

A few facts about Orthodontics

1. One in three children has a significant derangement of the teeth and needs orthodontic treatment.

This figure is based on the Index of Orthodontic Treatment Need, the yardstick adopted by the Department of Health for use in the NHS

2. There are 36,000 dentists but only 1200 specialist orthodontists. (based on General Dental Council statistics at 31st December 2008)

3. Britain has fewer orthodontists relative to its population than almost all European countries.

The ratio of population to specialist orthodontists in various European countries is as follows:

Belgium	21,394	Ireland	46,250
Norway	25,000	Poland	50,649
Germany	27,779	Italy	68,235
Sweden	31,034	Netherlands	61,538
Greece	31,161	UK	73,333

(based on data from survey by WJ Schmiedel et al 2002 for European Federation of Orthodontic Specialist Associations)

4. The shortage of orthodontists in the UK is due to:-

a) Insufficient training places. Only about 35-40 trainees qualify each year.

b) Insufficient teachers. There has been a major decline in the number of university professors and lecturers in orthodontics in recent years. In a survey by BOS in 2005, there were only 34 such posts, 10 less than in 2000.

c) More orthodontists are retiring each year than are qualifying. Around 40-45 specialist orthodontists are expected to retire each year over the next ten years so no increase in specialists can be expected over this time. (BOS Survey 2005)

5. There is no shortage of dentists wishing to train as orthodontists.

Despite the fact that it takes at least a further five years after the normal 5 year BDS dental course before qualifying as a specialist.

6. Waiting lists for treatment are as long as three years in some parts of the country.

The distribution of orthodontists is very uneven across the country. The current system of funding NHS orthodontics tends to freeze in this inequality.

7. The system of NHS contracts introduced in 2006 imposes a quota on the number of patients each orthodontist can treat.

Practices cannot expand without securing enhancements to their contracts from the PCT.

8. The NHS only funds treatment for cases with a significant need for orthodontics.

Minor cosmetic problems are excluded.

9. Most problems are best treated in adolescence while the patient is growing fast. Deferring treatment stores up problems for later.

The scope for change in an adult is more limited and surgery is more likely to be involved. Increasing numbers of adults are coming forward for the treatment they were unable to have in adolescence. Recent BOS figures show that 18% of orthodontic patients are adults.

10. Private orthodontic treatment can typically cost between £2000 and £5000. Large numbers of deserving patients are unable to afford treatment outside the NHS.

Treatment is time consuming and can take two years or more. Costs depend on locality and complexity of treatment.

British Orthodontic Society

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