

Remote Orthodontics - Update

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Type of business	To note
For Council only:	Public session
Issue	To provide the Council with an update on work to develop a position on tele-dentistry and 'direct-to-consumer' orthodontics.
Recommendation	The Council is asked to note the contents of the paper.

1. Background

- 1.1 The GDC is aware of an increasing number of organisations offering 'teledentistry' services¹ and in particular, a growth in organisations providing direct-to-consumer or remote orthodontics using clear plastic aligners.
- 1.2 There are a number of key factors thought to be driving the growth of teledentistry and remote orthodontics, including more sophisticated 3D printing enabling companies to use digital scanning, and the fact that in 2017 Invisalign (Align Technology) lost its exclusivity on 40 patents that kept it as the leading clear-aligner brand, opening the door for newcomers.
- 1.3 In addition to these factors, the move to remote provision of healthcare has gained more momentum and urgency as a result of the current pandemic, which has forced society to rethink traditional patient/professional interactions.
- 1.4 The recent proliferation of organisations offering orthodontic treatment via remote platforms has sparked concern from members of the dental profession, with the British Orthodontic Society (BOS) and Oral Health Foundation launching the Safe Braces campaign and associated website in March 2020 to warn the public of the dangers of undertaking 'direct to consumer' teeth straightening. The GDC has also received at least one Fitness to Practise concern regarding GDC registered dentists providing remote orthodontic treatment.

¹ Tele-dentistry can be defined as “.. the remote provision of dental care, advice, or treatment through the medium of information technology, rather than through direct personal contact with any patient(s) involved” (Telemed J E Health. 2013 Jul;19(7):565-7.)

- 1.5 As with any innovation in dentistry, the GDC needs to satisfy itself that patients are protected and that our registrants apply the Standards for the Dental Team to this emerging context of dental practice.
- 1.6 In February 2020, the GDC issued a statement on remote orthodontics emphasising the importance of face-to-face interactions with patients to support treatment planning and valid consent. The statement also made a commitment to continue to gather evidence about the potential risk of harm to patients from direct-to-consumer orthodontics and other forms of dental care offered remotely.
- 1.7 In December 2019, Council noted the emerging questions surrounding remote orthodontics in the horizon scanning item and requested subsequent updates in its March 2020 meeting. This paper provides Council with an update on progress made to date on the assessment of and development of an organisational position on remote orthodontics.

2. Summary of progress to date

- 2.1 We have made contact with providers of remote orthodontic administrative platforms in the UK in order to make sure we have a full understanding of the services they are providing and their approaches to delivery.

Clinical input

- 2.2 In order to gain a fuller understanding of the clinical considerations raised by remote orthodontics, we have sought internal clinical advice from the Senior Clinical Dental Advisor. Through discussions we have pinpointed the areas of particular risk in orthodontic treatment, and how those risks are mitigated in a traditional face-to-face treatment setting and developed our understanding of whether and how these risks can be mitigated in a remote setting.

Research and evidence

- 2.3 To inform our thinking we are commissioning an expert to do a rapid scoping of remote dentistry/orthodontic literature, looking at what evidence/research currently exists, including international examples. In particular, the work will consider existing evidence of the risk of harm to patients posed, how remote dentistry can be effectively regulated to mitigate potential harm, how education and/or CPD can work to mitigate and or prevent risk of harm, and any benefits to dental health and patients.
- 2.4 We have issued a Request for Quotation for this work and anticipate the final report in October 2020.

Wider policy questions

- 2.5 The question of remote healthcare is becoming increasingly prominent during the current pandemic crisis. Already we are seeing dental healthcare providers starting to make use of remote platforms in order to facilitate and maintain patient access to dental services. The GDC is considering the issue of direct-to-consumer orthodontics within this context to ensure the innovation and patient benefits being seen in other healthcare settings is also translated into dentistry, whilst maintaining patient protection.

The boundaries of the practice of dentistry

- 2.6 Some of the questions that have emerged from our consideration of the remote orthodontic patient journey relate to whether certain parts of the process constitute the practice of dentistry (e.g. intra-oral scanning for the purposes of creating an aligner). We are also considering where the boundaries of the practice of dentistry lie in respect of other treatments/services (e.g. intra oral scanning for the purposes of making a custom-made

mouthguard). We anticipate that continued innovation in dentistry, and in particular cosmetic dentistry, will mean that we need a clear framework for determining what constitutes the practice of dentistry. We have begun to develop this framework, and intend to share it with Council in Q4.

3. Equality, diversity and privacy considerations

- 3.1 Whilst ensuring the GDC's approach to teledentistry and remote orthodontics protects patients is the primary concern, our position must take into account the innovation happening in dentistry and in healthcare more widely, particularly the increasing use of remote platforms to facilitate access. With the pandemic continuing to impact traditional forms of interaction, we must be alive to the benefits of remote healthcare, particularly for those with a disability.

4. Resource considerations and CCP

- 4.1 Funds to support our research efforts have been allocated from the research budget (c. £10,000) in this financial year. Further research, if required, will be commissioned as part of a comprehensive research activity in the 2021/22 budget included in planning for the reform programme (currently subject to approval).
- 4.2 Staff time has been allocated to this work within planned activities for this year in the CCP.

5. Monitoring and review

- 5.1 This work forms part of the wider programme of regulatory reform and will be subject to monitoring and review through the PMO. It is intended Council will be involved in monitoring and review of progress and next steps in December 2020.

6. Next steps and communications

- 6.1 We will continue to build our knowledge base on the potential impact of teledentistry and direct-to-consumer orthodontics, and particularly any risks it poses to patient safety.
- 6.2 We plan to bring an evidence-based proposed position to Council in Q4 2020, which does not preclude appropriate action prior to that, should evidence of a risk to patient safety emerge.
- 6.3 We are working with colleagues in the Communications team to develop a Communications plan which will include our engagement with stakeholders.
- 6.4 Further steps we will take to develop this position include:
- a. Continuing correspondence with providers of direct-to-consumer orthodontics;
 - b. Engagement with stakeholders, including systems regulators, representatives of the dental profession and patients;
 - c. Developing and refining the purposive matrix for defining the practice of dentistry;
 - d. Assessment of the outputs of the commissioned rapid evidence review;
 - e. Public consultation on any new guidance that is considered necessary.

Appendices

- a. None

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