



The Role of the Consultant Orthodontist

There are presently approximately 320 Consultant Orthodontists in the UK working in either Secondary care NHS Hospitals or University teaching hospitals, providing an excellent integrated orthodontic service across the UK in conjunction with colleagues who work in Primary care settings: Specialist Practitioners, Community Orthodontic Specialists and Dentists with enhanced skills.

Consultant Orthodontists are Specialist Orthodontists who undergo a further 2 years of training, following the attainment of a Membership in Orthodontics and CCST. This training is focused on the future role of Consultant and includes management of complex cases, to ensure the Consultant Orthodontist is especially skilled to effectively treat patients with severe skeletal discrepancy, congenital facial abnormality, multidisciplinary problems and special needs. In addition, training modules also include critical appraisal of the medical and dental literature; experience in and knowledge of NHS management as well as the development of teaching skills. Management training incorporates managing a service, budgeting, commissioning, manpower planning, needs assessment and committee work. Further experience in teaching and training is gained to prepare for their role in education. Consultant Orthodontists, together with their Academic colleagues are the principal trainers of Orthodontic Specialists, and additionally are frequently involved in training general practitioners, Dental Core Trainees and Orthodontic therapists.

Key areas of practice

1. Consultant Advice

The provision of orthodontic **opinions** to general dental practitioners, community dental officers and to medical practitioners as well as specialist orthodontic practitioners who work in Primary care. Consultants liaise with specialist orthodontic practitioners and community orthodontists and with hospital clinicians including consultants in oral and maxillofacial surgery, restorative dentistry, paediatric dentistry, paediatrics, plastic and ENT surgery.

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

The provision of **second opinions** at the request of a dental or medical practitioner, specialist or consultant colleague as well as the

Commissioning bodies. To advise practitioners and counsel patients on appropriate options for care.

2. Treatment within hospital departments

Severe and complex with high need for treatment

Caseloads will generally include malocclusions of greatest severity and technical treatment complexity. Consultants use the Index of Orthodontic Treatment Need (IOTN) and the Index of Orthognathic Functional Need (IOFTN) as guidelines in accepting cases, but will also need to adhere to National Commissioning guidelines. Further selection will include patients with special needs and management difficulties.

When there is a training commitment for either junior staff, orthodontic therapists or general practitioners working as clinical assistants there will be a need to maintain a suitable range of patients of varying complexity including some patients of the type usually treated in primary care.

Regional variations in provision of orthodontic care will also affect the range of case mix treated by the Consultant Orthodontist.

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 and oral surgeons problems of unerupted, displaced (ectopic) 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/ oral surgeons, severe skeletal discrepancies 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 approach, particularly those associated with developmentally missing teeth.
- treatment in conjunction with consultant paediatricians and consultants in paediatric dentistry those children with special needs, growth related problems and disease who also have a malocclusion.
- in conjunction with the other key specialties provide co-coordinated care for patients with cleft lip and palate and other craniofacial anomalies.

They may also develop special interests such as:

- work with other consultant disciplines in areas of common interest including speech and feeding disorders resulting from sensory and motor nerve loss.
- in conjunction with other Consultant disciplines provide care for patients with Sleep Apnoea and sleep disordered breathing.

3. Education and training

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

To liaise with postgraduate deans in the provision of continuing professional education for general dental practitioners and community dental officers, thereby helping to increase the quality of orthodontic education and referrals to the appropriate provider.

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 plan. The variable teaching and training role will be reflected in the job plan.

Consultants play an active role in mentoring at all levels, from prospective dental students, through to undergraduates, postgraduates and new Consultant colleagues.

4. Public health role

To be actively involved and give advice to many committees including Local Professional Networks, Managed Clinical Networks, Local Orthodontic and Dental Committees where they will engage in discussions with representatives from all orthodontic providers.

To work with Consultants in Dental Public Health to determine the needs and demands of the local resident population with respect to orthodontic care, to ensure equity of access to orthodontic treatment by planning developments and strategies to meet demand.

5. Management advice

To provide advice to employing trusts on the specification and contracts for orthodontic services drawn up by commissioners.

To provide advice to trusts for subsequent negotiation with the commissioners on the availability of appropriate case mix for clinical training and continuing education programmes.

To be actively involved in managing targets of performance and manage budgets within a local framework and business plan.

Have appropriate skills in teaching, appraisal and interviewing.

6. Research and Audit

To take an active role in clinical governance activities including (but not restricted to) clinical audit, incident reporting, review of complaints and risk management,

To be personally involved in research and innovation including service improvements. The Consultant may work in local, regional and national collaboration research programmes as the opportunities arise.

Develop and lead a local service to provide high quality treatment ensuring Evidence-Based Practice through continued CPD and training

7. Work for the Wider NHS

Contribution to National NHS based committees may involve many varied roles including education, research, audit, examinations and conferences

JOB SUMMARY

The Consultant Orthodontist's role will vary between posts and not all Consultants will undertake all of these roles. Depending on their individual job plans they may be expected to:

- Ensure that orthodontic treatment is offered to those patients who will achieve the greatest improvement in oral and general health through orthodontic intervention, especially those with complex malocclusions.
- Undertake the active orthodontic treatment of patients with complex malocclusion and/or complex medical conditions.
- Take a leading role by working with other providers of orthodontic care in primary care to provide an integrated service which will maximize the effectiveness of and improve the equity of access to orthodontic treatment.
- Work with Consultant medical, surgical and dental colleagues to provide interdisciplinary advice and treatment.
- Continue to develop teaching skills to provide high quality training in orthodontics at all levels.
- Train and develop the use of orthodontic therapists.
- Collect detailed information about activity and outcomes with regular audit to ensure high quality.
- Liaise actively with all providers in primary and secondary care, as well as the Consultant in Dental Public Health to ensure equity of access for orthodontic care.
- Liaise with commissioners to facilitate the treatment of patients by the most appropriate provider, as well as ensuring suitable volume and case mix for training remains secured.
- Play a full part in Trust and National NHS structures as required.
- Actively pursue continuing professional education and participate in personal research and audit.

Produced on behalf of the Consultant Orthodontic Group, BOS.
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