



# An avid OT ambassador

Orthodontic therapist **Sarah MacDonald** shares her thoughts, knowledge and experience.

It's little more than 10 years since Orthodontic Therapy became a profession with a title recognised by the General Dental Council. For many prescribing clinicians, an orthodontic therapist can ease the workload by executing a vast variety of orthodontic procedures safely, efficiently and professionally. Many questions arise in regard to training, funding, prescribing, qualification, remuneration, and employment all of which are outlined in this article.

There are multiple hospitals, colleges and universities across the UK which offer a diploma in orthodontic therapy. It is a one year part-time course and is usually structured with an initial three to four week course taught by consultants, orthodontic specialists and orthodontic therapy

tutors. This is followed by several additional study days and ongoing workplace training in an approved orthodontic practice or hospital setting. There appears to be a slight disparity in the entry requirements for training courses. Some establishments require one to two years post registration experience in an orthodontic setting. Other requirements may include post general dental nursing qualifications, such as orthodontic nursing and dental radiography.

During my professional qualification and training, I was fortunate enough to have a dedicated and thorough trainer, Christopher Buchanan, an orthodontic specialist at Highland Orthodontics, Inverness. He taught me more than just biomechanics and orthodontic forces. He instilled accuracy and attention to detail

in my work, and, maybe most importantly, patience and compassion, which is vital for all of us working in dentistry. Some colleagues have not been so lucky. I have heard countless stories of trainee OTs battling to get their trainers to sign off paperwork and give scheduled tutorials. It may be more helpful to the development of trainee OTs if training institutes were to publish a guide of structured expectations from mentor to mentee and have the power to intervene where necessary. Having operated out of multiple practices in the UK, I have seen a wide spectrum of training techniques. When it comes to procedure delegation, it is common for trainee OTs to be given large workloads, sometimes more than they can handle with unrealistic time constraints. On the other hand,

some re given tasks which are not conducive to their development and must push to experience a variety of different procedures. It is vital that a trainer takes a structured approach to training, giving the OT a wide range of procedures and the appropriate nursing support. This will ultimately benefit the practice in the mid to long term with a capable, competent and experienced team member to supplement the busy workload of an orthodontist.

### How to fund your training

Funding can be particularly difficult to obtain as the course itself is private and applicants do not qualify for student loans. The course is self-funded, left up to the employer or student to pay anything between £12,000 and £15,000 for one year of part-time study. There is currently no bursary system in place although NHS Scotland funded 50% of course fees when I studied at Edinburgh Dental Institute. There is the option of a personal career development loan offered by the government (<https://www.gov.uk/career-development-loans>), which can be used for tuition or other expenditure and are usually offered at reduced interest rates.

Due to the expense of training and lack of viable funding options, many are tied into in-house contracts or agreements. The majority of contracts I have witnessed are fair and reasonable. However, for some potential students, contracts can be biased, exploiting the individual's ambition for career development and progression. It is my feeling that funding should be made more accessible to those who wish to sign up for the course and self-fund. This may put an end to restrictive contracts and allow the individual, once qualified, to progress and explore different opportunities within alternative geographical locations.

### Supervision

The matter of prescribing can be a grey area, it seems to me, with conflicting opinions on what 'supervised' and 'prescribed' actually mean. There are strict guidelines for trainee orthodontic therapists who should be under direct supervision of an orthodontist who must be on site and give at minimum a verbal prescription for each patient. By contrast, a qualified orthodontic therapist does not require direct supervision and can work under the prescription of either a general dentist or an orthodontist. If the supervising dentist is present, then a verbal prescription is accepted. If dentist supervision is not available then a comprehensive, written prescription must be provided. More information regarding this is available from the ONG (orthodontic national group) website (<https://www.orthodontic-ong.org>). I have experienced both ends of the

spectrum, but have always stayed within my professional limitations and never deviated from the scope of practice.

From observation of orthodontic therapy network pages and groups on social media, I sense growing confusion surrounding the professional limitations of an orthodontic therapist and the need for clearer guidelines to be implemented. The General Dental Council (GDC) scope of practice is one page in length, which in my opinion is not enough to cover the appropriate boundaries expected of the profession. This is evident with the vast range of clinical procedures open to an orthodontic therapist's interpretation and, for some of us, a mounting pressure to carry out unpredictable 'emergency' occurrences. To maintain a professional and safe environment for orthodontic patients, I believe restrictions need to be more defined and the scope of practice document itself requires further clarification.

### Employed or self-employed?

There are approximately 600 qualified OTs throughout the UK in varying locations, both employed and self-employed, in both NHS general practice and hospital settings and in

### Key points

- There are approximately 600 qualified OTs in the UK, employed and self-employed, in NHS hospitals and in practice, and in private practice.
- To maintain a professional and safe environment for orthodontic patients, restrictions need to be more defined and the scope of practice document itself requires further clarification.
- The author recommends that training institutes publish a guide to the training requirements and expectations of trainers and that they have the authority to intervene when these are not met.
- Further information from: <https://www.orthodontic-ong.org> and: <https://www.gdc-uk.org/professionals/education/recent-inspections/inspections-ot>.

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private practice. This makes it difficult to get an accurate comparison salary. According to Glassdoor (one of the world's largest job and recruiting sites), the average salary is between £30-£35k per annum. An informal poll was published recently asking, 'Do you believe that your self-employment status has a positive effect on your pay?' Most felt being self-employed had no positive effect on pay. In my opinion, as a self-employed OT and avid ambassador for the profession, I feel it has pros and cons. From experience, I have noticed that orthodontic therapists working in larger cities such as Manchester, Liverpool, and London tend towards self-employment. This allows for flexible working within the profession; working in multiple practices, working flexible hours, higher pay scale and being able to establish a unique brand identity. However, there is a level of uncertainty and instability with self-employed OTs usually being provided with

short-term contracts with short notice periods and few benefits. These include maternity leave, annual leave, sick pay and company pension contribution which their employed colleagues benefit from.

Having practiced orthodontic therapy for seven years the future for the profession looks increasingly positive. I foresee a growing demand for the integration of OTs within NHS, private, and hospital settings. The increase in demand can be attributed to the beneficial effects practices have seen in cost and time-saving measures.

The OT is often the focal point for a patient's treatment. Orthodontic therapy is a popular career development route for many dental professionals and as an avid ambassador, I look forward to witnessing this growth, and further integration within the dental profession.

10.1038/s41407-019-0006-9