

# Guidelines on Supervision of Orthodontic Therapists

*April 2017*



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## **Key points**

1. Both the orthodontic therapist and supervising dentist should work together at all times to put patients' interests first and act to protect them.
2. Both the orthodontic therapist and supervising dentist should work within their competencies and be aware of the roles and responsibilities of other members of the dental team.
3. The supervising dentist should see the patient at least every other visit.
4. If the supervising dentist is not present, a comprehensive written prescription should be provided for the orthodontic therapist.
5. Any deviation from this practice should be justified and documented.

## 1. Introduction

Orthodontic therapists are valued members of the orthodontic team and are permitted to undertake reversible orthodontic procedures under the supervision of a dentist competent in undertaking orthodontic treatment.

Safe supervision of orthodontic therapists requires a clear understanding of the roles and competencies of both the supervising dentist and the orthodontic therapist [General Dental Council, Scope of Practice 2013]. These guidelines aim to clarify these roles and responsibilities, as well as describing the appropriate level of supervision, and how to undertake this supervision safely at different stages of orthodontic treatment. It is important that both supervising dentists and orthodontic therapists are familiar with these guidelines, allowing the clinical team to “put patients’ interests first and act to protect them” [Preparing for Practice: Dental Team Learning Outcomes for Registration, 2011].

These updated guidelines have been produced by the British Orthodontic Society and the Orthodontic National Group for Dental Nurses and Orthodontic Therapists. They aim to provide best practice guidance on supervision of qualified orthodontic therapists.

## 2. Role and responsibilities of the supervising dentist

The supervising dentist is responsible for prescribing any treatment to be undertaken by the orthodontic therapist. It is vital that the supervising dentist is familiar with the scope of practice of orthodontic therapists [Scope of Practice, GDC 2013] and the individual competency of the orthodontic therapist being supervised.

The General Dental Council explicitly states “You should only ask someone else to carry out a task or type of treatment, or make decisions about a patient’s care, if you are confident that they have the necessary skills” [Scope of Practice, GDC 2013].

The GDC Standards for the Dental team states “If you delegate a task to another member of the team who does not feel that they are trained or competent to carry it out, you must not take advantage of your position by pressurising them into accepting the task” [Standards for the Dental Team, GDC 2013]. The supervising dentist must remember that GDC Standards

also explain that “You can delegate the responsibility for a task but not the accountability. This means that, although you can ask someone to carry out a task for you, you could still be held accountable if something goes wrong” [Standards for the Dental Team, 2013].

It is the responsibility of the supervising dentist to ensure that “You should only delegate or refer to another member of the team if you are confident that they have been trained and are both competent and indemnified to do what you are asking” [Standards for the Dental Team, 2013].

### **3. Role and responsibilities of the orthodontic therapist**

Orthodontic therapists should only carry out certain parts of orthodontic treatment under the prescription of a supervising dentist competent in orthodontics.

The GDC’s “Standards for Dental Team” states that “If a colleague asks you to provide treatment...you must ensure that you are clear about what you are being asked to do and that you have the knowledge and skills to do it” [Standards for the Dental Team, GDC 2013]. The GDC Standards goes on to advise that “If you do not think that what you have been asked to do is appropriate, you should discuss this with the colleague who asked you to do it. You should only go ahead if you are satisfied that what you have been asked to do is appropriate. If you are not sure, you should seek advice from your professional association or defence organisation” [Standards for the Dental Team, GDC 2013].

Orthodontic therapists can only undertake those procedures described in the GDC’s Scope of Practice. This does not include irreversible procedures such as enamel removal or surgical interventions such as placing temporary anchorage devices [Scope of Practice, GDC 2013]. It is important to note that an orthodontic therapist’s scope of practice does not include treatment planning. Treatment planning includes decisions about choice of treatment mechanics used during the course of treatment. During a course of orthodontic treatment, the use of different mechanics should be monitored, reassessed and prescribed by the supervising dentist throughout.

Working in the absence of a supervising dentist, or without a clear written prescription, could be potentially harmful to patients.

## 4. Safe supervision

### 4.1 *Appropriate supervision*

This section will describe the appropriate nature and frequency of supervision. Where practicable, it is best that patients are seen with the supervising dentist present. If this is not possible, then the supervising dentist should see the patient at least every other visit. The following sections will describe how to safely prescribe treatment for the orthodontic therapist if the supervising dentist is not present.

### 4.2 *Prescribing at different stages of orthodontic treatment*

#### Consent

The GDC Learning Outcomes [2011] states that orthodontic therapists are able to take consent. The taking of consent should only be undertaken by an individual who is fully aware of the treatment options, together with the likely result if no treatment is undertaken, and the risks and benefits of all treatment options. If the consent process is being delegated to the orthodontic therapist, the supervising dentist is responsible for ensuring the orthodontic therapist is provided with full written details of the treatment plan and is fully competent and experienced enough to undertake the consent process safely. If the orthodontic therapist does not feel competent, or does not fully understand the treatment plan and alternative options, or questions arise during the consent process that they cannot answer, then the orthodontic therapist should discuss this with the supervising dentist.

#### Fitting orthodontic appliances

An orthodontic therapist should only see a patient when the dentist has provided a clear written prescription and the orthodontic therapist should not change this. In the event of any query then no treatment should be undertaken and a further appointment made to see the supervising dentist. When providing a prescription for fitting an orthodontic appliance the supervising dentist should include:

- Bracket type.
- Any special instructions for specific bracket positioning.
- Detail of archwire.
- Instructions regarding use of auxiliaries and full information on ligation.
- Details of next appointment required.

### Follow-up appointments

If the supervising dentist is not present, then a written prescription of everything that needs to be undertaken at the next visit should be provided. This may include details of any measurements needed to monitor treatment, and full details of any adjustments needed to the appliances (including details of changes in brackets, archwires, ligation, auxiliaries). The prescription should be detailed enough to ensure there is no ambiguity or confusion in the absence of the supervising dentist. In the event of any query then a further appointment should be booked with the supervising dentist as soon as is practical.

### Removal of appliances (debond)

Removal of appliances and the placement of retainers can only be undertaken if clearly prescribed by the supervising dentist. If there is any query or potential problem, then it is best to delay debond and book a further appointment with the supervising dentist as soon as is practical.

### *4.3 Orthodontic emergencies*

In circumstances where a patient presents as an orthodontic emergency, the GDC Scope of Practice states that an orthodontic therapist “can make a patient’s orthodontic appliance safe in the absence of a dentist, if trained, competent and indemnified” [Scope of Practice, GDC 2013]. Instruction should be provided to enable the orthodontic therapist to identify damaged or distorted appliances and to carry out limited treatment to repair the appliance, relieve pain or make an appliance safe. A further appointment should then be booked with the supervising dentist to ensure safe and efficient progress of treatment.

## **Acknowledgments**

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## **References**

*Scope of Practice. GDC (2013)*

*Preparing for Practice: Dental Team Learning Outcomes for Registration. GDC (2011).*

*Guidelines on Supervision of Qualified Orthodontic Therapists. BOS (2012).*

*Standards for the Dental Team. GDC (2013).*

Updated by the Clinical Governance Directorate  
of the British Orthodontic Society 2017.

Recommendations may change in the light of new evidence.

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