

Editorial

Rules for some

The orthodontic schools in the universities of Australasia have a proud tradition of education, development and service approaching 50 years. They strive to maintain a high level of clinical and academic education for the talented postgraduate students who have been rigorously selected to embark on a three-year full-time program. The students devote themselves to a hard road of dedicated learning and exacting examinations and assessments to claim the status of an orthodontist upon graduation. This is invariably done at considerable financial expense but the personal cost to family life cannot be discounted.

The university orthodontic programs undergo rigorous accreditation processes to ensure quality of education and practice. Every five years the Australian Dental Council assesses all aspects of undergraduate and postgraduate education involving the specialty programs offered. Evaluated are the staffing profiles, the clinic facilities, the curriculum, and ancillary resources comprising professional and technical staff to meet accepted standards. The Australian Society of Orthodontists also conducts its own peer review of programs to ensure consistency and maintenance of standards. In addition, each university periodically conducts internal reviews of offered programs to ensure academic aims and outcomes are aligned with graduate attributes and that program research is meaningful.

The introduction of continuing dental education has been generally welcomed and applauded. This has ensured that practitioners maintain a level of knowledge to best enable quality and caring treatment of the public. Over the past 20 years, in particular, short courses have been developed that close the gap between undergraduate dental education and the general services provided by a competent clinician. Many short-term orthodontic courses have been conducted and directed at general dental practitioners in order to enhance their clinical skills and orthodontic knowledge.

Of concern is the introduction of quasi university-affiliated programs that advertise extended courses leading to an alternative orthodontic qualification. These have been developed by entrepreneurs and use

an aggressive business model that promotes increased practice revenue rather than patient health and well-being. The fact that most continuing professional development courses are unregulated is further cause for concern as the quality of the education is uncertain and remains unauthorised. Where is the research to determine whether the promoted need for orthodontic treatment in general practice is actually needed by the public?

Can anything be done to reduce the impact of unsanctioned courses? Professional societies have only a peripheral role to play as they exist to serve members and promote orthodontics. The regulatory bodies in Australasia should be taking a heightened role in the oversight of all dental education, not just that provided by universities. Society is ruled by anti-competitive laws that essentially say that all things are possible but, if misadventure occurs, then the medico-legal fraternity will be the arbiters and only if the public complains. The public is possibly not yet complaining or the quality of the service is deemed sufficient to avoid complaint.

The quality of orthodontic work performed by Society members must remain unquestionably high to provide a clear distinction from that delivered by alternative practitioners. The Chartered Practising Accountants have been running an advertising campaign for many years to distinguish themselves from competing accounting services. Recently, The Royal College of General Practitioners has embarked upon a similar campaign to highlight their differences from alternative medical providers, and the Royal District Nursing Society are explaining their role in the care of the unwell. Perhaps the Orthodontic Society should consider establishing an educational advertising program to inform the public of the holistic services provided by members, which aim to provide the appropriate aesthetic, functional and stable resolution of a malocclusion.

What do you think?

Craig Dreyer