

The Role of the Hospital Consultant Orthodontist Service



*This document has been compiled by
the Consultant Orthodontists Group
of the British Orthodontic Society.
It is intended to clarify and put in
context the current and developing
role of Consultant Orthodontists and
the Hospital Orthodontic Service*

THE CONSULTANT ORTHODONTIST SERVICE

There are presently approximately 260 Consultant Orthodontists in the United Kingdom working within the NHS and providing a good geographical spread of access to care through District, Acute NHS Trusts and Teaching Hospital Departments. Consultant Orthodontists provide orthodontic care in conjunction with Community Orthodontists and Specialist Orthodontic Practitioners who work within the

Primary Dental Care setting. Some General Dental Practitioners also carry out orthodontic treatment within the Primary Care sector.

Consultant Orthodontists undergo an additional two year period of training following the attainment of the Membership in Orthodontics taken towards the end of the third year of Registrar training and the attainment of

CCST. This additional higher training is focused upon their job role within the hospital service with emphasis upon the management of severe and complex conditions which involve other hospital based specialties. This ensures that Consultant Orthodontists are especially skilled in the clinically effective treatment of severe skeletal malocclusions, congenital facial abnormality and the 'special needs' group of patients with malocclusion. The curriculum for further training also includes modules in management skills, education and communication, knowledge of Health Service Structures including its organisation, career training structures, manpower planning, terms and conditions of service and committee work. Many consultants have the opportunity to take an active part in the contracting processes and management project experience during their training, equipping them for future education and training, public health and management advice roles. Consultant Orthodontists, together with their university academic colleagues, are the principal trainers and educators of hospital career trainees, specialist orthodontic practitioners and general practitioners.



KEY AREAS OF SERVICE PROVISION

Consultant Orthodontists are trained to provide any orthodontic service which the Purchaser might require. This flexibility allows for variation in service provision depending upon local demographic features and supporting orthodontic services.

Generally it is expected that clinical activity will be focused upon:

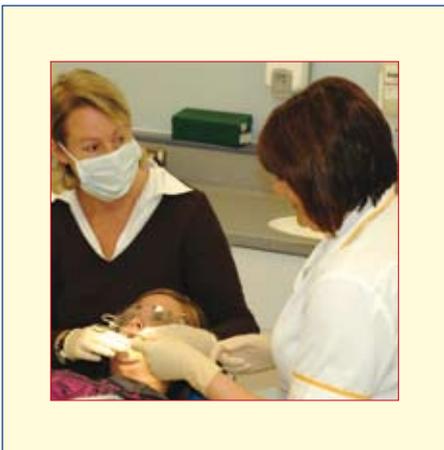
1. CONSULTANT ADVICE

The provision of orthodontic opinions to general dental and community dental officers; to medical practitioners; to liaise with specialist orthodontic practitioners and community orthodontists working within primary care and with hospital clinicians including Consultants in oral and maxillofacial surgery, restorative dentistry, paediatric dentistry, paediatrics, plastic surgery and ENT working within secondary care.

The Consultant will be competent to provide advice on complex clinical problems and interdisciplinary planning and treatment.

The provision of second opinions for concerned patients at the request of a dental or medical practitioner or Consultant Colleague.

It has been shown that sound, timely advice and treatment planning is a highly significant factor in ensuring efficient and successful outcomes for patients.



2. TREATMENT WITHIN HOSPITAL DEPARTMENTS

i) Severe and complex high need treatment

Caseloads will be restricted to malocclusions of greatest severity and greatest technical treatment complexity. At present this is probably done best by selecting cases using the Index of Orthodontic Treatment Need as a guide only. Cases will very largely be chosen

from grades 5 and 4.

However some grade 3 cases could appropriately be included if these are technically complex and where dental health gain is anticipated.

Cases presenting with milder malocclusions will only be accepted for treatment within the hospital when this is required for training of Specialist Registrars or Dentists with a special interest (DwSIs).

ii) Inter-disciplinary Treatments

Consultant Orthodontists will normally be involved in treatments requiring an interdisciplinary team approach and can therefore be expected to:

- Treat in conjunction with Consultant Oral and Maxillofacial surgeons, problems of unerupted teeth, unerupted displaced and malformed teeth, and the effects of trauma and pathology in the dento-alveolar structures of the child and young adult.
- Treat in conjunction with Consultant Oral and Maxillofacial surgeons, Plastic surgeons or Paediatric surgeons, severe skeletal problems by means of combined orthodontic and surgical treatment approaches.
- Treat in conjunction with Consultants in Restorative Dentistry and General Dental Practitioners, those problems requiring a combined orthodontic and restorative approach.
- Treat in conjunction with Consultant Paediatricians and Consultants in Paediatric Dentistry, those children with physical or mental handicap, growth related problems and disease who also have a malocclusion.
- In conjunction with the other key specialties, provide co-ordinated care for patients with cleft lip and palate, and other congenital dentofacial anomalies.
- Work with other Consultant disciplines in areas of common interest including speech and feeding disorders resulting from sensory and motor nerve loss.
- Treatment of patients with physical, emotional or educational special needs.

3. TREATMENT IN THE PRIMARY CARE SECTOR

To provide the necessary treatment planning advice, follow-up and support to general

dental practitioners or community dental officers carrying out orthodontics within primary care.

To advise or redirect those referred cases that may be treated within the general dental services through onward referral to specialist, dentists with a special interest (DwSi) or community orthodontists.

4. EDUCATION AND TRAINING

To provide clinical training for career junior staff, future specialists and trainee academics.

To liaise with Postgraduate Deans to help provide continuing professional education for general dental practitioners and community dental officers helping to increase the quality of orthodontic diagnosis and treatment within primary care.

To participate in continuing professional education programmes for all trained providers of orthodontic care.

To undertake the education and training of undergraduates within or outside Teaching Hospitals as determined by the job role.

5. PUBLIC HEALTH ROLE

To work with Consultants in Dental Public Health and PCTs in determining the needs and demands of the resident population with respect to orthodontic care and to ensure equity of access to orthodontic treatment by planning developments and strategies to meet demand. This involves full discussion with primary care purchasing groups and representatives from all orthodontic providers or local orthodontic Managed Clinical Networks, where these are established.

6. MANAGEMENT ADVICE

To provide advice to employing Trusts on the specification and contract for orthodontic services drawn up by Strategic Health Authorities or primary care purchasing groups.

To provide advice to Trusts for subsequent negotiation with the purchasers on the availability of appropriate case mix for clinical training and continuing education programmes which the consultant organises and runs.

7. NATIONAL BASED NHS COMMITTEE STRUCTURES

Contribute to national NHS based Committees, for example – education, research, audit, examinations and conferences.



8. RESEARCH, INNOVATION AND IMPROVEMENTS IN SERVICE, INCLUDING AUDIT

To be personally involved in research. The consultant will work in national and international collaborative research programmes as opportunities arise.

To lead and/or play an active part in national, region, sub-regional and department audit. To liaise with other providers of orthodontic care in audit projects. To foster a commitment to evidence-based practice.

9. IN-PATIENT TREATMENTS

A small number of Consultant Orthodontists carry out dento-alveolar surgery under local anaesthesia. Others have day case surgical lists and some have nominated beds. For the majority, in-patients under their care will be multidisciplinary cases admitted to Maxillofacial surgery beds. Paediatric cots or special care baby unit cots are used for the assessment and management of feeding and/or airway problems in babies with cleft lip and palate.

10. SPECIAL CLINICAL INTERESTS

Consultant Orthodontists are encouraged to develop special clinical interests which advance knowledge of the discipline or patient care.

A number of Consultants have taken a special interest in helping to manage patients suffering from speech/feeding difficulties associated with motor or sensory nerve loss, including strokes.

There is increasing collaboration with ENT Consultants regarding the treatment of sleep apnoea.

JOB SUMMARY

The Consultant Orthodontist will be expected to:

- **Ensure** that orthodontic treatment is offered to those patients who will achieve the greatest improvement in oral or general health through orthodontic intervention. There will be concentration upon those whose treatment is complex.
- **Take** the lead role in working with other providers of orthodontic care in the general dental and community dental services to provide an integrated service which will maximise the effectiveness of, and improve the equity of access to, orthodontic treatment.
- **Work** with consultant medical, surgical and dental colleagues to set up and provide interdisciplinary advice and treatment clinics. Consultant Orthodontists should work particularly closely with Consultants in Oral and Maxillofacial Surgery to provide effective and timely advice and treatment.
- **Continue** to develop teaching skills to provide high quality training in orthodontics for career junior staff, future Specialists and Dentists with a special interest (DwSi) and undergraduate teaching for those Consultants who have contracts in Teaching Hospitals.
- **Train** and develop the skills and usage of orthodontic therapists.
- **Evaluate** the need for outreach clinics, in collaboration with other involved providers to improve equity of access to orthodontic advice.
- **Collect** detailed information about activity within their departments. Treatment outcomes should be subject to audit, possibly employing Peer Assessment Rating or other suitable indices.
- **Liaise** actively with primary care purchasing groups, the Consultant in Dental Public Health and with Consultants working in other Trusts to ensure an integrated and equitable service in Health Authority localities. Ensure that in all purchasing arrangements a suitable volume and case mix for training remains secured.
- **Liaise** and participate in treatment programmes for patients seen at Specialist (Regional) Centres.
- **Play** a full part in Trust and National NHS management structures as is necessary.
- **Actively** pursue personal continuing professional development and participate in personal research, national and international research, and collaborative data collection programmes as required.



CONCLUSION

Consultant Orthodontists have a varied but clearly defined role which is centred on clinical consultation, the treatment of severe and multidisciplinary cases, service co-ordination and training.

This brief document is intended as a helpful resource for a variety of healthcare workers. Further information can be obtained by contacting the British Orthodontic Society

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Or by viewing the section on the Consultant Orthodontist Group in the British Orthodontic Society website at

<http://www.bos.org.uk>

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