



ADVICE SHEET

RUNNING A MIXED PRACTICE AND MAINTAINING ETHICAL STANDARDS

The BOS is a charity committed to enhancing standards of professional practice in orthodontics and it strongly endorses the General Dental Council's (GDC) key principles of ethical practice.

All GDC Registrants are obliged to abide by the professional standards laid out in the GDC Standards guidance documents. The key features are:

1. Putting patients' interests first and acting to protect them.
2. Respecting patients' dignity and choices.
3. Protecting patients' confidential information.
4. Co-operating with other members of the dental team and other healthcare colleagues in the interests of the patients.
5. Maintaining your professional knowledge and competence.
6. Being trustworthy.
7. Obtain valid consent.
8. Have a clear and effective complaints procedure.
9. Raise concerns if patients are at risk.

Orthodontic services are commissioned by regional commissioning authorities. Primary Dental Service (PDS) agreements restrict provision of orthodontic treatment to anyone under the age of 18, and limit the number of cases that can be treated within the National Health Service (NHS) per annum.

In Northern Ireland/Scotland treatment is based upon fee per item (as per the old GDS contract) and treatment can be provided to any patient with a clinical need based upon the Index of Orthodontic Treatment Need (IOTN).

Many practices now provide both private and NHS care for children under the age of 18 years. Treatment of adults on the NHS may be available but there is a lot of regional variation and depends on the treatment setting and type of malocclusion. Prior approval is often required to stipulate circumstances when treatment can be provided to adults. The BOS give advice on the professional standards expected within orthodontic practice

<https://bos.org.uk/professionals-members/members-area/advice-sheets/>

Eligibility for NHS Orthodontic Treatment

The IOTN determines which patients have a dental health need for orthodontics. The index scores occlusal features objectively and has been validated by independent research. This system allows clinicians to show patients have a demonstrable dental health need and therefore eligibility for NHS treatment.

Those patients who do not meet the criteria can only be offered private treatment. There must always be licence for individual clinical judgement and there is an appeals procedure in place to consider cases where the patients' IOTN falls below 3.6. In these cases, patients will only receive NHS treatment in exceptional circumstances.

Private treatment can be legitimately offered to all patients who do not fulfil the criteria for NHS care. For those patients eligible for NHS care, this should always be offered as an option in a mixed practice. If a patient then chooses to undertake treatment under a private contract,

this is quite acceptable provided that there is a clear understanding between the patient and the practitioner so that no misunderstanding can ensue.

Private treatment can be promoted in terms of convenience for the patient or aesthetics of the appliance. For example, the most popular appointment times may be reserved for private patients outside NHS contractable hours. In addition, a larger variety of aesthetic appliance types can be offered which are inevitably more costly. It is important, however, to ensure that patients have been given all the information they need, in a way they can use, so that they can make informed decisions. This will include communicating clearly without using jargon and explaining all the available options including risks and benefits of different treatment available on the NHS or by private contact (GDC Standard 1.7.2).

Ideally verbal information should be supplemented in writing and it is important that differing options are presented. When explaining the difference between NHS and private treatment, it should not be suggested that a better or quicker outcome can be obtained privately (GDC Standards 1.7.3). If a functional appliance is clinically necessary, for example, it is unethical not to provide it for an NHS patient. NHS regulations do not allow mixing NHS and private treatment on the same patient.

The outcome of treatment of mild malocclusions can sometimes lead to an increased potential for relapse. It is therefore very important for patients to be aware that they may only receive transient benefit, unless they commit themselves to long-term retention.

Running a practice according to ethical principles becomes more challenging in a mixed practice. Through all activities, there should be one basic principle: 'putting patients' interests first and acting to protect them' (GDC Standards). Please refer to BOS advice sheet: Practice advertising, leaflets and websites <https://bos.org.uk/professionals-members/members-area/advice-sheets/>.

The reader is also advised to refer to GDC Guidance on Advertising (www.gdc-uk.org).

The fees for treatment should be reasonable in regard to the work involved, the expenses incurred and the expertise of the practitioner. It is important that practitioners never ask for, nor accept, any payment, gift or hospitality; or accept or make any referral, which may affect or appear to affect professional judgement. Potential conflicts of interest should always be declared.

It is also essential that all practitioners work within their knowledge, professional competence and physical abilities, identifying their own limitations. When necessary (or if the patient requests it) patients should be referred for a second opinion and for further advice.

Complaints

Treatment under private contract is not monitored in the same way as care under a NHS contract. Ultimately, however, it is necessary for all practitioners to abide by the profession's ethical guidance (GDC Standards for Dental Professionals) which exists to protect patients. Practices should have their own complaints procedure which is adequately publicised at the practice. This should be the first point of contact where a patient is unhappy. Most complaints derive from poor communication and can usually be resolved at this level. For more detailed information on the management of complaints please refer to BOS advice sheet:

Communications and how to handle complaints <https://bos.org.uk/professionals-members/members-area/advice-sheets/>

This advice sheet discusses local resolution of complaints and also the pathway to follow for those issues that cannot be resolved locally for both NHS and private patients. In addition, defence organisations often produce advice booklets on complaints handling for each jurisdiction which may be helpful (see references below).

References

- General Dental Council: www.gdc-org.uk
- NHS rules and regulations: <https://www.nhs.uk/nhs-dental-services> (England and Wales)
- BOS advice sheets: <https://bos.org.uk/professionals-members/members-area/advice-sheets/>
- Dental Protection Society: www.dentalprotection.org.

Updated and reviewed by the Clinical Governance Directorate of the British Orthodontic Society 2025. Recommendations may change in the light of new evidence.

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