

RESEARCH SUMMARY

The use of IOTN in orthodontic services

The planning, contracting and monitoring of orthodontic services, and the use of the IOTN index: a survey of consultants in dental public health in the United Kingdom **C. M. de Oliveira** *Br Dent J* 2003; **195**: 704–706

Objectives

To establish which factors are used in planning, contracting and monitoring orthodontic services in the United Kingdom. In addition, the study investigated the value of the Index of Orthodontic Treatment Need (IOTN) as an instrument for planning orthodontic provision.

Methods

A structured questionnaire was sent to all consultants in dental public health in the United Kingdom.

Results

Over 80% of the respondents used the Index of Orthodontic Treatment Need (IOTN) as an instrument for planning, contracting and monitoring orthodontic services. Seventy per cent of these consultants regarded the IOTN index as a useful or very useful instrument. The main strength reported was that the IOTN index allows prioritisation (25.0%). The main weakness reported was that the index does not assess complexity (70.5%).

Conclusions

Consultants in dental public health perceived the IOTN as a useful tool for planning orthodontic provision despite some shortcomings.

COMMENT

The Index of Orthodontic Treatment Need (IOTN) has been around for at least 15 years. Although various types of indices have been adapted for use in the management of orthodontic services in other countries, the UK has yet to formally adopt an index for routine use. This article reports on a questionnaire sent to consultants in dental public health in relation to orthodontic provision and the use of IOTN. The study highlights the problem of managing the orthodontic services. There is really no robust information on the orthodontic provision in the NHS and private services. The vast majority of the consultants found the IOTN to be useful in planning, in particular prioritising the services. It is uncertain whether the consultants actively use IOTN to manage or monitor the hospital and community services. The main weakness of IOTN was perceived as its inability to assess complexity although the definition or perception of complexity was not clarified. Whether complexity relates to old fashioned ideas such as removable treatments undertaken by GDPs, extraction only treatments or complexity in relation to time, effort, and cost remains an important question. IOTN was developed to measure need and not complexity of treatment and it is strange that the consultants expect more from such a simple index. Other reported weaknesses are relatively few. The article provides interesting information on the perception of consultants in dental public health in relation to the use of IOTN.

IN BRIEF

This paper highlights the need:

- To improve the assessment of orthodontic treatment need.
- To improve the IOTN index by reporting its shortcomings
- To stress the need for incorporation of a measure of oral health-related quality of life in the assessment of orthodontic treatment need.
- To reduce inequalities in the provision of orthodontic treatment

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