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GRADUATE ORTHODONTIC COURSES*

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To complete this programme on Graduate Orthodontic Education, I have been asked to compare and contrast short courses that I have attended in Australia and overseas. Further, it is my intention to discuss certain aspects of the Australian Dental Association's policy on Specialisation, as it may apply to our specialty.

I have attended three courses overseas — all in the United States. These varied in duration from one to two weeks with the day extending from 9 a.m. to 5 p.m.; basically typodont technique courses each was directed towards a particular type of mechano-therapy. Lectures were given to cover the basic philosophy and principles, also case reports, to provide a forum for general discussion. The technical procedures and exercises were demonstrated in groups of about 8, each of which was under the supervision of a clinician who had extensive experience in the use of the particular technique.

At one of these courses, patients together with their actual case histories were presented. Many of these patients had been free from any orthodontic control for many years. The stability of the results were remarkable, and variations from records at time of discharge were minimal. These presentations were most impressive, and gave outstanding proof of the advocated treatment therapy. In addition, all course demonstrators tabled many case reports carrying full documentation, these were available for inspection by the students throughout the course.

In Australia during the last 5 years, 3 courses have been conducted with others mooted for the future. The introduction of these courses has marked a significant advance in Australian orthodontics, and must be recorded as an achievement for the Australian Society of Orthodontists. Further, the Society is doubtless extremely grateful for the help and co-operation afforded by the Universities concerned.

These courses were of the typodont technical type, presenting a particular treatment therapy. Lectures covered the basic philosophies and principles of treatment; also case presentations were dealt with in this manner. Typodont instruction and technical exercises were handled on a group basis under the guidance of an experienced clinical demonstrator. In my opinion, all courses were highly successful and achieved the purpose for which they were designed. Those on the teaching teams should be congratulated.

The two courses on the Begg Light Wire Technique were each of two weeks duration, while the refresher course covered three days. Dr. P. R. Begg was the leader of the lecture-demonstrating team, and was supported by experienced orthodontists from the United States.

The case records presented by these overseas visitors were outstanding. Irrespective of what phase of treatment, type of case or any question relative to treatment procedures, they usually had available case records to support their opinion, and illustrate the point. In addition, Dr. Begg tabled before and after casts of many cases, as well as having patients available to demonstrate the different stages of the technique.

A course on the Edgewise Technique was presented by Dr. Kenneth Adamson, and the edgewise operators practising in Melbourne. This course was of one week, and followed a regular pattern of lectures, seminars and typodont exercises. It was primarily of Australian content, and the group are to be congratulated on this, their initial effort. Doubtless, they have learned considerably, and we look forward with confidence to course number two. While overall case documentation left something to be desired, it was adequate on Australian standards. The open forum at the end of each day, and discussion on treatment planning for the cases presented by course members were extremely rewarding.

As mention has been made of case documentation and records, some general comments might be appropriate. This would appear to be a definite weakness in Australian orthodontics. Due to the stimulus provided by these short courses, and the A.S.O. Congresses, considerable improvement has been evident over recent years — one can look forward to the future with confidence.

In summation of this comparison, it would appear that our Australian courses compare favourably with those available overseas, and

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with experience gained from course presentation, those listed for the future will be at an even higher level.

Recently, the Australian Dental Association has promulgated a policy on specialisation, and I would like to review certain aspects of this, as it applies to orthodontics. The policy [1] which has been presented in detailed written form to members is very similar to those adopted by the F.D.I., many overseas dental organisations, many dental boards and the like.

The policy has five main sections:

1. Objective of Specialisation:

"The recognition of specialisation in dentistry serves to identify to the public and to the profession the practitioner who has special competence in rendering an exceptional service to the patient. A programme of specialisation may also serve to stimulate organisation, education and research in a particular area of dentistry."

This is in line with A.S.O. policy, and adds strength to the contention that those who hold themselves out as specialists must be readily identifiable by both the public and the profession alike.

2. Definition of Areas of Practice:

"When identifying such areas of specialisation, the following criteria should be satisfied.

(a) The area should have importance in the protection of the health and welfare of the patient.

(b) The area should be one in which the general practitioner has frequent need to refer patients in order to provide an exceptional service to the patient.

(c) The area should be one that calls for special knowledge and skills requiring intensive study and extended clinical and laboratory experience beyond undergraduate dental training, in order to perform services of a difficult or unusual character.

(d) The area should be one in which there is evidence that there is need for the full-time services of the specialist to meet a particular public need.

(e) The area should be capable of being reasonably defined in order to establish the qualifications required for practice in the special area, and to restrict the specialist to rendering services in a well-defined field."

Orthodontics has long been recognised as a specialty in dentistry and while its position in dental health care is changing, it can easily satisfy the requirements.

3. Obligations of Specialisation:

"A specialist shall accept the following obligations:

(a) The primary purpose of the specialist is to render an exceptional service to his patient.

(b) The specialist may not announce himself as such unless he has attained the standards of education and competence which shall be required under the statutes of the profession and/or his community.

(c) The specialist shall announce himself as such only in one special area of practice.

(d) The specialist shall perform only those services which are within the scope of his special area of practice before returning the patient to the practitioner who made the referral."

The public, in accepting a specialist, expect from him a superior type of service; place themselves or their children completely in his care, and the decisions he has to make are vital to their future dental welfare. When considering the obligations with which an orthodontist is charged, each decision must only be finalised after extensive thought and a thorough examination of the facts.

4. Educational Requirements for Specialisation:

These are based on three principles:

(a) **Education** — The length of the period of formal education shall be prescribed, together with the minimal requirements for courses that should form part of the curriculum content.

(b) **Requirement for general practice** — a period of general practice shall be required as a pre-requisite of specialisation and the length of this period shall be specifically prescribed.

(c) **Requirement for experience in special area** — A period of experience in the special area of practice may be required as a condition of specialisation

1. A.D.A. News Bulletin No. 26, June, 1968.

in the area, and in such case, the length of this period shall be specifically prescribed.''

As our discussion for this Clinical Day is oriented towards Graduate Orthodontic Education, I shall return later to this section.

5. Recognition:

''The primary recognition of specialties shall lie with the Association, or an agency established by it for that purpose, and such recognition shall be at a national level. The secondary recognition shall be through legal statutes administered by the State Dental Boards. A common basis for primary and secondary recognition of specialties is essential, and continuing consultation should be established between the Dental Boards and the Association in order to achieve this end.''

Most specialist societies have given consideration to this question, and as you all know, our own Society has developed certain guide lines on this subject.

The State Dental Boards which recognise specialist descriptions have formulated their own policies on this question.

Returning to the section on Educational Requirements, I would like to discuss these under the following headings:

A. The duration of formal education:

This varies in duration from 12 months (in the United Kingdom) to 2 calendar years (in some American schools) and consideration is being given to increasing this period. While not attempting to state a definite period for this formal training, such should be based on the following principles:—

1. Adequate time to cover formal learning in the specialist field. This would be achieved by lectures, seminars, study assignments, essays, etc.
2. Adequate time to gain clinical experience. While the very nature of orthodontic treatment requires considerable time, the gaining of clinical experience may not be completely covered during the formal course, but may necessitate a period of part-time supervision.
3. Allow time for a research project. These types of projects should be an integral part of any graduate education programme, and should be carried out under the guidance and direction of an experienced teacher.
4. Must not be overtrained. With a five-year undergraduate course, after six years of secondary education, the overall time factor must be strongly tempered by reality. While we must all make some sacrifice to gain education, such must not be too demanding, otherwise the ultimate remuneration for a specialist would place his services outside the financial reach of the community.
5. Provision must be made to enable graduate students to maintain themselves during the course. While initially the graduate student will have limited ability within his specialist field in the later part, his professional services should be utilised. Appointments of a part-time nature within a teaching hospital should be considered.

B. Methods of Teaching:

1. Theoretical material:

(a) Lectures in the specialist field to advance the graduate student from the level of his undergraduate standard;

(b) Lectures in other adjacent fields of study, e.g. anatomy, physiology, growth and development, etc.;

(c) Seminars, discussion groups, projects, etc., on the specialist and associated fields.

2. Clinical:

(a) Treatment approach should be based on one treatment philosophy and its associated form of mechano-therapy technique. This technique must be closely followed and applied, individual variations, as utilised by differferent clinical demonstrators must not be introduced. Cases of significant clinical difference must be treated by each student and each must observe cases under treatment by his fellow student.

(b) When the students have gained a clinical experience in their basic technique, other techniques should be introduced. These should be under the guidance of experiencel clinicians.

By following this approach, the student will be grounded in one technique, as well as being exposed to other treatment procedures, thereby allowing him to evaluate each approach. It is

extremely important that patients under treatment with one approach should not be integrated in the clinic with those under another form of therapy. As the student gains experience and competence in the basic technique, variations by experienced clinicians may be introduced.

C. Teachers:

1. **Course Director:**

Depending on the number of students, such person may be full or part-time — very preferably the former, but in either circumstance, the demands on him will be somewhat different to those required by under-graduate students. Such requirements might be listed:—

(a) Knowledge in depth of Dentistry as a whole and as a complete Dental Health Service.

(b) Knowledge (theoretical and clinical) in depth of the particular specialty.

(c) Ability to analyse, evaluate and present different theories, philosophies, and techniques.

(d) Ability to apply clinically such theories and philosophies.

(e) Be able to provide study lines for graduate students.

(f) Direct research projects.

(g) Instil in the graduate student the highest ideals of service within the particular specialist area.

The Course Director must have adequate time for preparation of material, his own study and his own research, and most importantly co-ordinating his part-time teaching personnel.

2. **Part-time Personnel:**

(a) Those required to present specific subjects, e.g. anatomy, physiology, etc.

(b) Lecturer-Clinicians. These would be used for specific purpose within the specialty, one factor here is of paramount importance — they must be under the direction, guidance and control of the Course Director — the degree of liaison must be excellent.

In submitting the above suggestions, I do so as a non-professional dental educator, fully realising that their application will present many problems.

D. Requirements for General Practice:

It is generally accepted within the health services that there is a tendency towards over-specialisation, whereby "the patient as a whole" is not considered.

It is essential that any specialist should have a full understanding and appreciation of dentistry as a complete service — it would appear that experience in general dentistry would be the most satisfactory method to gain this understanding.

By reviewing the sections in the policy on specialisation and applying these to orthodontics, I have endeavoured to outline the principles on which a graduate orthodontic programme could be developed.

While in the establishment stages, there may be short-comings, and some temporary compromises, I am convinced that by co-operation, co-ordination and the desire to make a graduate programme function, success can be achieved.

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