Orthodontics used to be a technically demanding profession. Prior to the advent of preformed materials, the clinician had to fabricate bands and attachments chairside and form three-dimensional archwires tailored to the needs of the individual patient. Following the introduction of preformed bands and archwires plus the advent of acid-etch techniques, the process of banding has become much easier and quicker to accomplish. With that ease, the orthodontic profession has been broadened and the use of dental auxiliaries incorporated into clinical practice. Is it any wonder that idle dentists have seen an opportunity to provide a tooth-straightening service, given that the technical aspects of patient care are being assisted and provided by supply companies which utilise modern technology?

Contemporary treatment without fixed appliances is flourishing, and, at its most simple, only requires the taking of an impression. A service provider, in many cases, performs the diagnosis and devises a treatment plan. For successful treatment, it is imperative that visual treatment objectives are carefully assessed for feasibility and the patients closely monitored throughout care.

It is not such a great step, therefore, for the ‘middleman’, the clinician, to be removed and for companies to start marketing and providing an orthodontic service directly to the public. Direct service has just started to enter Australia, after making considerable inroads in the United States and England while generating concerned comment from those learned in the profession. Is it any wonder that idle dentists have seen an opportunity to provide a tooth-straightening service, given that the technical aspects of patient care are being assisted and provided by supply companies which utilise modern technology?

According to those proficient in its use, the essential ingredients of non-fixed treatment are an accurate impression, a realistic treatment plan and watchful clinical monitoring. Anything less usually heralds a problem. DIY treatment is not available in other dental disciplines, and is unlikely to be available in the foreseeable future, which arguably indicates that orthodontics must be easy!

The problems now facing orthodontists in Australia have significantly changed to national and even international concerns rather than parochial issues. There is a need to strongly differentiate specialists from other providers in the minds of the public, the insurers and the regulators. We need to not only maintain but improve the quality of services.

The Australian Society of Orthodontists has embarked on a campaign to reunify the profession into a single national body and it has now, for the first time, created a significant national marketing and online campaign to improve public awareness.

What do you think?

Craig Dreyer