

Summary of: The quality of orthodontic practice websites

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FULL PAPER DETAILS

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Objective To evaluate orthodontic practice websites for the reliability of information presented, accessibility, usability for patients and compliance to General Dental Council (GDC) regulations on ethical advertising. **Setting** World Wide Web. **Materials and methods** The term 'orthodontic practice' was entered into three separate search engines. The 30 websites from the UK were selected and graded according to the LIDA tool (a validated method of evaluating healthcare websites) for accessibility, usability of the website and reliability of information on orthodontic treatment. The websites were then evaluated against the GDC's *Principles for ethical advertising* in nine different criteria. **Results** On average, each website fulfilled six out of nine points of the GDC's criteria, with inclusion of a complaints policy being the most poorly fulfilled criteria. The mean LIDA score (a combination of usability, reliability and accessibility) was 102/144 (standard deviation 8.38). The websites scored most poorly on reliability (average 43% SD 11.7), with no single website reporting a clear, reliable method of content production. Average accessibility was 81% and usability 73%. **Conclusions** In general, websites did not comply with GDC guidelines on ethical advertising. Furthermore, practitioners should consider reporting their method of information production, particularly when making claims about efficiency and speed of treatment in order to improve reliability.

EDITOR'S SUMMARY

Do you have a practice website? If so, I would be willing to bet you that this research article is likely to make you have a good look at your own practice's webpage the next chance you get. This paper looks at the quality of practice websites, specifically orthodontic websites, and the authors found that, on the whole, practice websites complied poorly with ethical advertising criteria.

In all fairness, the World Wide Web is riddled with errors. We all know that. How could it not be when it is sourced by so many people all over the world and subject to relatively little control. However, the endless benefits of the Internet tend to more than compensate for any inaccuracy. Even something which is controlled quite carefully (peer-reviewed, copy-edited, proof-read) such as this very Journal is liable to the (very) occasional error ... alas, the nature of fallible humans!

However, although people are aware that there are inconsistencies, mistakes and untruths on the Web, I believe that we trust in it more and more as time goes on. The general public now expects the majority of information on the internet to

be correct, whether it pertains to accommodation prices when booking a holiday, legal advice or healthcare information. We are not as wary as we once were and we are using it *a lot*. The authors point out that 34.5% of dental patients have either researched their condition or treatment online.

In March 2012 the General Dental Council (GDC) published the Principles of Ethical Advertising which was a guideline on promotional material for dentists, covering practice websites. This was not just guidance for the sake of guidance but was produced in response to a number of complaints related to advertising. In fact in a 12-month period, from April 2009 to April 2010, 11% of cases that reached the Fitness to Practise Panel at the GDC were related to advertising. Many patients reported that they felt misled, particularly regarding the use of the dentist's titles and qualifications on their websites.

The authors of this paper looked at 30 different orthodontic practice websites to determine whether or not they were compliant with the GDC guidelines. Turns out the majority are not. Often dental website designers on their own websites claim to

be *au fait* with GDC guidelines but, somewhat ironically, in practice they might not actually be fully aware of what is required. I suspect that could be the subject of a whole other research study!

It is definitely worth reading this paper and then checking your practice website asap – a quick check will ensure that your patients are accurately and fully informed about your services, and this could save a lot of pain due to complaints in the future.

If you want to double check your website and advertising meet GDC requirements, you might find the following checklist useful: <http://www.gdc-uk.org/Dentalprofessionals/Standards/cases/Documents/AdvertisingChecklist.pdf>

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 216 issue 10.

Ruth Doherty
Managing Editor

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IN BRIEF

- Evaluates the reliability of information of orthodontic practice websites.
- Outlines the GDC regulations on ethical advertising.
- Stresses that practice websites should not mislead the public and quality of information presented needs to be improved.

COMMENTARY

The Internet is a blessing and a curse, allowing instant access to a huge, diverse range of information. However, much of the content on websites is poorly policed and often contains spurious, misleading information. Over the last ten years there has been a huge increase in the number of dental websites, allowing the public to access information about practices and the services they offer on a previously unprecedented scale.

This has considerable benefits but the flipside is that much of this information can be inaccurate or misleading. A quick trawl of dental websites shows that many make inappropriate claims about the level of expertise of the clinicians and efficacy of the treatments they offer. These issues have recently become acute with an increased number of complaints reaching the General Dental Council's (GDC's) fitness to practice committee relating to the content of dental websites. In response, the GDC published the 2012 guidelines on the principles of ethical advertising.¹

This timely, interesting paper assessed orthodontic websites to check for compliance against GDC guidelines and used the LIDA toolkit to assess their overall quality. Disappointingly few websites scored highly and none complied with the nine GDC guidelines, with only 4 out of 30 websites managing to reach the gold standard of 89% (8/9). There may be many reasons for this and in some instances the sites may be genuinely misleading. However, busy practitioners often find it difficult to keep their websites up-to-date and incorrectly assume that their web designers are conversant with GDC guidelines. My own experience is that this is rarely the case and

as clinicians we are ultimately responsible for the content of our websites. It is therefore important that we are conversant with the regulations and ensure our websites are compliant. Having read this paper I am off to check mine right now!

Readers may wish to read about the LIDA instrument, which can be accessed at: <http://www.minervation.com/wp-content/uploads/2011/04/Minervation-LIDA-instrument-v1-2.pdf>.

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1. General Dental Council. *Ethical advertising guidance*. London: GDC, 2012.

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The GDC published their guidance document *Principles of ethical advertising* in 2012. This was in response to a relatively high number of cases (10.76%) being presented to the Fitness to Practice panel regarding clinicians use of advertising. The concern was that patients might have in particular been misled with regards to use of dentists' titles and qualifications. This piece of research was instigated to look at compliance with this guidance amongst specialist orthodontic practices.

2. What would you like to do next in this area to follow on from this work?

In light of the results of the paper, we feel that further investigation into orthodontists' knowledge and attitude towards the *Principles of ethical advertising* would be an interesting avenue of further research. It may be that clinicians are unaware of the document and would be willing to update their existing advertising to fall into line with the guidance. A retrospective audit of cases brought to the Fitness to Practice panel for the 12 months before and after the introduction of the document may also reveal if the guidance has helped improve patients' experience of dental advertising.

An interesting topic that came from the project was the unique ways in which results were listed according to which search engine was used. Mobile searches were not included in this project as this would have introduced an unknown variable as to how search results were displayed. An investigation into the effect of mobile search for dental or orthodontic practices would be a further avenue for investigation, the results of which may help practitioners to better customise their websites to attract searches from the local area.