

The Orthodontic National Group for Dental Nurses & Therapists



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Report on behalf of the Orthodontic National Group to the National Assembly of Wales

Thank you for inviting the Orthodontic National Group (ONG) to assist the National Assembly of Wales with its Inquiry into Orthodontic Services in Wales. The ONG was formed in 1994 at the British Orthodontic Conference with the support of the British Orthodontic Society (BOS). ONG members are dental nurses and the more recently established orthodontic therapists and they work as part of the orthodontic clinical team in hospitals, clinics and practices. The objectives of ONG are to provide continuing professional development, education and training for members whilst liaising with all professional bodies.

This report to the National Assembly for Wales Committee Inquiry aims are:

- to outline the scope of practice for orthodontic nurses and therapists
- To provide information which is helpful when planning how to make best use of these personnel for high quality patient care in Wales

What is a qualified orthodontic nurse?

In 1997 ONG initiated a working party under the Chairmanship of Dr J. Galloway who had just finished his work on the Nuffield Inquiry. This was titled the 'Inquiry into the Education of Personnel Auxiliary to Dentistry'. This working party was comprised of ONG and BOS and in the late stages the National Exam Board for Dental Nurses (NEBDN). The result of their work was a new qualification for dental nurses called the Certificate in Orthodontic Nursing. This certificate qualification is now run at 12 training centres around the country with the exams being awarded under the auspices of the National Exam Board for Dental Nurses (NEBDN). There is therefore a growing body of dental nurses who are specifically trained to take part in providing quality orthodontic care. This qualification was later accepted by the General Dental Council (GDC) as Accredited Prior Learning for the Orthodontic Therapy qualification (see below) and most of the centres that run the Orthodontic Therapy Courses ask for this qualification as a pre requisite entry requirement onto the course.

The establishment of Orthodontic Therapists

In 1999 the GDC took several decisions which included registering all groups of DCPs and establishing two new classes of Professionals Complementary to Dentistry (PCD). This group of dental personnel are now labelled Dental Care Professionals (DCPs) and the two new classes of personnel are titled Orthodontic Therapists and Clinical Dental Technicians.

Following on from these decisions the GDC formed a working party between its Council, BOS and ONG to prepare a draft curriculum for Orthodontic Therapists. This curriculum was finally approved in 2002 and is now taught in seven Specialist Centres around the Country. At the time of the curriculum approval it was not known when the necessary Legislation would be forthcoming to allow DCPs to Practice Dentistry. Parliamentary approval of changes to Section 60 of the Dentists Act 1984 was achieved in 2004.

Training for Orthodontic Therapists.

The first Diploma in Orthodontic Therapy course was run as recently as 2007 at the Yorkshire Orthodontic Therapy Centre in Leeds Dental Institute. The initial cost of the first course was £7,500 but has now risen in all the centres to £10,000. The course is a one year course with a 4 week core course at the Centre, and 10 to 12 further study days also in the centre, all of which must be attended. The rest of the training is in a clinical setting where the trainee Therapist is working. This could be a Specialist Practice or a Hospital Orthodontic Department and the trainee must work under the close supervision of the local placed trainer. The supervising trainer must be a Specialist or Consultant Orthodontist on the Specialist Register. This supervisor is interviewed by the interviewing panel of the centre running the course, must take the Royal College of Surgeons Training the Trainers course and must complete satisfactory workplace reports. The Practice/Hospital department that the student will train in will also be inspected to ensure that it is a suitable learning environment with suitable designated computer facilities. There must also be identified clinical space, equipment and clinical support staff for each student.

The training is therefore well structured with excellent quality assurance.

When the trainee Therapists have also satisfactorily completed end-term assessments and a project they can then apply to sit the Diploma in Orthodontic Therapy exam. These examinations are held at The Royal College of Surgeons of England in Lincolns Inn Fields and the Royal College of Surgeons (Edinburgh) Nicholson Street Edinburgh. The exam consists of two papers of two hours duration, two case presentations and a structured Oral examination. Candidates must pass all parts of the examination.

Learning outcomes of the course are Biomedical Sciences and Oral Biology, Behavioural Sciences, Human disease, Medical Emergencies, Law, Ethics and Professionalism, Health and Safety and Infection Control and Material Sciences. They also include the taking of Clinical records, the principles of

Orthodontics and knowledge of Orthodontic Instruments. The students are taught to place and remove fixed and removable appliances and also to remove ligatures, cement, archwires and bonded attachments. They can use both powered and manual instruments to clean and polish teeth. They are competent at identifying distorted and damaged appliances and taking the limited action to relieve pain or make an appliance safe. A more complete list of the tasks permitted is in Appendix 1 at the end of this paper.

Approximately 90% of the trainee Orthodontic Therapists are qualified dental nurses who have been working in Orthodontics. The Centres running the courses have their own Personal Specifications and pre requisite qualifications, some of which are essential and some desirable for student entry onto the course. The other percentages of trainees are Hygienists or Dental Therapists. Dental Technicians also may qualify to go on the training course and should have demonstrable APL from a suitable foundation course at a level commensurate with the requirements needed.

Registration with the GDC

All classes of DCPs have to register annually with the GDC at an annual fee of £96. At the present time there are 128 Orthodontic Therapists registered in the U.K.

The role and scope of Orthodontic Therapists as a part of Orthodontic Care

It is still early days in the Profession to assess properly the impact of Orthodontic Therapists in the working place. There are no British statistics of national management and any comments are interim in nature. There are still only a small number of Orthodontic Therapists qualified within the U.K. and to date very few in Wales. Orthodontic Therapists carry out a limited range of practical orthodontic treatment procedures. An Orthodontic Therapist works to a prescription from an Orthodontist (or dentist) and they are not trained to diagnose or plan treatment. The legal framework is the same for all categories of DCPs and this legislative simplicity is regrettable because unlike other dental treatments, a course of orthodontic treatment usually takes 10 to 20 appointments with adjustments to the plan being required at many of these visits. These adjustments to the plan must be made by the supervising orthodontist. Guidelines to good practice in this area have been agreed by the British Orthodontic Society, are fully supported by ONG, published on the BOS website (www.bos.org.uk) and are included in Appendix 2. A core feature of these guidelines to good practice is the very firm recommendation that an Orthodontist is always on the premises when therapists are treating patients, because a therapist may need the written prescription adjusted before treatment can proceed at any given patient visit.

The current and future potential contribution of Orthodontic Therapists in Wales

The current contribution:

There are currently very few Orthodontic Therapists working in Wales. There is one Centre in Wales running a training course for Orthodontic Therapists. This contact address is the Orthodontic Department at Morriston Hospital, Morriston, Swansea. SA6 6NL (01792 703101). Their recent course had 14 trainees who all achieved a 100% pass rate. However, of these, only 4 are known to be working in Wales and a recent survey found that only 2 therapists were working in hospital and community Orthodontic departments .

The current role is therefore very limited.

The future contribution:

An Orthodontic Therapist needs their own dedicated clinical space (dental chair), equipment and nursing support. These will be more readily available in multi-chair Practices and Hospitals. That setting is also highly preferable in terms of supervision of their treatment. They will release Orthodontists to concentrate on treatment planning and finishing procedures which will benefit patients and increase job satisfaction to produce more integrated teams. The training and use of Orthodontic Therapists into an integrated team will undoubtedly increase the number of patients which can be treated by one orthodontist. This will apply both for routine cases in specialist practices and also in hospital departments where the complex multidisciplinary cases should be treated. High quality, cost-effective patient care is undoubtedly achievable through good employment of orthodontic therapists. However, adjustment to a model where an orthodontist supervises therapists will not be rapid or easy in many locations. Firstly, it will take several years before there is a sufficient trained workforce. Also, significant investment in appropriate clinical space will be required. Thirdly, some geographical areas in Wales will be much less suitable for the establishment of a large, centralised practice. Orthodontic treatment requires a number of visits and travel time for patients (and frequently their parents) is a significant factor. Any change in the financing of orthodontic care would therefore require knowledgeable, flexible and patient management if continuity of quality care is not to be put at risk.

For quality patient care, it is desirable that orthodontic provision outside hospital departments moves from dentists who are not on the orthodontic specialist list to a pattern where specialist orthodontists supervise treatment by orthodontic therapists. It is not appropriate except as a short-term stop-gap arrangement to have dentists who are not on the specialist list supervising orthodontic therapists.

Conclusions

- Trained orthodontic nurses are an essential component of good patient care. Time and finance for training and employment must not be jeopardised by any changes in NHS provision.
- Orthodontic therapists offer great scope as part of the team but their proper introduction and integration requires time, sufficient personnel, adaptation to a changed working pattern and the availability of suitable premises.
- Only Orthodontists on a specialist list are properly qualified to supervise orthodontic therapists

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Chief Executive ONG.
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Appendix 1: Clinical Duties of an Orthodontic Therapist

The preparation and placement of orthodontic brackets and bands
The placement of neutral archwires
The placement of archwires that have been previously activated by an Orthodontist.
The placement and removal of separators
The placement of opening and closing space mechanics.
Load previously placed mini implants
The fitting of passive removable orthodontic appliances including space maintainers and retainers
Adjustment of retentive components on removable appliances
Remove fixed appliances and bands and cement from tooth surfaces supragingivally
Make an appliance safe and relieve pain in an emergency appointment
Take functional wax bites
The preparation of the teeth for ,and the placement of bonded retainers
Cementing of quad helix and transpalatal appliances
Use of a slow hand piece to remove cement and supra gingival cleaning to remove plaque and staining .
Taking impressions, bite registrations and photographs.

It is worth noting that Dental Nurses working in Orthodontics can with further training take dental impressions. The NEBDN has a curriculum for impression taking and a short exam. There are also a few courses being run by Colleges. NEBDN will have more details. An in-house course can also be run which follows the curriculum and meets the criteria.

Appendix 2: Supervision of Orthodontic Therapists

Serious concerns have recently arisen about the supervision of orthodontic therapists and how independently they work. An orthodontic therapist has been told by the dentist who leads her team that she is expected to treat his patients whilst he is away on holiday. She responded that her training had not equipped her to make the decisions that this would involve. This raises a highly important point concerning patient protection and good clinical practice. The GDC policy on this is as stated in *Developing the dental team* (January 2009 edition), the *Scope of practice* document and *Standards for dental professionals* (with supplementary guidance to Standards for dental professionals).

This position statement from the British Orthodontic Society gives guidance on its view of good practice in this area.

Reassessment schedules: The general guidelines for dental team working are set out in the GDC document *Principles of Dental Team Working* where para 2.5 states that all Dental care Professionals (DCPs) can now work independently from a dentist once they have a treatment plan and do not need to be seen again by the referring dentist until the reassessment date, with this date being set by the referring dentist. For most categories of DCP, e.g. a dental hygienist, the DCP can work for several patient visits without a decision being required about the next step in the overall treatment. However, in orthodontic treatment, the direction and practical details of the next step need to be constantly reassessed by the supervising clinician throughout treatment. The Orthodontic Therapists Curriculum Working Group addressed this problem and specifically advised that all treatments should be undertaken "under the prescription of a registered dentist at every patient visit." This recognizes the truth that diagnosis and treatment planning in orthodontics is not a once only event but is a continuing process which needs to be re-assessed throughout treatment.

The appropriate reassessment schedule in orthodontic treatment is therefore a reassessment at every visit. This does not mean that the supervising dentist has to see the patient at every visit, but that this should be possible. It is clearly not possible if the dentist is not present.

It is worth noting that in the USA where they have long experience of Orthodontic Therapists as part of the team, it is not permitted in any State for a therapist to treat a patient in the absence of the orthodontist. In the UK, the regulations are not specific to Orthodontic Therapists, but are designed to apply in general to all types of DCPs

Orthodontic Emergencies: Paragraph 89 on page 29 of the final report of the Orthodontic Therapists Curriculum Working Group is very clear on this circumstance.

"In circumstances where a patient presents as an orthodontic emergency, the orthodontic therapist may be required to carry out limited treatment in the absence of a dentist. Instruction should be provided to enable the student

orthodontic therapist to identify damaged or distorted orthodontic appliances and to carry out limited treatment in order to relieve pain or make an appliance safe. It is important that the student is made aware of the limits of their own knowledge, skills and expertise and knows when to seek the help of a dentist if a problem is beyond them".

There will also be instances where unplanned absence of the dentist arises through illness or other similar occurrence and in this situation it will usually be in the patients' best interest that the therapist should still see the booked patients but be very conscious of the need to work within the scope of their training in the absence of potential supervision.

The competence of Orthodontic Therapists: The curriculum for orthodontic therapy states that it does not attempt to train orthodontic therapists on the skills of diagnosis or in the choice of treatment mechanics and treatment planning decisions which are needed throughout treatment. Instead the curriculum clearly trains the orthodontic therapists to follow the directions and prescriptions of the supervising dentist or orthodontist all the way through treatment. This view was very clearly expressed in the final report of the Orthodontic Therapist curriculum working party Annex 4. Also, para 2.7 in *Principles of Dental Team Working* clearly states that the DCP "can, within the overall limits of the plan and the limits of their competence, treat the patient (and make any further appropriate referrals) until the next reassessment date." The important phrase is "within... the limits of their competence" The syllabus and content of the training programmes do not make Orthodontic Therapists competent to make decisions about the next step in treatment. Para 3.6 instructs DCPs to "only make decisions about a patient's treatment and care when you are confident that you have had the necessary training and are competent to make the decision."

Raising concerns: In para 3.9 of *Principles of Dental Team Working*, DCPs are instructed that "As a team member, you have a responsibility to raise any concern you have that patients might be at risk because of... any action you have been asked to carry out that you believe conflicts with your main duty to put patients' interests first and act to protect them." In the recent case, the Orthodontic Therapist was of exactly the view that she had a real responsibility to raise such a concern in the interests of her patients.

Responsibilities of Team leaders: It is also highly relevant to note para 5.4 which is addressed to dental team leaders and states "If you employ, manage or lead a team, you should make sure that:.... you do not take advantage of your position if another member of the team says that they do not feel that they should carry out a particular task because they are not trained or competent to do it"

Ethical Practice: Working in the absence of a dentist or orthodontist after the initial treatment plan would be potentially harmful to patients. Members of the GDC Orthodontic Therapists curriculum working party, Orthodontic Therapy

training programme directors and the British Orthodontic Society Board of Trustees are very firmly of the view that good clinical governance in this context requires the presence of the dentist or orthodontist at all appointments except in circumstances of emergency.

It is the professional responsibility of dental team leaders and Orthodontic Therapists to be aware of what constitutes good, ethical clinical practice and follow these principles in their care of patients.