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LETTERS TO THE EDITOR

The Editor,
Australian Orthodontic Journal

Dear Sir,
Regarding the considerations being given to orthodontic education in general and to the aspects concerning "orthodontics for the general practitioner", several comments seem pertinent.

"Specialism" as a philosophy of the provision of oral health care services postulates that general practitioners should refer just about any malocclusion to a specialist who alone is competent to do more than "recognize" it. The most liberal interpretation of this philosophy in Australia, offers scarcely more scope and predicates that a general practitioner should live by some mythical code of behaviour titled "scope and limitations of orthodontic practices". It is mythical because it bears such little relationship to real live issues of individual patient care and it has been part of the orthodontic folk-lore which has sought to identify what the hypothetical general practitioner does or does not do with the hypothetical patient. Dealing in hypotheticals helps to solve few problems of efficiency and efficacy of orthodontic care, nor do they help much in the build-up of orthodontic know-how.

Perhaps, if any formal instruction is to be effective it must, to a degree, be able to short-circuit direct experience which in orthodontics is time-consuming. Yet it is impossible to envisage any orthodontic instructional process which would, or even should, enable the learner to avoid making and having to correct his own errors of clinical judgement, decision-making and management. The outcomes of orthodontic care are realised over significant time-spans but, more importantly, involve individual patients. The effectively functioning clinician, to be sure, uses but continually looks to refining general guiding principles. The anticipated improvements of orthodontic procedures come from evaluative "hindsight", which enables the practitioner to directly compare and relate the orthodontic principles to outcomes of individual patient care for which he has had continuity of responsibility. For a general practitioner to be at all effective in his necessary roles of orthodontic diagnosis and counselling of patients and parents, he must also be involved in at least some areas of orthodontic therapy, whilst having access to those more complex areas which he does not directly touch but leaves to the experience of specialists.

Dentistry has a social responsibility to provide comprehensive oral health care and, in a total social context this care should be widely available; but such is not the current situation in Australia. The incentives for general practitioners to provide any useful orthodontic services are as meagre as the capacities and concerns of the specialist for meeting "real need", that is, need arising from severe disfigurement and severe dysfunction associated with malocclusion. For socio-economic reasons the deployment of orthodontic resources is inequitable, so that a significant proportion of adversely affected people are denied access to appropriate orthodontic attention.

Looking at another facet of this problem, general practitioners have been judged and often judged themselves to be largely ineffective and inefficient in delivering basic orthodontic care, while specialists have tended to employ highly sophisticated approaches to the whole spectrum of malocclusion problems, and thus to tie-up significant time and other resources which should be earmarked more for those at the "needy end" of that spectrum. The foregoing analysis and argument suggests need for redeployment of professional manpower, and maybe the creation of graded expertise to cover the malocclusion spectrum as well as that other professional spectrum of motives, interests, aptitudes, knowledge, needs and expectations, which distinguish individual practitioners.

The issues and assertions about specialism and education which have been recorded here need further clarification and examination for their validity, at the same time providing a justification for a review of the present "state of the art" of orthodontic and dental education generally in Australia.

Yours sincerely,
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