

Scope of practice for orthodontic auxiliary practice

Orthodontic auxiliary practice is a subset of dental hygiene practice that involves implementing orthodontic treatment plans prepared by a dentist or orthodontist, by performing orthodontic procedures and providing oral health education and advice on the care and maintenance of orthodontic appliances in accordance with this scope of practice and an orthodontic auxiliary's approved education, training, experience and competence.

Orthodontic auxiliaries practise as part of the dental team and work collaboratively with other oral health practitioners and health practitioners to provide appropriate and comprehensive care to the benefit of patients' overall health.

Orthodontic auxiliaries and dentists have a consultative professional relationship. The relationship may be between an orthodontic auxiliary and one dentist or dental specialist or an orthodontic auxiliary and a number of dentists or orthodontists. The establishment and maintenance of the consultative professional relationship is required for orthodontic auxiliary practice.

Practitioners within the consultative professional relationship are jointly responsible and accountable for the standard of decisions and care delivered to patients based on professional advice sought and given. Practitioners may wish to jointly develop a document containing agreed processes to support the consultative professional relationship and ensure advice is readily available when needed, however this is not mandatory.

Orthodontic auxiliaries practise under the direction of the dentist or orthodontist who is responsible for the patient's clinical care outcomes and who is on-site at the time. practise under the direct supervision of a dentist or orthodontist who is present on the premises at which the work is carried out and who is responsible for the patient's overall clinical care outcomes*:-

Orthodontic Auxiliary practice includes:

- taking clinical photographs for records
- taking impressions. Obtaining a record of occlusal relationships
- tracing cephalometric radiographs
- placing separators
- sizing of metal bands and their cementation including loose bands during treatment
- supragingival polishing of teeth (as part of oral hygiene, before bonding and after removal of fixed attachments)
- preparation of teeth for the bonding of fixed attachments and fixed retainers
- indirect bonding of brackets as set up by the orthodontist
- providing oral hygiene instruction and advice on the care and maintenance of orthodontic appliances
- placing archwires as formed by the orthodontist when necessary and replacing ligatures /closing self ligating brackets
- removing archwires after removing elastomeric or wire ligatures, or opening self ligating brackets
- removing fixed orthodontic attachments and retainers
- removing adhesives after the removal of fixed attachments using burs in slow speed handpieces where there is minimal potential for the removal of enamel
- trial fitting of removable appliances – this does not include activation
- fitting of passive removable retainers
- bonding preformed fixed retainers

- making study models, and fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- taking intra-oral and extra-oral radiographs.

Practice in this context goes wider than clinical orthodontic auxiliary practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of orthodontic auxiliary practice which were not included in a practitioner's training should not be undertaken unless the practitioner has completed appropriate training and practises to the standards required by the Standards Framework for Oral Health Practitioners.

1 ~~Further detail on the working relationship between orthodontic auxiliaries and dentists/orthodontists will be set out in the relevant Dental Council Practice Standard~~