



Royal Cornwall Hospitals
NHS Trust

RCH Oral Surgery Department Orthodontic Service Practice Standards Clinical Guideline

V1.1

December 2023

1. Aim/Purpose of this Guideline

- 1.1. This guideline sets out the standards expected for the safe management of patients in the Orthodontic service at the Royal Cornwall Hospital NHS Trust (RCHT).
- 1.2. This guideline focuses on the key standards required for Orthodontic patients' pathway that includes:
 - Patient assessment, Examination and Diagnosis.
 - Investigations and Imaging.
 - Treatment plans.
 - Consenting.
 - Documentation.
 - Supervision.
- 1.3. To assist and guide all staff involved in the Orthodontic service with a clear framework and structure for the patient pathway.
- 1.4. To ensure all teams and members of staff know their responsibilities in relation to this guideline.
- 1.5. This guideline should be read in conjunction with the following documents.
 - Guides for Commissioning Dental Specialties-Orthodontics. NHS England 2015GDC Scope of Practice for Orthodontic Therapists.
 - British Orthodontic Society Guidelines for the Supervision of Therapists (April 2022).
 - The Oral Surgery Outpatients Department Practice Standards Clinical Guideline.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

Standard Statement:

All members of staff working within the Orthodontic service at RCHT are required to be aware of the standards detailed in this document and what their roles and responsibilities are when managing patients receiving orthodontic care.

2.1. Standards and Practice

Ownership of this clinical guideline will be shared between the Orthodontic responsible clinician, Orthodontic therapists, Oral and Maxillofacial department (OMF) nursing and dental team, the OMF Service Manager, the OMF Governance lead, the OMF Clinical Administration Lead (CAL) and the OMF Department Reception Staff. Each having their own responsibility within the pathway.

Any members of the Orthodontic, nursing, or administration team will escalate any issues or queries to the relevant specialty person as appropriate or complete an incident form if this is relevant.

2.1.1 Patient Assessments

- Patients are referred to RCH Orthodontic service from community dentists.
- Other orthodontic providers may also refer orthodontic patients who are already 'in treatment' for continuation of this treatment at RCH.
- All patient referrals are vetted via Maxims by an RCH consultant orthodontist.

- If the patient meets the criteria for secondary care treatment (As per: Guides for Commissioning Dental Specialties-Orthodontics. NHS England 2015) then they will be accepted for treatment at RCH.
- The patient will be assessed by the orthodontic consultant **at the initial face to face appointment** and one of the following outcomes will be applicable:
 - (1) Discharged with advice.
 - (2) Onward referral to primary care for treatment.
 - (3) Kept under review (active monitoring).
 - (4) Accepted for treatment.
- 'Accepted for treatment' means they will be booked in for records and treatment planning/joint clinic.
- The treatment plan will be finalised by the Orthodontic Consultant, and the patient will be allocated for treatment by the Orthodontic consultant to an orthodontic therapist, associate specialist, or consultant, dependent on the treatment required. This will be recorded on an outcome sheet and sent to reception who will allocate an appointment.

2.1.2 Examination and Diagnosis

- At the **initial face to face appointment** the orthodontic consultant will carry out a full orthodontic assessment and request any necessary radiographic examination via Maxims.
- The provisional diagnosis and patient pathway will be decided upon by the Orthodontic Consultant or Specialist.

2.1.3 Investigations and imaging

- Radiograph images will be undertaken during the **initial face-to-face appointment if required.**
- Patients who are then approved for acceptance onto the RCH orthodontic pathway for their treatment, will then progress to have comprehensive images and treatment plans that will be clearly articulated to the patient by the Orthodontic Consultant or Specialist.
- All images will be stored on the hospitals radiographic IT system (CRIS).

2.1.4 Treatment Plans

- Treatment plans are devised by the orthodontic consultant after the investigations and imaging have been completed.

- All treatment plans will be formulated by the orthodontic consultant unless the consultant delegates this to an orthodontic specialist.
- All treatment plans will be agreed with patient and/or carer and will be clearly documented in the patient's records on MAXIMS.
- This treatment plan will also be articulated on the patient specific orthodontic consent form.
- Any alteration during treatment will be clearly documented on a new consent form.
- The treatment plan is reviewed every visit by the Orthodontic clinician. If any issues by the Therapist or Specialist, then this would be communicated to the Orthodontic Consultant.
- All patients are booking the for their subsequent appointment(s) as dictated by the responsible clinician / Therapist.
- The reception team will correctly 'outcome' patients following each of their appointment(s).

2.1.5 Consent Procedures and Record keeping

- All orthodontic patients will have an RCH orthodontic patient specific consent form completed as part of their treatment plan – [CHA4832: Orthodontic treatment](#).
- This consent form will be completed at the first opportunity when the proposed treatment plan is discussed with the patient and/or their relative/nominated person.
- If treatment plans are needed to be changed then a new consent form will be completed to reflect that.
- All treatment plans and patient appointment records are recorded on maxims, they can be updated on maxims and are readily available for all relevant clinicians to review.
- Record keeping audits will be carried out annually to monitor and feedback on quality of provision of care. This would include consent, reporting of radiographs and clinical notes entered on maxims. This would be undertaken by Orthodontic staff, and it would be a 10% of the patient cohort.

2.2. Treatment and Supervision

- Treatment and supervision of Orthodontic therapists is in line with the standards defined by the British Orthodontic Society Guidelines for the Supervision of Therapists:
 - The therapist carries out their role in line with the standards defined by the GDC Scope of Practice for Orthodontic Therapists.

- The patient is seen at least every other visit by an orthodontist (consultant or orthodontic specialist as appropriate).
- Consultants or associate specialists review all patients prior to de-bond.
- Consultants or associate specialists review prior to discharging the patient from the RCH Orthodontic service.
- Refer to the responsible clinician where their prescribed treatment plans need to be considered for alteration.
- Treatment provided and discussion had with patient relating to their treatment is clearly documented in the patient's record.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Record keeping audits.
Lead	James Robbins, Speciality Doctor Oral and Maxillofacial Surgery.
Tool	Sample size of records.
Frequency	Yearly.
Reporting arrangements	Any issues to be flagged to the Clinician. Incident reporting. This will also be fed back to the Monthly Business and Governance Meeting.
Acting on recommendations and Lead(s)	Any recommendations/changes to this SOP will be reported at the departmental meeting and nurses' meetings and changes implemented.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	RCH Oral Surgery Department Orthodontic Service Practice Standards Clinical Guideline V1.1
This document replaces (exact title of previous version):	RCH Oral Surgery Department Orthodontic Service Practice Standards Clinical Guideline V1.0
Date Issued/Approved:	December 2023.
Date Valid From:	December 2023.
Date Valid To:	August 2026.
Directorate / Department responsible (author/owner):	Specialist Services and Surgery, Oral Surgery Department. Mark Wolf Service Manager.
Contact details:	Mark.Wolf@nhs.net
Brief summary of contents:	Standard expected for the orthodontic service at the RCH.
Suggested Keywords:	Orthodontics, practice standards, Oral surgery.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Specialty Business and Governance meeting. Care Group Governance Meeting.
Manager confirming approval processes:	Roz Davies.
Name of Governance Lead confirming consultation and ratification:	Maria Lane.
Links to key external standards:	Guides for Commissioning Dental Specialties- Orthodontics. NHS England 2015GDC Scope of Practice for Orthodontic Therapists. British Orthodontic Society Guidelines for the Supervision of Therapists (April 2022).

Information Category	Detailed Information
Related Documents:	The Oral Surgery Outpatients Department Practice Standards Clinical Guideline.
Training Need Identified?	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Oral

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2023	V1.0	Initial issue	Paulette Hunkin, Clinical Matron for Specialist Services.
December 2023	V1.1	Appendix 3: Hyperlink to the procedure specific consent form for orthodontic treatment added to appendix.	Demi Lousie Kent, Document Library Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	RCH Oral Surgery Department Orthodontic Service Practice Standards Clinical Guideline V1.1
Directorate and service area:	Oral surgery department, Specialist Services and Surgery.
Is this a new or existing Policy?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Paulette Hunkin, Clinical Matron for Specialist Services.
Contact details:	07917488377.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this policy is to outline the standards of care that must be delivered while caring for in the orthodontic service at RCHT.
2. Policy Objectives	To standardise care and practice. To standardise expectations.
3. Policy Intended Outcomes	Standardisation of care and practice. Standardise expectations.
4. How will you measure each outcome?	Auditing. Incident reporting.
5. Who is intended to benefit from the policy?	Oral Surgery Out-patient (OPD) medical and nursing staff.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Orthodontic medical staff.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Paulette Hunkin, Clinical Matron for Specialist Services

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Procedure Specific Consent Form for Orthodontic Treatment

Please use the link below to access the procedure specific consent form for orthodontic treatment:

[CHA4832: Orthodontic treatment](#)