

Professional Standards for Orthodontic Practice



Foreword

It has been a great pleasure and privilege to work with my colleagues on the Ethics and Standards Committee of the British Orthodontic Society (BOS) to produce this trio of documents covering standards for clinical practice, advertising and dental professionals attending short orthodontic courses. These three documents have been produced to offer guidance to orthodontists and those involved with the specialty of orthodontics. They intend to provide some supplementary guidance to the standards produced by the General Dental Council which guide us all. The aim of these documents is to underpin safe and ethical practice and, where possible, avoid the pitfalls of inappropriate or ill-advised treatment advice or teaching.

Of course it is impossible to cover all eventualities and, as with all dental practitioners, personal probity and common sense must always be at the forefront of any of our activities. These documents were developed over a number of years in response to complaints and requests to the BOS on these subjects and we hope they are relevant, useful and clear.

The General Dental Council is responsible for the professional standards but the BOS hopes that this document can form a firm platform on which these professional standards can be upheld.

Acknowledgements:

I would like to acknowledge the support and hard work of Mohit Khurana, Tim Newton and John Atkins as well as the input of Nikki Attack, the General Dental Council, the Dental Defence Union, the Medical Protection Society and the Members of the BOS Board in the production of these documents.

Joe Noar

Deputy-Director of the Clinical Governance Directorate (Responsible for Ethics)
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Resources used in the development of these standards are listed at the end of each section. However, where appropriate, specific references are highlighted in the text.

Professional Standards for Orthodontic Practice

Standards in Clinical Practice^{1,2,3,4}

General Points

- The practice of orthodontics should only be undertaken by those who are registered with the General Dental Council, appropriately trained, competent and covered by suitable Professional Indemnity Insurance; and all aspects of probity should be adhered to.
- All practitioners should be engaged in continuing professional development and appraisal.
- All practitioners employed in primary or secondary care should be suitably trained and practise according to the guidelines set out by the GDC.
- At no time should practitioners undertake treatment that is not within their demonstrable competency.

Orthodontic Therapists

- Orthodontic Therapists should only work in accordance with the Guidelines on Supervision of Qualified Orthodontic Therapists³ and carry out clinical procedures that are prescribed by a General Dental or Specialist Practitioner with adequate orthodontic competency and a written prescription basis.
- Patients should not normally be seen and/or treated by Dental Care Professionals (DCPs) without direct supervision on at least every other appointment by a General Dental or Specialist Practitioner with adequate orthodontic competency³.

Diagnosis

- All significant findings and diagnosis must be fully documented.
- All special investigations, for example radiographs, must be prescribed by an appropriate clinician, their justification recorded and must be reported on by a suitably qualified clinician.

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- Other significant dental problems (other than orthodontic problems) must be documented and communicated with patients' primary care Dental Practitioners.
 - A full medical history must be taken and, where necessary, with appropriate consent communicated to the patients' General Medical Practitioner.
 - The need for active orthodontic treatment should be a clinical decision based on evidence-based criteria.
 - Mixing NHS and private care should be avoided. Where private treatment is offered as an alternative to NHS care the differences and rationale must be fully explained to the patient and all options discussed and a written treatment plan provided.

Aims of Treatment

- Realistic objective setting is the responsibility of both the patient and practitioner; and all aims of treatment should be documented in the clinical notes.
- Limited aims can be discussed but must be documented, together with evidence that alternative 'ideal' aims have been discussed with the patient and that the risks and benefits of both options have been clearly described.
- Irreversible decisions, for example extraction of teeth, should only be agreed and executed if a treatment plan has been agreed between the registered Dental Practitioner and the patient and the consent signed. Once done, the registered Dental Practitioner is deemed to have taken on the responsibility to finish the treatment to the best of his/her capability.

Treatment Options

- All potential treatment options should be offered, including no treatment.
- Compromise treatment options can be discussed but must be documented, together with evidence that alternative definitive treatment has been discussed with the patient.

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- Practitioners should not make unsubstantiated claims as to the efficiency or efficacy of a particular form of one treatment approach or appliance over another.
 - Practitioners must not make inappropriate claims about any difference in level of care/result between NHS and privately funded treatments.
 - Benefits of early intervention or treatment in younger patients should be fully discussed and the rationale clearly presented where there is limited evidence-based research.
 - Patients must be aware of the treatment options and the benefits/risks of the different treatment options.
 - Practitioners should be clear that their advice is their opinion, based on their assessment of the available evidence and not the only opinion or interpretation of that evidence.

Treatment Modalities

- Where alternative treatment plans are offered using techniques, which are not considered mainstream clinical techniques, a clear description of these techniques should be presented including an explanation that they are not routine practice. Patients must be given the opportunity to discuss these treatments with other practitioners if required.
- All practitioners should refrain from making claims that they cannot substantiate.
- All claims of advantages and disadvantages relating to each treatment modality must be evidence based where possible and the reasons for undertaking this style of treatment should be documented in the notes.



Consent⁴ and Communication

- A full case discussion should be undertaken with the patient and a description of the risks, benefits and limitations of each treatment option must be fully discussed and documented.
- Clear explanations in language that can be understood by the patient and/or their guardian must be given and written treatment plans should be produced for all treatment, whether funded by the NHS or on private contract.
- The referring practitioner and/or the patient's dentist should be included in the discussion process (by a written report) in order to ensure that all clinicians involved in that patient's dental health are involved in the decision process.
- Any fees payable by the patient must be agreed in writing before the start of the treatment.
- Where the treatment is being provided under private contract, the pricing structure for all treatment must be transparent. All potential extra costs for the orthodontic or adjunctive treatment must be clearly outlined and the patient informed before treatment commences.
- All patients and guardians should be given a 'cooling off' period to consider their options as part of the valid consenting process.
- Patients should at all times be given the opportunity to discuss their treatment plan with the practitioner and any changes should be discussed fully and documented in the clinical record.
- Consent⁴ is an ongoing process and should be valid at all times. Consent forms should ideally be signed and should be periodically reviewed and updated. Any significant changes to the agreed treatment plan require a revised consent to be taken. It should be remembered that consent forms are only part of the consent process and a signature on a form does not mean that the consent is valid.
- Clear information leaflets should be used to supplement the decision making process. Literature given to patients/carers should be recorded in the patient's clinical record.

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- Complaints should always be taken seriously and acknowledged. Where there is dispute there should always be a written record of the events. Complaints correspondence should be kept separate to the clinical records as per the GDC guidelines.
 - Where conflicts occur, early referral for a second opinion or advice should be sought from a suitably qualified clinician.
 - Patients are entitled to a second opinion by another suitably qualified clinician at any time during their treatment if they wish or where disagreement occurs between the parties.
 - All practitioners must maintain a high level of professional conduct when asked to comment on treatment undertaken by other professionals.

Documentation and Records

- Clinical records should include a legible entry for every patient attendance. Entries should be sufficient that a third party reviewing the records can fully understand the care and advice provided.
- All clinical records including study models, photographs and x-rays should be available at all times.
- All clinical and practice management records must be kept by the practice for the period of time as recommended by the GDC.
- The storage, handling, transfer, access and destruction of all records must adhere to the Caldicott Principles, Information Governance legislations and GDC guidelines.
- Where relationships break down or treatment plans are not fulfilled, written documentation of progress of treatment and remedial actions should always be made. Professionals should always ensure there is ongoing care for the patient during any dispute.



Safe Practice

- All practitioners should undertake safe practice including all aspects of Clinical Governance, risk management and infection control procedures. Practices should be registered with the Care Quality Commission (or equivalent) and be kept up to date.
- All Dental Care Professionals involved in the care of patients must be suitably trained, assessed and be up to date with CPD as per GDC guidelines. This is the responsibility of both the DCP and the supervising practitioner.

Execution of Treatment

- Where practitioners leave or retire from practice, an appropriate and fully documented handover should be undertaken providing a clear pathway for the supervision of the remaining period of treatment.
- The progress and result of any treatment should be the responsibility of one supervising practitioner, whether one practitioner or a team carries out the treatment. If this supervising practitioner is changed, this should be documented.

Long-term Care and Maintenance

- Retention following orthodontic treatment should be discussed before the start of treatment and reinforced at the end of the active phase of treatment. This discussion should be documented in the consent forms.
- Any information leaflets given to the patient pertaining to retention should be documented in the clinical record.
- Instructions for long term care and maintenance (in particular indefinite retention and prosthetic replacement of missing teeth), must demonstrate valid consent and be documented in the clinical record before treatment starts.
- Any financial costs to the patient in relation to the long term care and maintenance must be discussed with the patient before the start of the treatment and fully documented in writing.



References

1. *General Dental Council's Scope of Practice - General Dental Council*
37 Wimpole Street, London W1G 8DQ Tel: +44(0)2071676000
Website: www.gdc-uk.org
Accessed on 12th November 2014
2. *General Dental Council's Standards for the Dental Team - General Dental Council -*
37 Wimpole Street, London W1G 8DQ Tel: +44(0)2071676000
Website: www.gdc-uk.org
Accessed on 12th November 2014
3. *Guidelines on Supervision of Qualified Orthodontic Therapists*
British Orthodontic Society, 2012 - 12 Bridewell Place, London, EC4V 6AP
Tel: 020 7353 8680 Website: www.bos.org.uk
Accessed on 12th November 2014
4. *BOS Advice sheets – British Orthodontic Society* 12 Bridewell Place, London, EC4V 6AP
Tel: +44(0) 7353 8680 Website: www.bos.org.uk
Accessed on 12th November 2014

Professional Standards for Orthodontic Practice Advertising

This guidance will explore two aspects of advertising in Orthodontic practice –

- Advertising orthodontics to the public
- Commercial bodies advertising to the orthodontic team

Advertising orthodontics to the public

The ethics and practice of advertising of orthodontic care in the United Kingdom is addressed both generally and specifically within guidance from the General Dental Council. Standard 1.3 of the GDC document Standards for the Dental Team¹ states the following:

Standard 1.3 You must be honest and act with integrity

1.3.1 You must justify the trust that patients, the public and your colleagues place in you by always acting honestly and fairly in your dealings with them. This applies to any business or education activities in which you are involved as well as to your professional dealings.

1.3.2 You must make sure you do not bring the profession into disrepute.

1.3.3 You must make sure that any advertising, promotional material or other information that you produce is accurate and not misleading, and complies with the GDC's guidance on ethical advertising.

Expanding on this, the General Dental Council has produced specific guidance on Ethical advertising² (effective from 1 March 2012, see Appendix 1) and revised in September 2013³ which added information and advice on social networking and other marketing media (Appendix 2).

Compliance with the principles and suggested practise within both documents is strongly recommended as a protection against claims of mis-advertising of products and services.



The advertising of healthcare products and services (including websites) also falls under the jurisdiction of the Advertising Standards Authority (ASA). The ASA is an independent regulator based within the United Kingdom. They operate a system of self-regulation for non-broadcast media and a co-regulation system for broadcast media through written codes. The UK Advertising Codes are written by two industry committees: the Committee of Advertising Practice writes the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing and the Broadcast Committee of Advertising Practice (BCAP) writes the UK Code of Broadcast Advertising. For further information on the codes see: www.cap.org.uk. The general obligation required by the ASA is that any advert should be “legal, decent, honest and truthful”. Adverts that fall below this standard can be referred to the Office of Fair Trading (OFT) for investigation and there are a range of sanctions that can be applied to advertisers.

The ASA also provide advice and training on producing adverts that comply with their codes, ranging from training in the code to bespoke audit of advertising media. For full details of the training offered see: <http://www.cap.org.uk/Advice-Training-on-the-rules.aspx>

The most relevant code of practice for advertising of orthodontic products and services is the code of practice on non-broadcast media⁴ specifically section 12 on Medicines, medical devices, health-related products and beauty products. Many of the principles are similar to the GDC guidance – ensuring that any claim is based on sufficient high quality of evidence and ensuring that the person delivering the care has appropriate training and qualification.

The Medicines and Healthcare Products Regulation Authority (MHRA) define a medicine as a substance that either claims to, or has the actual function of treating and preventing disease in human beings⁵. Orthodontic appliances could be considered under this umbrella. The MHRA have produced guidance which covers advertising of these products in their ‘Blue Guide’⁵. In Chapter 5 of the guide which discusses advertising to the public, it specifically states “Comparative claims for a medicine against another named product such as “works faster than XXX” are prohibited. This does not prevent a category claim such as “works faster than standard tablets”, provided it is supported by evidence.”⁵. The statutory powers of MRHA underpin the Advertising Standards Agency.

Members of the orthodontic team have a professional duty to comply with both the GDC guidance on advertising, the ASA code of practice on advertising and the



MHRA's 'Blue Guide'. A breach of regulations may be a criminal offence and civil or criminal action may be taken in the worst instances.

Commercial bodies advertising to the orthodontic team

Direct marketing to dental professionals is not covered by the ASA code of conduct on non broadcast media. Nor is the content of editorials or opinion pieces that are published in the dental press. Thus it is incumbent upon the orthodontic professional to judge for him or herself the quality of the information in support of the claims presented. Two simple questions should guide this judgement: 'What is the evidence?' and 'How good is the evidence?'

Identifying the evidence.

While advertisers may provide citations as to evidence in support of their claims, this may not be a comprehensive picture of the available evidence. Through personal knowledge and formal literature searching, the healthcare professional can explore the availability of additional relevant evidence and how this relates to the assertions made. For guidance on locating evidence see Bickley & Harrison⁶.

Judging the quality of the evidence.

Two questions arise when considering the quality of the evidence – 'How good was the study itself?' and 'How relevant is this study to my practice?' – that is to the cohort of patients I treat and clinical presentations I see. For judging the quality of the research design and conduct, see Glenny & Harrison⁷. Your familiarity with your own practice will guide your reflections on the relevance of the research to your practice.

Ultimately it is for you to judge on the basis of the available evidence both within the advertising material and from your own searches, whether the claims made can be supported in your practice.

References

1. *General Dental Council's Standards for the Dental Team - General Dental Council*
37 Wimpole Street, London W1G 8DQ Tel: +44(0)20 7167 6000
Website: www.gdc-uk.org
Accessed on 12th November 2014
2. *General Dental Council's Principles of Ethical Advertising - General Dental Council*
37 Wimpole Street, London W1G 8DQ Tel: +44(0)20 7167 6000
Website: www.gdc-uk.org
Accessed on 12th November 2014
3. *General Dental Council's Guidance on Advertising - General Dental Council*
37 Wimpole Street, London W1G 8DQ Tel: +44(0)20 7167 6000
Website: www.gdc-uk.org
Accessed on 12th November 2014
4. *The Committees of Advertising Practice (CAP) - The CAP Code: The UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing - Committee of Advertising Practice Ltd, Mid City Place, 71 High Holborn, London WC1V 6QT*
Tel: +44(0)20 7492 2200 Website: www.cap.org.uk
Accessed on 12th November 2014
5. *The Blue Guide Advertising and Promotion of Medicines in the UK, Medicines and Healthcare products Regulatory Agency, Third Edition, August 2012. Medicines and Healthcare Products Regulatory Agency (MHRA) - 151 Buckingham Palace Road, Victoria, London, SW1W 9SZ* Tel: +44(0)20 3080 6000 Website: www.mhra.gov.uk
Accessed on 12th November 2014
6. Bickley S & Harrison JE. How to ... find the evidence. *Journal of Orthodontics*, 30, 2003: 72–78.
7. Glenny A-M & Harrison JE. How to ... interpret to orthodontic literature. *Journal of Orthodontics*, 30, 2003: 159–164.

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PRINCIPLES OF ETHICAL ADVERTISING

EFFECTIVE FROM 1 MARCH 2012

Guidance on ethical advertising

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, may lead to referral to fitness to practise proceedings and can be a criminal offence.

Patients may be confused and uncertain about dental treatment 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.

Patients can check with us that their dental professional is registered and whether they are on a specialist list, but they are more likely to rely on information that you provide such as practice leaflets or certificates on the practice wall.

The onus is on you to be honest in your presentation of your skills and qualifications. If you make misleading claims, you may have to justify your decisions to the GDC through our fitness to practise procedures.

Advertising services

Whenever you, your practice, or any place where you work as a registrant, 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) make sure that your GDC registration number is included;
- iii) use clear language that patients are likely to understand;
- iv) back up claims with facts;
- v) avoid ambiguous statements; and
- vi) avoid statements or claims intended or likely to create an unjustified expectation about the results you can achieve.

Advertisements and other practice publicity must make clear whether the practice is NHS, mixed or wholly private.

Only recommend products if they are the best way to meet a patient's needs.

If you wish to offer services which your training as a dental professional does not qualify you to provide, make sure you undertake appropriate additional training to attain the necessary competence. 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, but make clear that you have undertaken extra training to achieve competence.

GENERAL DENTAL COUNCIL **www.gdc-uk.org**

PRINCIPLES OF ETHICAL ADVERTISING

Websites

In line with European guidance¹, 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
- ii) their GDC registration number.

Dental practice websites 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;
- iii) the GDC's address and other contact details, or a link to the GDC website;
- iv) details of the practice's complaints procedure and information of who patients may contact if they are not satisfied with the response (namely the relevant NHS body for NHS treatment and the Dental Complaints Service for private treatment) and
- v) the date the website was last updated.

Update the information showing on your website regularly so that it accurately reflects the personnel at the practice and the service offered.

A dental practice website must not display information comparing the skills or qualifications of any dental professional providing any service with the skills and qualifications of other dental professionals.

Specialist titles

Only dentists who are on a GDC specialist list may use the title 'Specialist' or describe themselves as 'specialist in....'

Dentists who are not on a GDC specialist list should not use titles which may imply specialist status such as Orthodontist, Periodontist, Endodontist etc.

There are no specialist lists for dental care professionals. Dental care professionals should ensure that they do not mislead patients by using titles which could imply specialist status, such as 'Smile specialist' or 'Denture specialist'.

Registrants who are not on a specialist list should not describe themselves as 'specialising in...' a particular form of treatment but may use the terms 'special interest in..', 'experienced in..' or 'practice limited to..'.

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 may not be the case where a degree is honorary. Listing memberships or fellowships of professional associations or societies can also mislead. The letters may imply to the public that a registrant has attained a certain level of skill which in fact may not be the case.

¹ The Council of European Dentists' (CED) EU Manual of Dental Practice contains extensive information on oral health systems as well as legal and ethical regulations across the EU. In particular this includes the Code of Ethics for Dentists in the EU for Electronic Commerce which covers the content of websites

Guidance on advertising

1.3.3 of *Standards for the Dental Team* states that:

'You must make sure that any advertising, promotional material or other information that you produce is accurate and not misleading, and complies with the GDC's guidance on ethical advertising.'

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

Your advertising can be a source of information to help patients make informed choices about their dental care. Advertising that is false, misleading or has the potential to mislead, is unprofessional, may lead to a fitness to practise investigation and can be a criminal offence.

Patients may be confused and uncertain about dental treatment so you should take special care when explaining your services to them. This includes providing balanced, factual information which enables them to make an informed choice about their treatment. You must 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 can raise expectations which cannot be fulfilled. In more serious cases, they can put patients at risk of harm from an inappropriate choice.

Patients can check whether you are registered and whether you are on a specialist list, but they are more likely to rely on information that you provide such as practice leaflets or certificates on the practice wall. You must be honest in the presentation of your skills and qualifications.

Advertising services

Whenever you, your practice, or any place where you work as a registrant, 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) make sure that your GDC registration number is included;
- iii) use clear language that patients are likely to understand;
- iv) back up claims with facts;
- v) avoid ambiguous statements; and
- vi) avoid statements or claims intended or likely to create an unjustified expectation about the results you can achieve.

Guidance on advertising

You must make clear in advertisements and other practice publicity whether the practice is NHS (or equivalent health service), mixed or wholly private.

If you wish to offer services which your training as a dental professional does not qualify you to provide, you must make sure you undertake appropriate additional training to attain the necessary competence. You must 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, but you should make clear that you have undertaken extra training to achieve competence.

Endorsing products

You should only recommend particular products if they are the best way to meet a patient's needs. If you endorse products, you must ensure that you only provide factual information about the product which can be verified by evidence. You should also be careful not to express or imply that your view is shared by the whole profession.

Marketing websites

If you promote your services on marketing or social networking websites (e.g. Groupon, Living Social and Facebook) you must make clear that the treatment advertised may not be appropriate for every patient and that it is conditional on a satisfactory assessment being carried out. You must assess the patient, obtain appropriate consent, obtain a medical history and explain all the options before carrying out any work.

Websites

In line with European guidance¹, if you are mentioned on a website as a dental professional providing dental care you must ensure the following is displayed:

- i) your professional qualification and the country from which that qualification is derived; and
- ii) your GDC registration number.

If you are responsible for a dental practice website

You must ensure that the following information is displayed:

- i) the name and geographic address at which the dental service is provided;
- ii) contact details of the dental service, including e-mail address and telephone number;

1 The Council of European Dentists' (CED) EU Manual of Dental Practice contains extensive information on oral health systems as well as legal and ethical regulations across the EU. In particular this includes the Code of Ethics for Dentists in the EU for Electronic Commerce which covers the content of websites

Guidance on advertising

- iii) the GDC's address and other contact details, or a link to the GDC website;
- iv) details of the practice's complaints procedure and information about who patients may contact if they are not satisfied with the response (namely the relevant NHS (or equivalent) body for NHS treatment and the Dental Complaints Service for private treatment) and
- v) the date the website was last updated.

You must update the information showing on your website regularly so that it accurately reflects the personnel at the practice and the service offered.

You must also ensure that you do not display information comparing the skills or qualifications of any dental professional providing any service with the skills and qualifications of other dental professionals.

Specialist titles

If you are a dentist and are on a GDC specialist list you can use the title 'Specialist' or describe yourself as a 'specialist in...'

If you are a dentist and you are not on a GDC specialist list you must not use titles which may imply specialist status such as Orthodontist, Periodontist, Endodontist etc.

There are no specialist lists for dental care professionals. If you are a dental care professional you must ensure that you do not mislead patients by using titles which could imply specialist status, such as 'Smile specialist' or 'Denture specialist'.

If you are not on a specialist list you must not describe yourself as 'specialising in...' a particular form of treatment but may use the terms 'special interest in..', 'experienced in..' or 'practice limited to..'

Honorary degrees and memberships

Patients may think that letters after your name indicate that you have gained further qualifications. You must not list memberships or fellowships of professional associations, or societies or honorary degrees in an abbreviated form because it may mislead patients.

Effective from 30 September 2013

Professional Standards for Orthodontic Practice

Guidance for Dental Professionals attending short orthodontic courses

When undertaking any training course it is important that all General Dental Council (GDC) registrants consider the following principles set out by the GDC in “Standards for the Dental Team”¹. This applies whether the training is a 3 year full time specialty training programme in Orthodontics following the GDC curriculum or a 1-day course giving an introduction to a new technique. This document specifically aims to give guidance on shorter courses which are available, whilst not detracting from the importance of these issues in any training environment. In particular, when considering a short orthodontic course to learn new skills, it is important to observe the following GDC principles:

Adhere to patients’ expectations:

Principle One: Put patients’ interests first.

- That all members of the dental team will be honest and act with integrity.
- That all aspects of their health and well-being will be considered and they will receive dental care that is appropriate for them.
- That their interests will be put before financial gain and business need.

Principle Two: Communicate effectively with patients.

- To receive full, clear and accurate information that they can understand, before, during and after treatment, so that they can make informed decisions in partnership with the people providing their care.
- A clear explanation of the treatment, possible outcomes and what they can expect.

Principle Seven: Maintain, develop and work within your professional knowledge and skills.

- To receive good quality care.
- That all members of the dental team:
 - are appropriately trained and qualified;
 - keep their skills up to date;
 - know their limits and refer patients as appropriate; and
 - work within current laws and regulations.



Before embarking on newly learnt procedures, a practitioner must therefore:

- Be honest and act with integrity.
- Take a holistic and preventative approach to patient care which is appropriate to the individual patient.
- Put patients' interests before their own or those of any colleague, business or organisation.
- Give patients the information they need, in a way they can understand, so that they can make informed decisions.
- Obtain valid consent before starting treatment, explaining other relevant options and the possible costs.
- Provide good quality care based on current evidence and authoritative guidance. Work within their knowledge, skills, professional competence and abilities.

Before choosing a course to attend, check to see if it has been endorsed by a recognised organisation e.g. British Orthodontic Society, Royal College of Surgeons, British Dental Association etc. If not, check to see if the course fulfils the following criteria:

- Course organisers should be contactable to give relevant detailed information about the course. If this information is not available questions should be asked of the suitability of the course.
- All speakers and demonstrators should have their qualifications clearly displayed and their relevant experience identified on the course programme. These qualifications should be consistent with those expected for teachers of the techniques advertised. Any personal interests should be declared.
- The learning objectives of the course, and at whom the course is targeted, should be included in the course advertising.
- Course literature should be provided. Presentations and literature should clearly define the type of course and the techniques and innovations shown.
- All courses should fully cover the limitations and risks involved in carrying out procedures, particularly where treatment involves irreversible actions such as extractions, interdental reduction or surgery.

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- A course on one particular technique should not refer to other techniques as poorer or less effective unless there is clear evidence to support those claims.
 - Courses describing specific orthodontic techniques should cover the complete patient journey including correct diagnosis and treatment planning, medical history assessment, and the treatment objectives as well as long-term management of the post treatment phase.
 - Where new techniques are proposed, the course should give clear guidance on the progress of treatment and how to deal with clinical problems that may arise.
 - The course should make clear at whom the course is aimed to ensure that those undertaking the course are suitably trained or qualified in order to undertake the course.

Professional Standards for Orthodontic Practice

Guidance for Providers and Organisers of short orthodontic courses

- Course organisers have a responsibility to ensure that the content of the course and the claims made are ethical, responsible and honourable. The aim of a course should be to enhance appropriate clinical care and not to generate financial gain.
- Course organisers should ensure that their speakers are suitably qualified to speak on their given subjects and that the information provided can be confirmed within evidence based dental practice.
- All speakers should have their qualifications clearly displayed and their relevant experience identifiable on the course programme. Where qualifications are not UK based there should be clarification as to the teacher's credentials.
- Course literature and course titles should give a clear declaration of the type of course as well as the techniques and innovations being covered. There should also be a clear indication as to whom the course is aimed.
- Course providers should ensure that those undertaking the course are suitably trained or qualified in order to undertake the course. Organisers of courses aimed at general dental practitioners and those without a specialist qualification in orthodontics, should fully cover the limitations and risks involved in carrying out orthodontic procedures. Speakers should not assume that all participants have the same level of orthodontic understanding and should ensure all basic competencies are covered.
- Courses describing specific orthodontic techniques should cover the complete patient journey, including correct diagnosis and treatment planning, medical history assessment, and the treatment objectives, as well as long-term management of the post treatment phase. Where new techniques are proposed, clear guidance must be given for the progress of treatment and how to deal with treatment when progress is not ideal. Where treatment involves irreversible actions such as extractions, interdental reduction or surgery, detailed clinical advice must be given by suitably trained personnel. At all times, reference to other techniques as being poorer or less effective should be avoided unless there is clear evidence to support those claims.

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- Where courses introduce new techniques or those that would not be considered within common usage in the UK, reference to any relevant literature and the evidence base is essential.
 - Course organisers should retain detailed participant and presenter information, copies of the programme, any advertising material and evaluation forms. In this way, course organisers can demonstrate probity and safeguard themselves against any subsequent claims due to the procedure being undertaken by those who are not suitably qualified.
 - In respect of CPD, verifiable CPD should only be given where courses fulfil all criteria stated above.

Resources used include Standards for the Dental Team (GDC), GDC CPD booklet, Registrant and Provider Perspectives on Mandatory CPD in Dentistry in the UK (Electoral Reform Research January 2012), Evaluation of Supporting Evidence (Picker-GDC Report November 2012), BOS Advice sheets and Self-Assessment Manual and Standards (Faculty of Dental Surgery, Royal College of Surgeons, England).

References

1. *General Dental Council's Standards for the Dental Team - General Dental Council*
37 Wimpole Street, London W1G 8DQ Tel: +44(0)20 7167 6000
Website: www.gdc-uk.org
Accessed on 12th November 2014
2. *Registrant and Provider Perspectives on Mandatory CPD in Dentistry in the UK - January 2012 - Prepared for the General Dental Council by: Electoral Reform Research*
33 Clarendon Road, London N8 0NW Contacts: Cynthia Pinto Tim Robinson
Tel: 0208 829 8409 Email: Cynthia.Pinto@electoralreform.co.uk,
m.Robinson@electoralreform.co.uk Website: www.electoralreform.co.uk
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3. *Evaluation of Supporting Evidence Types for Revalidation Stage 1 - Chisholm, Shipway, Tong - Prepared for the General Dental Council - Published by and available from: Picker Institute Europe, Buxton Court, 3 West Way, Oxford OX2 0JB*
Tel: +44(0)1865 208100 Email: info@pickereurope.ac.uk Website: www.pickereurope.org
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4. *BOS Advice sheets – British Orthodontic Society 12 Bridewell Place, London, EC4V 6AP*
Tel: +44(0) 7353 8680 Website: www.bos.org.uk
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5. *Self-Assessment Manual and Standards - Published by The Senate of Dental Specialties - c/o The Royal College of Surgeons of England 35-43 Lincoln's Inn Fields, London WC2A 3PE, Tel: +44(0) 7869 6810 Website: www.rcseng.ac.uk*
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