members present at the Engagement Session are not in favour of imposing either the Framework for Competencies or the COCs.

15. The results of the internal survey conducted on 4th September 2019 show that, among other things:

(a) 91.1% were of the view that implementation of the Framework for Competencies and the COCs "*will raise the cost of dental care*";

(b) 81.6% were of the view that they would have to raise their fees by at least 10% if the Framework for Competencies and the COCs were implemented;

(c) Most were of the view that if a non-compulsory COC were issued for a procedure which they were already performing, they would still continue to perform the procedure;

(d) 90.1% were of the view that the Framework for Competencies and the COCs, if implemented, would still not reduce the number of patient complaints; and

(e) 92.3% indicated that if there were other options to improve safety and increase quality of dental care, they would prefer these other options or would be willing to consider these other options; only a very small number preferred the COCs.

B. *Members' concerns about the Recommendations*

SDC's Rationale for the Recommendations

16. The SDC Circular states, as reasons for Recommendations, rising "*patient expectations on the standard and quality of dental care*". It notes that the SDA "*has received over 100 annual complaints against dentists, of which some were escalated to SDC when mediation failed*", while the "*the SDC has seen a four-fold increase in initial complaints and more than three-fold increase in statutory complaints*".

17. The SDC Circular suggests that there has been an increase in the number of complaints against dentists because dentists are inadequately trained to meet satisfactory standards and quality care. However:

(a) As noted in a Channel NewsAsia ("**CNA**") article dated 9 November 2017 titled "*Nearly 300 complaints against dental practitioners in last 4 years: Singapore Dental Association*"[2], the bulk of the complaints received by the SDA against dental practitioners between 2013 and 2017 arose because of "*poor communication between patients and dentists, resulting in unmet expectations from the treatment*". The CNA article is annexed as "**Appendix J**".

(b) Similarly, based on SDC's own press releases issued between 2012 and 2018, only a minority of the complaints submitted to the SDC concerned lapses in care arising from inadequate education or experience.

18. Accordingly, there is a concern that the Recommendations would not address the real reason for the increase in complaints against dental practitioners, the majority of which complaints do not arise from lapses in standard or quality of dental care.

[2] https://www.channelnewsasia.com/news/singapore/nearly-300-complaints-against-dental-practitioners-in-last-4-9391514

The Framework for Competencies

19. As set out at paragraph 13(a) above, at the 7 July Engagement Session, a significant majority (87%) of the SDA members voted to reject the Framework for Competencies in entirety. In the engagement with SDA members, the following concerns were raised.

20. First, the existing legal, ethical and clinical frameworks in the dental profession and its stakeholders already play a role in determining the training that is required before a dental professional can undertake procedures of varying complexities. The SDC's Ethical Code & Ethical Guidelines ("**ECEG**") already require each dental professional to "*practise within the limits of his own competence*" (ECEG, paragraph 4.1.1.6), and failure to adhere to the ECEG can give rise to disciplinary actions by the SDC and potential legal action commenced by affected patients. Public institutions and businesses are already guided by their own internal clinical and risk frameworks. Such frameworks have been working well thus far.

21. Second, a Framework for Competencies that only adopts a categorisation of basic, intermediate or advanced procedures is simplistic – it fails to take into account the numerous factors which may affect the complexity of a procedure. In contrast, a framework that does consider numerous factors is the American Association of Endodontists' Endodontic Case Difficulty Assessment Form ("**AAE Case Difficulty Guidelines**"), which takes into account patient, diagnostic and treatment, and other considerations, thus allowing for a more nuanced and more accurate classification framework. These AAE Case Difficulty Guidelines are annexed as "**Appendix K**".

22. Take the case of molar endodontics: under the Framework for Competencies, it would be classified as intermediate; however, under the AAE Case Difficulty Guidelines, its classification may range from minimal to high-difficulty depending on the clinical assessment of the particular patient. Similarly, wisdom tooth surgeries may appear at first glance to be simple but can be complicated by patient-related factors such complex medical histories, anxiety or high/low pain thresholds.

23. Third, the Framework for Competencies appears to be inconsistent with other competency-based models in Singapore's healthcare system, such as the post-graduate medical education programme by the Accreditation Council for Graduate Medical Education-International ("**ACGME-I**"). The ACGME-I's model recognizes that

development lies on a continuum – instead of prescribing qualifications or imposing requirements for performing procedures (which is the case under the Framework for Competencies), the ACGME-I's model seeks to bring practitioners along their respective skill trajectories in a structured manner. This encourages continuous improvement and growth and is more representative of a dental practitioner's journey than the COCs proposed in the Recommendations.

The COCs and the proposed accreditation of the same

24. As set out at 13(b) above, at the 7 July Engagement Session, 61% of the respondents voted to maintain the status quo (*i.e.* to reject the COCs without more), and a further 29% voted to reject the COCs in favour of an objective set of standards (as opposed to accredited training – we will elaborate on this objective set of standards below). In the engagement with SDA members, the following concerns arose.

25. First, the implementation of accredited competency certifications is unlikely to address the real reason for the increase in complaints against dental practitioners, which is poor communication between the dental professional and the patient, rather than a gap or a deficiency in procedural skills (as highlighted at paragraph 17 above).

26. Second, the COCs do not capture the skill levels required by different procedures and may create wrong expectations on the part of the patients. This is because competencies are progressive in nature – as explained by the Dreyfus Model of Skill Acquisition (which sets out five developmental stages which a student normally passes through: Novice, Advanced Beginner, Competent, Proficient and Expert). Competency at one stage does not mean competency at another. Thus, a dentist who obtains a COC to perform first molar root canals at the Advanced Beginner stage may still not be proficient enough to treat highly calcified first molar root canals until he reaches the Proficient stage.

27. Third, the implementation of accredited competency certifications will only increase the impediments or barriers faced by dental practitioners in practice in acquiring the relevant skills.

    (a) The Online Poll Results show that of the respondents who expressed interest in performing advanced dental procedures, 86% indicated that they faced impediments or barriers in acquiring the relevant skills, in particular, the lack of

availability of mentors (74%), suitable training cases (70%) and courses (61%). This suggests that any existing gaps in competency stem from an inadequate access to relevant training rather than an unwillingness to undergo training. Imposing COCs as a requirement in such an environment is likely to increase barriers to entry, thus exacerbating the problem.

(b) In particular, implementing accredited competency certifications is unlikely to address a key issue faced by many young dentists when it comes to advanced dental procedures – which is the lack of training opportunities. The Online Poll results show that of the GPs with less than 5 years of experience and who expressed interest in performing advanced dental procedures, 89% indicated that they faced impediments or barriers – even though many of them, being the local graduates, would be serving out their 4-year MOH bonds at public institutions and would be expected to have greater access to learning / training opportunities and subsidies for the same. The view expressed is that in recent years, dental officers serving their MOH bonds face limited opportunities to practice advanced dental work, with many of them doing very basic procedures in polyclinics for up to 2 or 3 years; some even find themselves serving the entirety of their bond without cutting a single crown or doing root canal treatment, even though both these procedures are taught at the undergraduate level. Yet, an estimated 70% of these local graduates are expected to enter private practice as GPs. If dental officers are not given sufficient opportunities to train in performing advanced dental procedures, they may end up being less-equipped for private practice.

(c) Further, the recent imposition of restrictions on CPE providers (as set out in the SDC's Circular dated 30 April 2019) (the "**30 April Circular**") is expected to lead to fewer CPE providers available to offer accreditations, which adds to the barriers to entry. More dentists may have to turn to local specialists who are willing to conduct hands-on courses – however these local specialists are limited in number (despite the fact that a very high number of advanced procedures are already being performed by GPs – see the Online Poll Results). This raises the concern that access to affordable, advanced dental healthcare would become largely dependent on the willingness and availability of the local specialists to provide training.

28. Lastly, it is unclear how the accreditation of the COCs can be implemented without adverse consequences on costs. Making COCs mandatory is likely to generate unnecessary cost. In practice, procedural skills such as orthognathic surgery tend to be gained from postgraduate specialist training, as these require expensive, specialised equipment, procedural competencies, and rarely appear in conventional caseloads. It is therefore unlikely that dental practitioners would seek to pursue such skills outside a hospital-based, formal training environment. Placing restrictions on such cases through the use of COCs only adds to the economic cost without addressing any real risk.

III. Findings of the engagement with the Dental Specialist Societies

29. It is unclear whether the Recommendations have taken on board the views of the specialist dentists in Singapore. The responses received from the Presidents of the five Dentist Specialist Societies referred to in paragraph 11 above were substantially similar – namely, that the Recommendations were still in their infancy and it would be premature for the Presidents to provide any form of input or feedback at this stage. This suggests that the Recommendations had yet to take into account the views of at least some Dental Specialist Societies in Singapore.

IV. Findings of the engagement with members of the public

30. The results of the survey conducted in August 2019 show that:

(a) none of the respondents who had visited dentist in the past year had filed any complaints against their dentists; and

(b) all of the respondents who had visited dentists in the past year said that their dentists were competent in their work.

31. This shows that the general public continues to have a high confidence level in the dental practitioners in Singapore with regard to the safety and competency in the delivery of dental care. This accords with the finding that complaints made by patients against dental professionals generally do not stem from a dissatisfaction in the standard and quality of care provided but from other, non-clinical considerations.

32. Further, the survey showed that 89% of respondents were concerned about the cost of dental care in Singapore; and of these respondents, a third indicated that they would

try to seek alternative routes of receiving dental care (*e.g.* by travelling overseas for cheaper options) if the cost of dental care rises further. This finding is important. As set out at paragraph 15 above, in the internal survey of members of the SDA, 91.1% of the respondents were of the view that implementation of the Framework for Competencies and the COCs "*will raise the cost of dental care*", while 81.6% were of the view that they would have to raise their fees by at least 10%. Such increase in costs will then have to be passed on to patients. The ripple effect that may be caused by the implementation of the Recommendations will therefore also need to be considered when determining the suitability of the Recommendations.

V. Recommendations of the Standing Committee

A. *Need for clarity on the basis and scope of the Recommendations*

33. In light of the concerns raised above, the Standing Committee is of the view that further details on the **basis and scope** of the Recommendations, as well as the background information and material considered by the MOH Working Committee in formulating the Recommendations, is necessary. This will give the dental profession a better understanding of the issues that the Recommendations are intended to address.

34. In this regard, the Standing Committee had on 3 October 2019 sent an email to the MOH CDO and the SDC President ("**3 October Query**") with queries aimed at further understanding "*the rationale and process of deliberation*" for the Recommendations. These queries included:

    (a) information on the international benchmarks and guidelines which the MOH Working Committee had studied and taken reference from when formulating the Recommendations;
    (b) the roles and composition of the different COC committees within the Working Committee and how these COC committees were formed;
    (c) the reasons for the imposition of restrictions on CPE providers who can offer accreditations (as set out in the 30 April Circular); and
    (d) the results and conclusion for the focus group discussions conducted by the SDC in relation to the Recommendations.

35. As at the time of the drafting of this Position Paper, the Standing Committee has yet to receive a substantive response to the 3 October Query. Depending on the response

received (if any), the Standing Committee or other authorised representatives of the SDA may follow up with further queries as necessary.

B. *Further consultations with stakeholders*

36. In particular, subject to the results and conclusion for the focus group discussions conducted by the SDC in relation to the Recommendations, the Standing Committee suggests that further consultations be held with the key stakeholders, including members of the dental profession, to consider the suitability of the Recommendations and to propose refinements and/or alternatives as necessary. The priority should be to ensure that the views of all the stakeholders, in particular those who will be affected by the implementation of the Recommendations (in particular, GPs who wish to perform or continue to perform advanced dental procedures) are taken into account.

37. The importance of sufficient and timely engagement with stakeholders cannot be overstated. The Recommendations, if implemented, will make a material change to the landscape. It is unfortunate that the Recommendations were put on the table for discussion without prior engagement with the dental profession at large. No official consultation paper was issued; the dental profession was informed of the Recommendations only after the briefing for the Executive Committees of the SDA and CGDP on 19 March 2019 and a dialogue session for some SDA members on 13 April 2019, which culminated in the SDC Circular of 25 May 2019. To compound the problem, according to the SDC Circular, the MOH Working Committee had been convened in November 2017, but the dental profession only learnt of the work of the MOH Working Committee almost 1.5 years later. In fact, it appears that when the SDC Circular was released, one of the members of the Working Committee was not even aware of the Recommendations.[3]

38. The ultimate stakeholders are members of the public. Increasing the cost and difficulty of acquiring the relevant skills in an environment that already has relatively few specialists, will ultimately increase the cost for patients and take away some of the choices currently available to them - patients who are already considering cheaper alternatives outside of Singapore.

[3] CGDP's Press Release dated 28 May 2019

C. *Alternative proposals*

39. Finally, having regard to the concerns raised (not least the possible effects of the Recommendations against the interests of the public), the Standing Committee wishes to suggest several alternatives to the Recommendations. These alternatives may better address the issues of quality of care and rising complaints against dental professionals. They can of course be refined in the course of further discussion and debate among the key stakeholders.

40. First, instead of imposing COCs, objective standards described as "Clinical Practice Guidelines" or "CPGs" can be applied to determine the appropriate training that can develop good clinical practices for the benefit of patients. These Clinical Practice Guidelines are well defined and are evidence-based.

41. Second, public institutions can also take the lead in measuring and managing quality of care. They are in a prime position to adequately train and prepare graduates for the dental profession. They also have Quality Service Management (QSM) departments with trained staff to manage adverse feedback and complaints. The data obtained on the number and type of complaints received can be made publicly available so that dental professionals can better respond to these complaints.

42. Third, following from paragraph 27(b) above, more training opportunities (and funding for the same) can be provided for local graduates serving their 4-year bond. This allows the graduates, many of whom would eventually enter the private sector as GPs, to be sufficiently and better trained. In this regard, public institutions have the mandate to adequate prepare dental officers for private practice. An incentive structure can be considered to encourage public institutions to fulfil their mandate more effectively – for instance, public institutions who receive better feedback from graduates on the quality of their training may be given more training grants.

43. These training opportunities can be supplemented by a mentorship program similar to the one run by the UK National Foundation Training Programme ("**UK Training Programme**"), which allows fresh graduates to be gain practical experience by being employed under a service contract by senior dentists in the private sector known as "Education Supervisors". In Singapore, senior GPs in the private sector can be appointed to provide mentorship to dental officers in public institutions on a part-time

basis. Under the ÜK Training Program", there are "study days" for didactic trainining which can be fulfilled with our current CPE system.

VI. Conclusion

44. The Standing Committee is concerned that the rationale identified for the Recommendations (*i.e.* rising complaints against dental professionals) ultimately does not arise from poor standard or quality of care, but from other issues such as poor communication between dental professionals. If so, then the Recommendations do not address the key issues at hand. Even if the Recommendations are aimed at addressing the standard and quality of dental care in Singapore, they do not address the real impediments or barriers to ensuring a higher standard and quality of dental care such as the lack of training opportunities for dental graduates. Both the profession and the public deserve a careful analysis of the economic costs and opportunity costs occasioned by the Recommendations.

45. The Standing Committee is of the view that further dialogue and discussion on these issues with key stakeholders, as well as on the Recommendations (including any refinements or alternatives to the Recommendations) will be necessary.