General Practitioners Role In Orthodontic Treatment in Western Australia

Your Role once you've left the safety of the School of Dentistry

Decisions to be made:

- Solo practice – rarely occurs
- Government practice
- Associate within a private practice – Australia and abroad
- General Practice Residency abroad
- Specialization

Selecting a Practice

- Demographics
- McDonalds – fast food outlets
- Shopping Malls

What do you need to know?

Philosophy and AHPRA Requirement

- One is ethically, morally and legally responsible for delivering the same standard of care as your peers.
- And that includes Specialist practitioners.

Primary responsibilities to your patients are:

- Diagnosis – this is our focus
- Counseling – this is important
- Intervention at the appropriate time – this is critical
- Active role in retention

Diagnosis

Be able to better recognise and diagnose orthodontic problems;

Participate in multi-disciplinary treatment planning with specialists;

Counselling

Learn the importance of appropriate referral and timing for referral of orthodontic patients

Learn the full scope of what is entailed in the practice of orthodontics

See how cases are managed by specialists; and to see how an Orthodontist helps general dentists achieve a high standard of oral care for their patients.

Intervention at the appropriate time

Understand how, when and why most cases should be referred to specialists

Berk N.W., Bush, H.D. et. al. (2002)

Perception of orthodontic treatment need: opinion comparisons of orthodontists, pediatric dentists and general practitioners.

Journal of Orthodontics **29**, 287-91.

This study found a high level of agreement between pediatric dentists, orthodontists and general practitioners with regards to orthodontic treatment need.

Berk N.W., Bush, H.D. et. al. (2002)
Perception of orthodontic treatment need: opinion comparisons of orthodontists, pediatric dentists and general practitioners.
Journal of Orthodontics **29**, 287-91.

If you do choose to practice orthodontic treatment - Cases to Avoid . . . If you don't know ask!

- Class III's
- Hyperdivergent skeletal patterns (Open Bites)
- Moderate to severe skeletal patterns

Should General Dentists be providing Orthodontic Care?

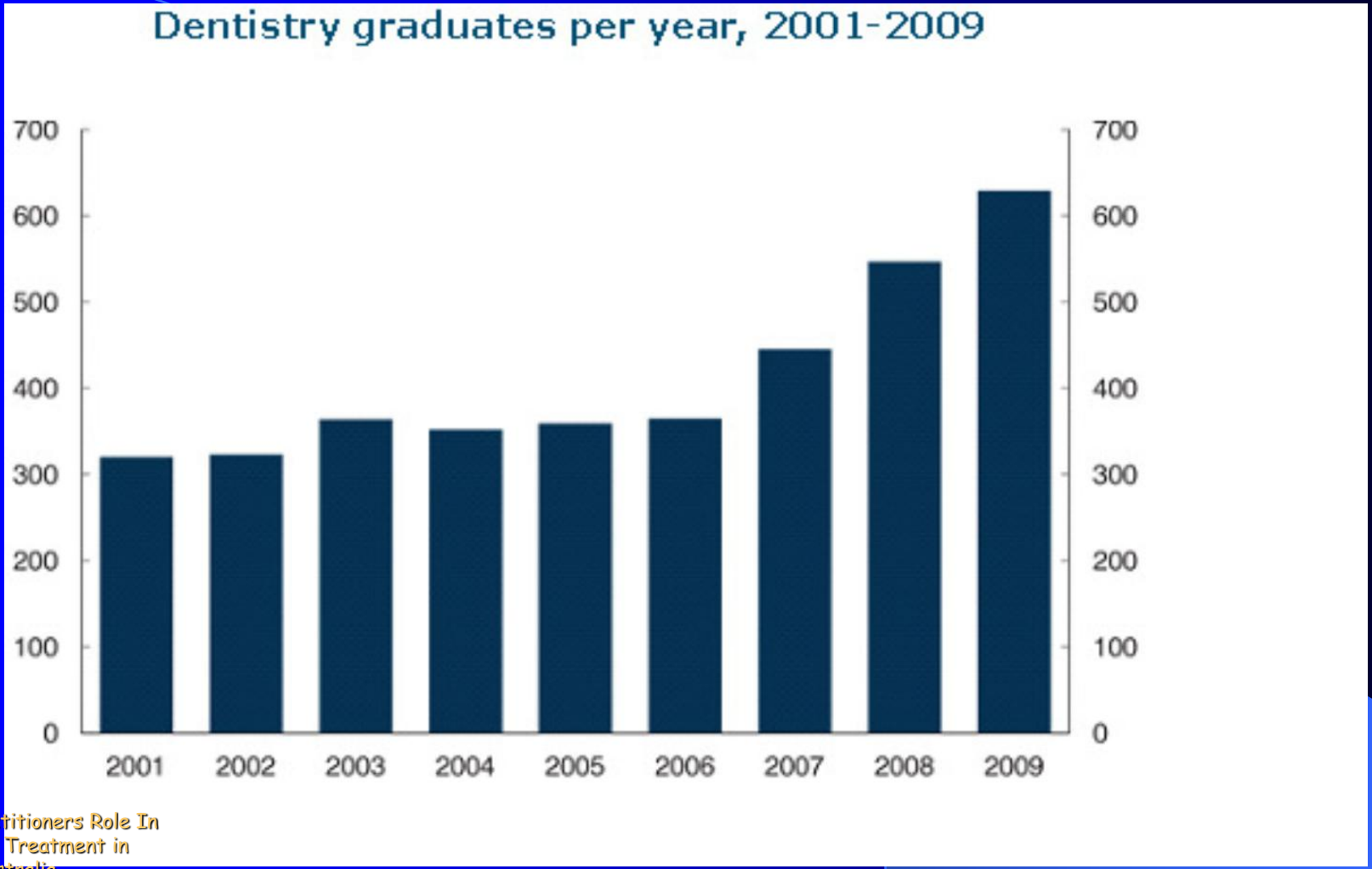
- Demand or Availability of Orthodontic Care
- Adequate training of General Practitioners
- Financial motivation
- Quality of Care

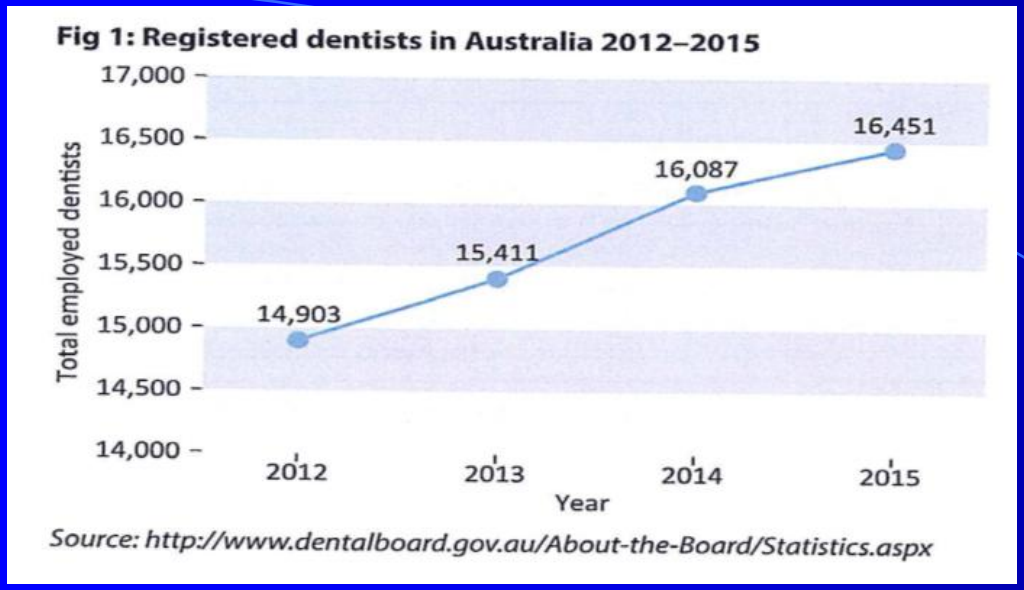
Should General Dentists be providing Orthodontic Care?

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Competition

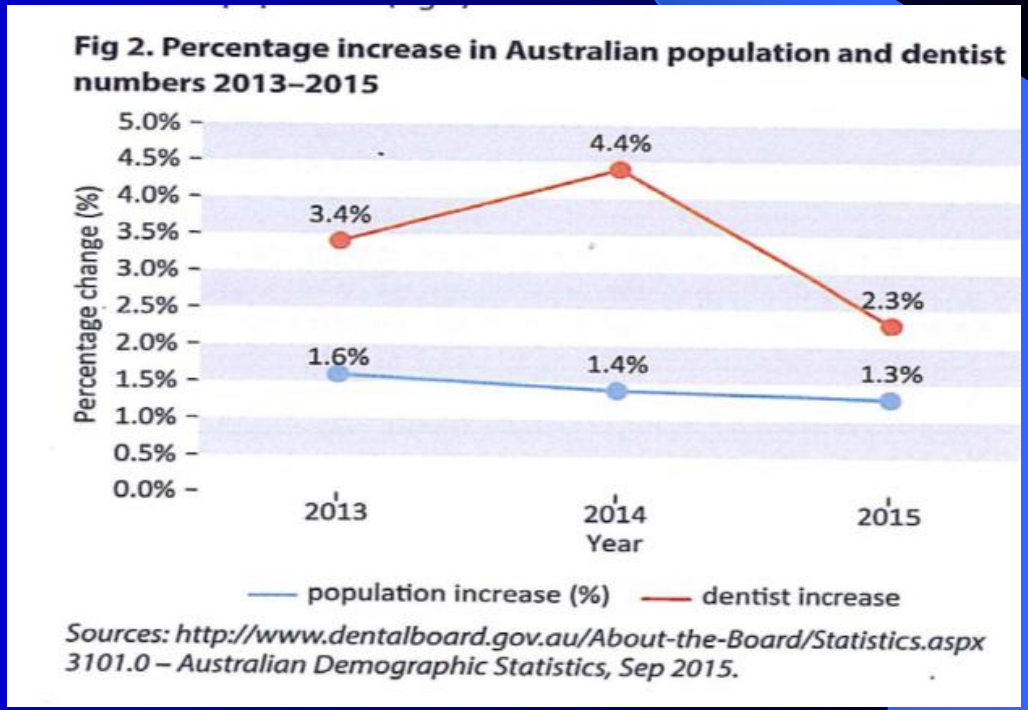
Patients <<< >>> Dollars





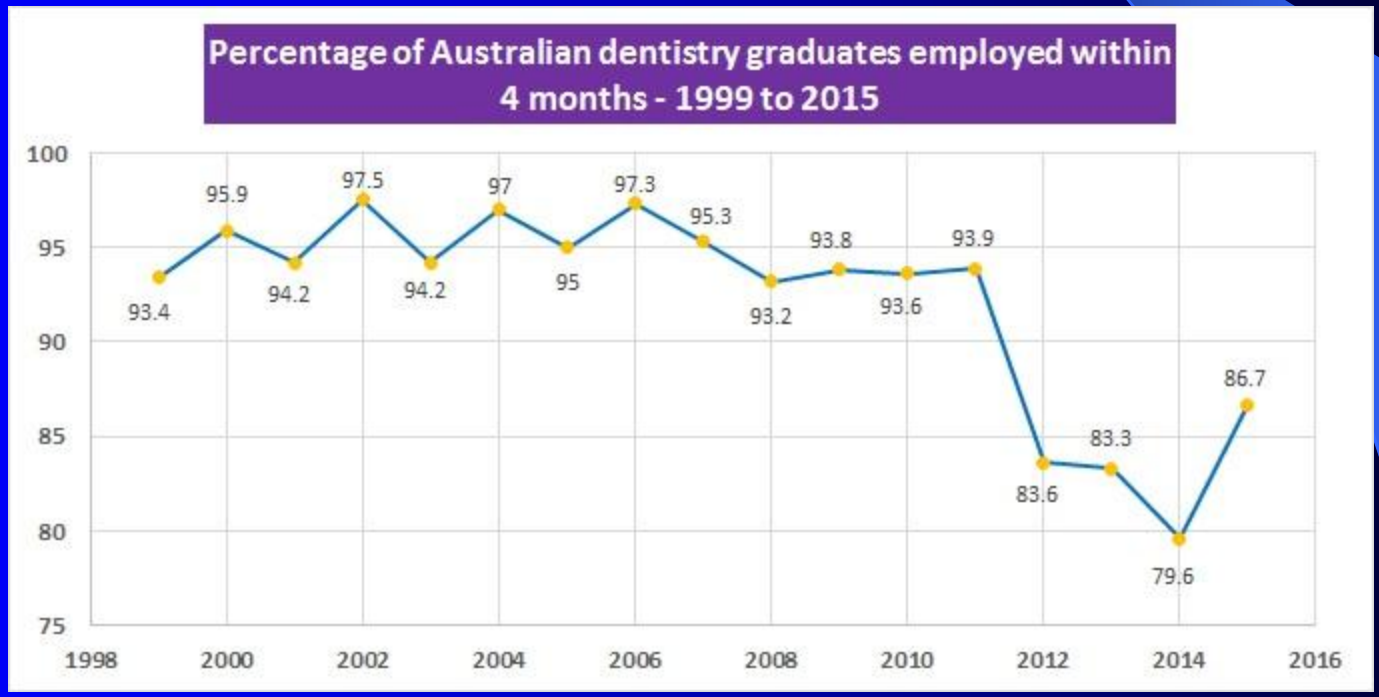
With these graphs you can see the impact of overseas dentists completing ADC examination

As you can see the number of dentists is increasing at a greater rate than the population



Thanks to the lobbying of the ADA to the Federal and State Governments the 457 Visa for Dentists has been removed

The outlook is better and is now expected to improve for recent graduates.



GradStats Data

"Removing dentists from the Skilled Occupation List has made some difference. However the deregulation of university placements significantly contributes to the existing oversupply and impacts on the likelihood of new graduates securing a job in a reasonable time frame after completion of their studies."

Former Australian Dental Association President, Dr Rick Olive AM RFD

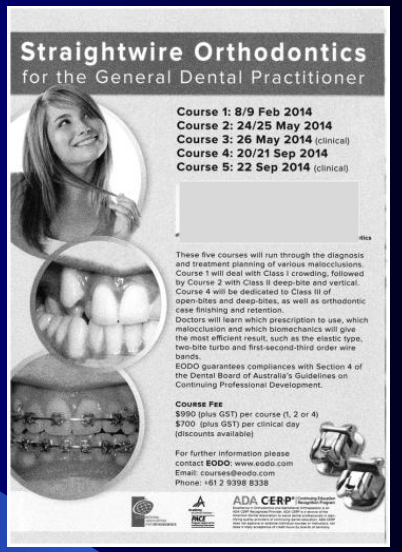
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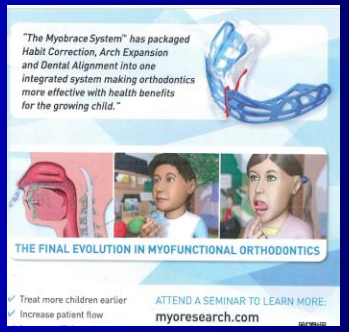
Education?







- One is ethically, morally and legally responsible for delivering the same standard of care as your peers.
- And that includes Specialist practitioners.





General Practitioners Role In Orthodontic Treatment in Western Australia

Scope of practice registration standard

1. All dental practitioners are members of the dental team who exercise autonomous decision making within their particular areas of education, training and competence, to provide the best possible care for their patients.

2. Dental practitioners must only perform dental treatment:

   a. for which they have been educated and trained in programs of study approved by the National Board, and

   b. in which they are competent.



Marriott A., Harding W., Devlin N. and Benwell G. (2001)

The delivery of orthodontic care in New Zealand. Part I and II: Analysis of a census of orthodontists

New Zealand Dental Journal **97**, 87-92 and 120-127.

This study was a questionnaire sent to dentists in New Zealand to ascertain the amount and variety of orthodontic services supplied by general practitioners.

Marriott A., Harding W., Devlin N. and Benwell G. (2001)
The delivery of orthodontic care in New Zealand. Part I and II: Analysis of a census of orthodontists
New Zealand Dental Journal **97**, 87-92 and 120-127.

The majority of dentists carried out some form of orthodontic treatment, predominantly of a minor nature. A small number provided significant amounts of treatment, both simple and complex.

Marriott A., Harding W., Devlin N. and Benwell G. (2001)
The delivery of orthodontic care in New Zealand. Part I and II: Analysis of a census of orthodontists
New Zealand Dental Journal **97**, 87-92 and 120-127.

The majority of orthodontic treatment and the majority of comprehensive fixed-appliance treatment were undertaken by orthodontists. One-quarter of all orthodontic patients in New Zealand were treated by dentists, irrespective of the complexity of treatment.

Marriott A., Harding W., Devlin N. and Benwell G. (2001)
The delivery of orthodontic care in New Zealand. Part I and II: Analysis of a census of orthodontists
New Zealand Dental Journal **97**, 87-92 and 120-127.

In the city where specialists are readily available . . .

You must complete your procedures to the same standard of care as a specialist

In the country/bush where you may be on your own . . .

You must do no harm and the patient must be better off following treatment.

Jacobs, R. M., Bishara S.E. and Jakobsen (1991)

Profiling providers of orthodontic services in general dental practice.

American Journal of Orthodontics and Dentofacial Orthopedics **99**, 269-275.

Iowa, U.S.A. This study was designed to ascertain whether general practitioners who provide some orthodontic treatment to a relatively large proportion of their patients tend to limit themselves to the treatment of simple cases while they continue to refer more difficult cases or whether a high volume of orthodontic treatment is linked to an expanded scope of treatment and fewer referrals.

Jacobs, R. M., Bishara S.E. and Jakobsen (1991)
Profiling providers of orthodontic services in general dental practice. *American Journal of Orthodontics and Dentofacial Orthopedics* **99**, 269-275.

This study indicated that providers of a high volume of orthodontic treatment: 1) performed the same amount of limited orthodontic treatment as providers of a low volume of orthodontic treatment; (2) performed significantly more major orthodontic treatment; (3) used significantly more fixed appliances, functional appliances, and headgears, but not removable appliances; (4) took significantly more hours of continuing education in orthodontics; and (5) referred significantly fewer patients to orthodontic specialists.

Jacobs, R. M., Bishara S.E. and Jakobsen (1991)
Profiling providers of orthodontic services in general dental practice. *American Journal of Orthodontics and Dentofacial Orthopedics* **99**, 269-275.

Huang, G.J., del Aguila, M.A. (2003)
Distribution of orthodontic services and fees in an insured population Washington
American Journal of Orthodontics and Dentofacial Orthopediecs **124**, 366-72.

All orthodontic claims allowed by Washington Dental Service in 2001 were retrieved, along with treatment codes, fees, and demographic information for both patients and providers. A total of 102,948 orthodontic claims were included in the study.

Huang, G.J., del Aguila, M.A. (2003)
Distribution of orthodontic services and fees in an insured population Washington
American Journal of Orthodontics and Dentofacial Orthopediecs **124**, 366-72.

General dentists submitted 7% of these claims, orthodontists submitted 90.9%, and pedodontists submitted 1.9%.

Huang, G.J., del Aguila, M.A. (2003)
Distribution of orthodontic services and fees in an insured population Washington
American Journal of Orthodontics and Dentofacial Orthopediecs **124**, 366-72.

Orthodontists submitted higher average fees for space maintainers, first payments, and records.

The percentage of orthodontic treatment provided by general dentists and pedodontists in this claims based study was substantially less than what has been previously reported in survey based studies.

Huang, G.J., del Aguila, M.A. (2003)
Distribution of orthodontic services and fees in an insured population Washington
American Journal of Orthodontics and Dentofacial Orthopediecs **124**, 366-72.

Additionally, a smaller percentage of general dentists and pedodontists in this study performed comprehensive treatment, compared with previous studies.

This study illustrates the value of insurance claims data to assess the provision of orthodontic care.

Huang, G.J., del Aguila, M.A. (2003)
Distribution of orthodontic services and fees in an insured population Washington
American Journal of Orthodontics and Dentofacial Orthopediecs **124**, 366-72.

Lawrence A.J., Wright F.A, and D' Adamo S.P. (1995)

The provision of orthodontic services by general dental practitioners. 2. Factors influencing variation in service provision.

Australian Dental Journal **40**, 360-364.

The aims of this survey were to identify practitioner characteristics that account for variations in the level of orthodontic services provided and which distinguished providers and non-providers of orthodontic services. (Victoria, Australia)

Lawrence A.J., Wright F.A, and D' Adamo S.P. (1995)
The provision of orthodontic services by general dental practitioners. 2. Factors influencing variation in service provision.
Australian Dental Journal **40**, 360-364.

Multiple regression analysis revealed that four practitioner characteristics explained 41% of the variance in the number of orthodontic patients treated.

Lawrence A.J., Wright F.A, and D' Adamo S.P. (1995)
The provision of orthodontic services by general dental practitioners. 2. Factors influencing variation in service provision.
Australian Dental Journal **40**, 360-364.

The four characteristics of dentists who provide more orthodontic treatment were:

1) treated more general practice patients;
2) frequently used multiple sources to keep up to date in orthodontics;
3) perceived their patient base to contain more children; and
4) were more likely to have attended a short orthodontic course.

Lawrence A.J., Wright F.A, and D' Adamo S.P. (1995)
The provision of orthodontic services by general dental practitioners. 2. Factors influencing variation in service provision.
Australian Dental Journal **40**, 360-364.

Should General Dentists be providing Orthodontic Care?

- Demand or Availability of Orthodontic Care
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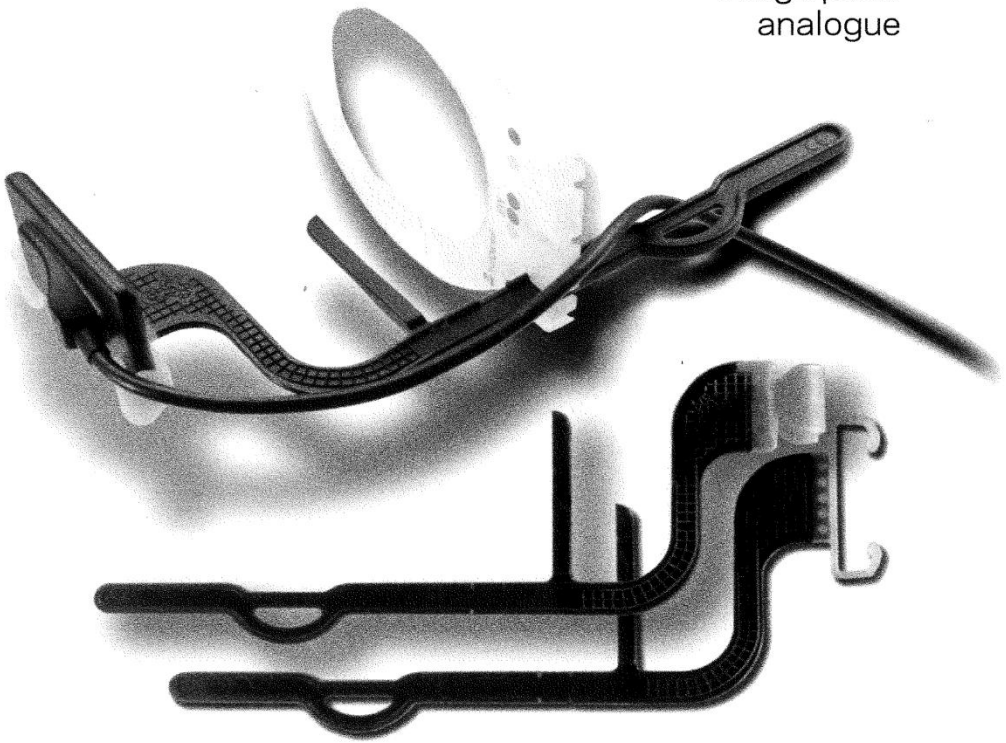
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Dr David Penn, Southern Cross Dental Laboratories

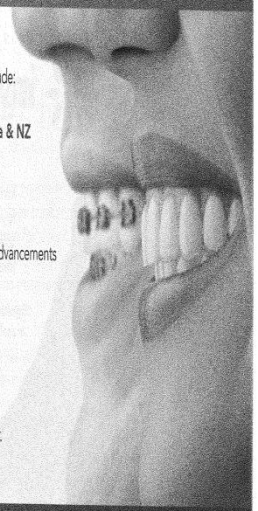
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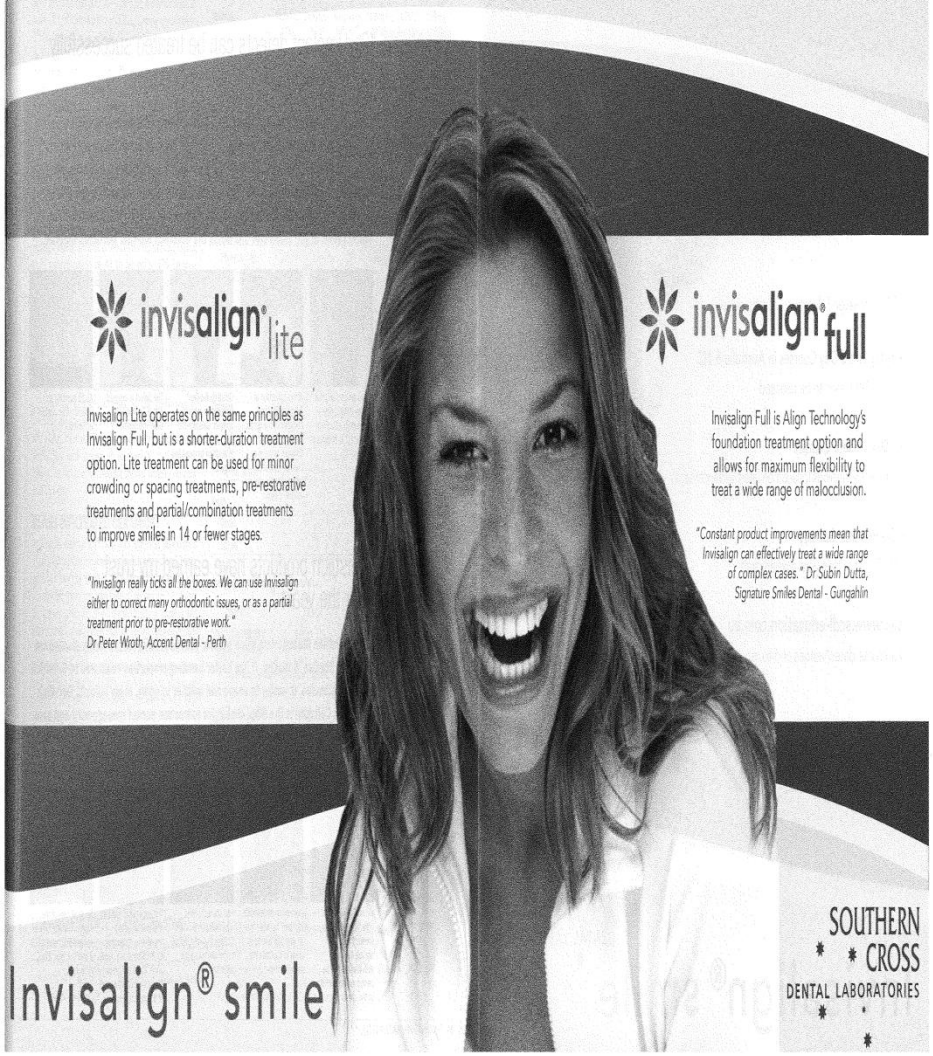


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"Constant product improvements mean that Invisalign can effectively treat a wide range of complex cases." Dr Subin Dutta, Signature Smiles Dental - Gungahlin

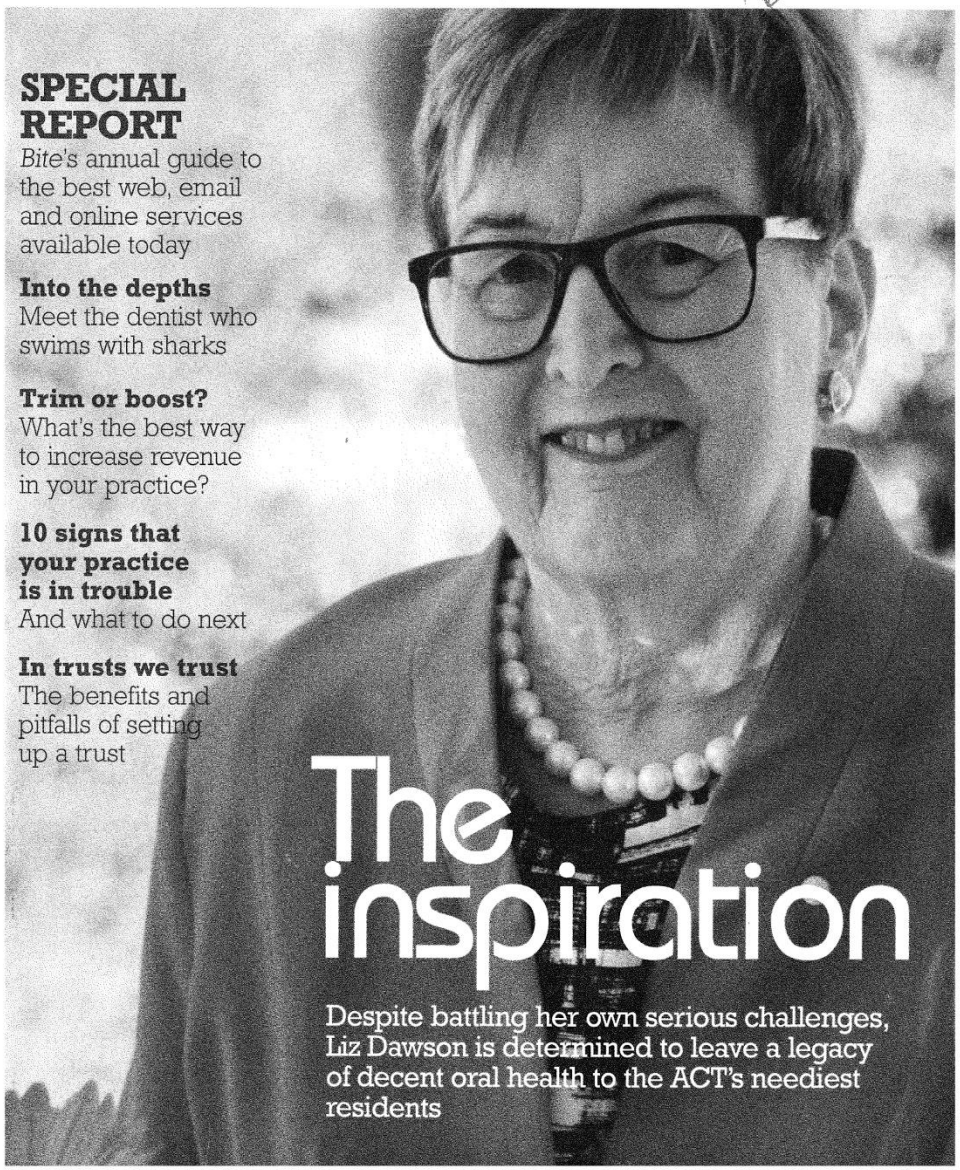
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Meet the dentist who swims with sharks

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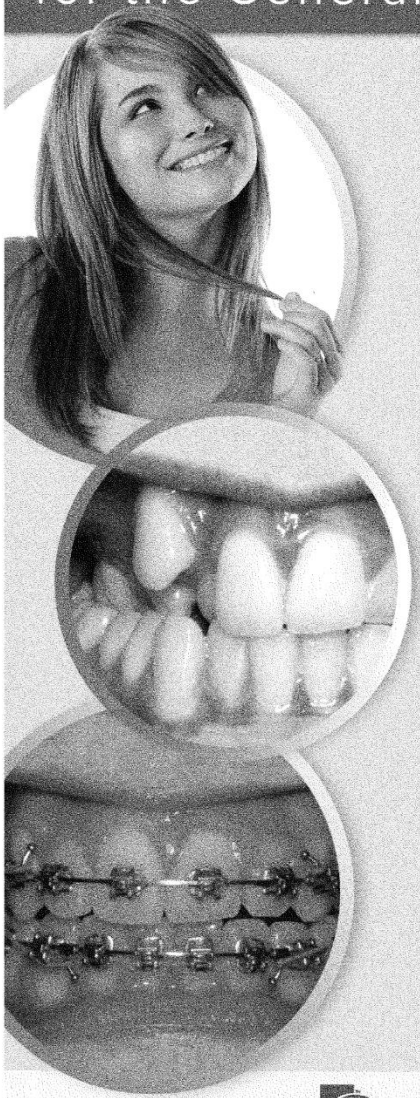
10 signs that your practice is in trouble
And what to do next

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Course 3: 26 May 2014 (clinical)
Course 4: 20/21 Sep 2014
Course 5: 22 Sep 2014 (clinical)

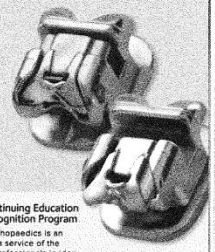
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These five courses will run through the diagnosis and treatment planning of various malocclusions. Course 1 will deal with Class I crowding, followed by Course 2 with Class II deep-bite and vertical. Course 4 will be dedicated to Class III of open-bites and deep-bites, as well as orthodontic case finishing and retention.

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INTERNATIONAL ASSOCIATION FOR ORTHODONTICS

Academy of General Dentistry PACE Program Approval for Continuing Education

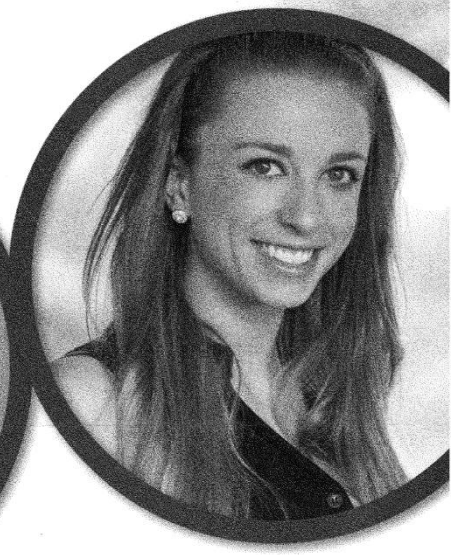
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Marketing & increasing conversion	✓	✓
Profitability & managing patient payment plans	✓	✓
Smilefast personal & ongoing support	✓	✓
Treating complex crowding and spacing cases		✓
Lower incisor extraction cases – when, why and how		✓
Advanced hands on training		✓
Cephlometric analysis		✓
Free Magic Braces Typodont (valued at $150).		✓

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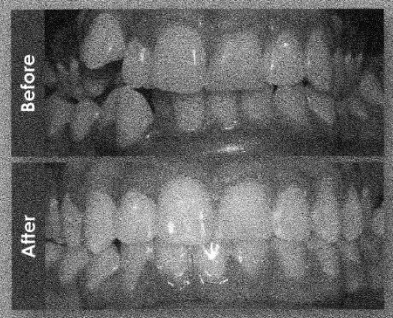
Once you finish the course, Smilefast ensures you are always fully supported. Personal clinical help is available at any time whether it's regarding case selection, tips on what to do next with a patient, or general troubleshooting. With Smilefast we're always there to hold your hand.

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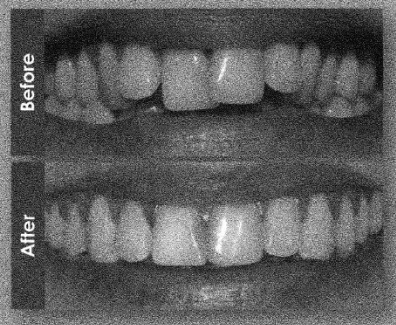
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Should General Dentists be providing Orthodontic Care?

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Quality of Care

Yumi, A., Suchitra, N., Amberman, D. and Hans, M.G. (2004)

Comparing orthodontic treatment outcome between orthodontists and general dentists with the ABO index.

American Journal of Orthodontics and Dentofacial Orthopedics **126**, 544-8.

- In this sample, a significantly lower ABOI score (lower is better) was found for patients treated by orthodontic specialists compared with patients treated by general practitioners.

Yumi, A., Suchitra, N., Amberman, D. and Hans, M.G. (2004)
Comparing orthodontic treatment outcome between orthodontists and general dentists with the ABO index.
American Journal of Orthodontics and Dentofacial Orthopedics **126**, 544-8.

- There was no difference in the VAS scores, patients did not see any difference in the outcome of treatment based on the provider.

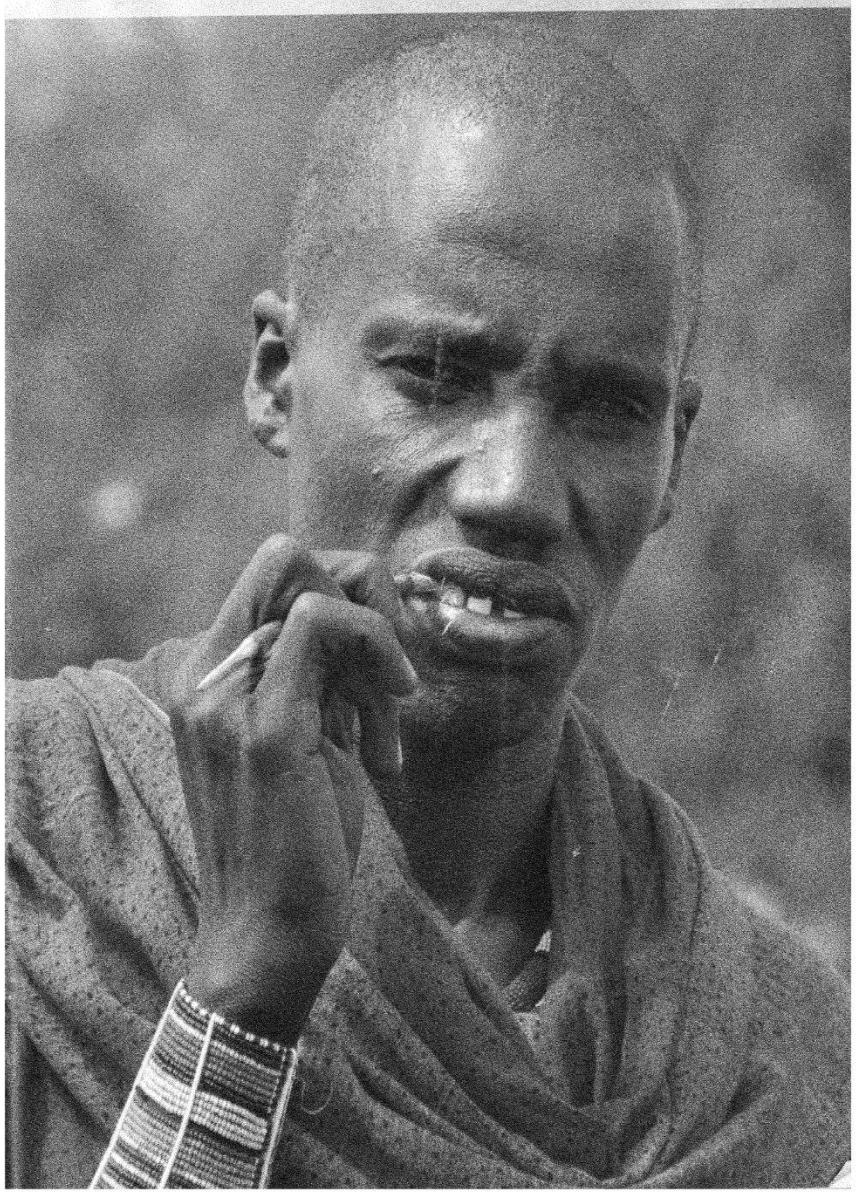
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ADA WA Branch

Western Articulator

August 2012
Vol 29 No 7

The Australian Dental Association Western Australian Branch Inc





An Introspective Brief Note

Each month Peter McKerracher and I sit down with a blank sheet of paper; well computer screen, to come up with a short essay on a topic pertaining to professional indemnity insurance; a "Brief Note". This is my 29th such essay. Writing them has increased my already healthy respect for the late Neil Burman and for Barry Gillings, who could each come up with an interesting, witty and informative essay at an even shorter interval.

This month I have almost finished an essay with the working title ***"AHPRA – A sheepdog with distemper"*** but after re-reading my efforts, I have decided not to waste some of my remaining days fighting litigation for libel or being behind bars. If this essay ever sees the light of day, it will need to be cleared by the Dental Cases Panel's solicitors and by MDA's lawyers!



I also have a draft for an essay on ***"Amateur Orthodontics"*** which highlights the perils of general practitioners taking on complex orthodontic treatment. The nub of the solution lies in diagnosis, but with friends on either side of the orthodontic line in the sand, this one is also destined to stay on the hard drive.

the standard of care to be expected as a recognised standard of acceptable professional practice (the Bolam Test), ie. what risks would a dental or medical professional usually disclose in the circumstances. Arguably, this is **"sufficient consent"** rather than **"informed consent"**.

In Australia, a more patient-centred approach applies, encompassed by the phrase "informed consent". Informed consent in our jurisdiction requires that significant risks be disclosed, **as well as risks which would be of particular importance to that individual patient**. This approach combines an objective (the reasonable patient) and subjective (this particular patient) approach.

But Enore Panetta is far better qualified than I to deal with the issue of consent in his "Legal Aspects"!



So dear Reader, there you have my problem; a relatively narrow subject and the possibility of over exposure. The distempered sheepdog is looking more attractive for next month.

Dr Peter McKerracher
Consultant
Dental Cases Panel



Your Scope of Practice and Referrals

With the recent publication of the ADAWA Dental Specialist Directory and also tl
policy of the Dental Board c
about both of these topics.

The referral of patients to e
the highest standard is an i
part of practice-building be
their particular problem r
with particular expertise w
general dental practitioner
'has a go' rather than referri
appointment book is not fu
patient when the treatment
to refer appropriately is unj
justified criticism and poter

No patient enjoys feeling
treatment or believing that
who was working beyond
such a patient lodge a Notifi
of whether the practitioner
Practice will certainly be asl
notice that penalties will ce
are found proven.

If your patient requires a treatment in which you have not been adequately trained ***and*** in which you are not competent, they must be referred or you risk an adverse finding by the Board. **Both** of these criteria must be satisfied to ensure that you are working within your Scope of Practice.

With the ADAWA Specialist Directory now in the hands of every member, there is a comprehensive list of suitably trained and competent practitioners in each of the specialties. The geographic listing provides every convenience for dentists and patients alike. There is no excuse for failing to refer!

It is important to note however that some practitioners who are not registered specialists limit their practice and will willingly accept referrals. *Referring to such practitioners places the general dentist in the position of warranting the competence of such practitioners without the assurance of an advanced qualification and a specialist registration.*

It is also misleading for a patient to be referred to a practitioner who is not a registered specialist without clearly specifying this fact. Following complaints to the Dental Cases Panel, it often transpires that a patient has assumed that their referral is to a specialist. They are, not surprisingly, annoyed when they find that such is not the case at all.

It is important to be aware that the MDA National professional indemnity policy states:

"14. We will not indemnify you under this policy when:

14.7 the matter for which you seek indemnity arises in any way out of providing dental services that you were not permitted to provide.....or you acted outside of, or did not comply with the terms, limitations or requirements of your registration."

By operating beyond your scope of practice, you may be jeopardising your policy of insurance, should a claim be brought against you.

Note also that the Dental Board of Australia's Scope of Practice Registration Standard specifically prohibits any dental practitioner from directing another person to provide dental treatment or give advice outside that person's education or competence.

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Regrettably some of the health funds try to direct their
to such restricted practice
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is well known that counter
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titioner, it is tantamount to
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of ADAWA.

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ake their own choice and
dentist has a responsibility
clinician whom they know
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expected of a professional
know specialists in your
a few

velop your own preferences
or consult the new ADAWA

made, particularly with
ecomes better known with
ul working relationship can
be developed. This relationship can be most useful when a complex situation arises or where a clinical emergency demands some extraordinary assistance.

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Dr Peter McKerracher
Consultant Dental Cases Panel

Firstly . . . Do No Harm . . .

One is ethically, morally and legally responsible for delivering the same standard of care as your peers. And that includes Specialist practitioners.



At the end of the Orthodontic course, you have neither the didactic or clinical knowledge to provide comprehensive orthodontic treatment.