

Ethical Practice in mixed NHS/Private Orthodontic Practices

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

The guidance of the GDC remains the most appropriate, legally enforceable, framework within which to operate. The key features are:

1. Putting patients' interest 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.
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Running a mixed NHS/private practice and maintaining ethical standards

Treatment under the NHS contract

The New Contract was introduced on 1st April 2006 and has reduced the number of cases that can be treated within the National Health Service. Many practices now provide both private and NHS care for children.

[The Index of Orthodontic Treatment Need \(IOTN\)](#) is used to determine which patients have a dental health need for orthodontics. The index scores occlusal features objectively and has been validated by independent research. Under the new arrangements patients must have a demonstrable dental health need to be eligible for NHS treatment. This has been set at an IOTN of 3.6.

There must always be some licence for individual clinical judgement and there is an appeals procedure in place to consider cases where the patient's with an IOTN falls below 3.6. However only in exceptional cases will patients receive NHS treatment in these circumstances.

Treatment under private contract

Private treatment may be legitimately offered as the only option to all patients who do not fulfil the criteria for NHS care. For those with an IOTN score of 3.6 and above NHS care should always be offered in a mixed practice. If a patient then chooses to undertake treatment under a private contract this is quite permissible provided that there is a clear understanding of the arrangement between the patient and the practitioner so that no dispute will ensue.

Private treatment at a mixed practice may only be promoted in terms such as convenience for the patient or aesthetics of the appliance. For example, the most popular appointment times might be reserved for private patients and appliances which are more costly, such as ceramic brackets or lingual appliances, could be offered.

When explaining the difference between NHS and private treatment, it should not be suggested that a better or quicker outcome can be obtained privately. If a functional appliance is clinically necessary, for example, it is unethical not to provide it for an NHS patient, and it should be noted that NHS regulations do not permit mixing NHS and private treatment on the same patient.

Informed consent

It is important 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 includes communicating clearly without using jargon and explaining all the available options including risks and benefits.

The outcome of treatment of mild malocclusions can sometimes lead to limited long-term health gain for the patient and there may be significant potential for relapse. It is therefore very important for patients to be aware that they may only receive transient benefit from treatment unless they commit themselves to long-term retention.

Ideally information should be provided in written form and it is important that differing options are presented.

Putting patients first

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'.

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, Standards for Dental Professionals. The guidance is compiled by the GDC which is the sole competent authority, regulating dentistry and 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 communications and can usually be resolved at this level. For cases where a matter cannot be resolved locally, patients should be directed towards their Primary Care Trust (PCT) who will investigate the complaint if the patient is being treated under an NHS contract or the Private Patients Complaints Office of the [General Dental Council](#) for patients under private contract.

Websites for further information

More on the General Dental Council's guidance can be obtained from: www.gdc-uk.org

NHS rules and regulations can be checked at: www.primarycarecontracting.nhs.uk/134.php

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