Scottish Parliament Region: Glasgow and Lothian

Cases 200500179 & 200602372: An Orthodontic Practice, Greater Glasgow and Clyde NHS Board and NHS National Services Scotland

Summary of Investigation

Category

Health: Family Health Services, Dental and Orthodontic Services

Overview

The Ombudsman received a number of complaints from parents (the Parents) of patients at the Practice about delayed orthodontic treatment at the Practice. The Practice had advised the Parents that the delays were not the fault of the Practice but NHS National Services Scotland (NHSNSS) which must give the Practice approval to commence orthodontic treatment.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) there was a delay by the Practice in carrying out orthodontic treatment (*not upheld*); and

(b) there was a delay by NHSNSS in granting approval for orthodontic work to commence (*not upheld*).

Redress and recommendation

The Ombudsman recommends that the Practice and NHSNSS continue meaningful discussions to decide the circumstances where radiographs are required in individual cases which require prior approval for the Practice to commence orthodontic treatment.

The Practice and NHSNSS have accepted the recommendation and will act on it accordingly.

Main Investigation Report

Introduction

1. On 19 April 2005 the Ombudsman received a letter from one of the orthodontists (the Orthodontist) at the Practice which advised her, as a matter of courtesy, that the Practice had passed her contact details to the Parents whose dependents were waiting for approval for orthodontic treatment to commence. The Practice had been in discussions with NHS National Services Scotland (NHSNSS) for some considerable time seeking clarification of the criteria which had to be satisfied before approval to commence orthodontic treatment would be given. The Practice had exhausted all attempts at local resolution and had now advised the Parents to contact the Ombudsman to consider whether she could investigate their complaints.

2. From April 2005 the Ombudsman received in excess of 150 mandates from the Parents about delays in the approval for orthodontic treatment. In October 2005 it was decided that as all the complaints were identical then the best use of the Ombudsman's resources was to contact the Parents for additional information and to ask for permission to obtain copies of their dependents' dental records. Most Parents did not respond to that request and it was subsequently decided that the Ombudsman would investigate the orthodontic treatment provided to three dependents whose parents had asked the Ombudsman to consider their complaints. These are referred to later in the report as Patients A, B and C. Information relating specifically to their treatment is set out at Annex 2.

3. From an early stage in the consideration of this case it was apparent that if there was unreasonable delay in the Patients obtaining treatment then theoretically the responsibility for that could lie with the Practice, NHSNSS or both. Therefore, the issues which this investigation has considered are whether

(a) there was a delay by the Practice in carrying out orthodontic treatment; and

(b) there was a delay by NHSNSS in granting approval for orthodontic work to commence.

4. The legislation governing the Ombudsman's office's work requires a complaint to have been considered under relevant internal complaints procedures unless, in the particular circumstances, the Ombudsman is satisfied that it is not reasonable to expect that to happen. In this case, the complainants

had not complained through the formal NHS complaints procedure. However, due to the time which had elapsed since the events complained of, and because there was an uncertainty about where responsibility for the matters complained of might lay it was decided that it would be unreasonable to ask the complainants to formally complain under the NHS complaints procedure in the first instance.

Investigation

5. Investigation of this complaint involved obtaining and reviewing correspondence between the Practice and NHSNSS and obtaining their comments. I also sought advice from one of the Ombudsman's professional advisers, who is a consultant orthodontist (the Adviser). I made a written enquiry of NHSNSS.

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. The Practice and NHSNSS were given the opportunity to comment on the draft of this report.

Background

7. Most NHS dental treatment in Scotland is carried out by General Dental Practitioners (GDPs) who have contracts with their local Health Board in accordance with Terms of Service laid down in the National Health Service (Scotland) General Dental Service Regulations 1996 (as amended). If a GDP considers that a patient requires orthodontic treatment[1] which the GDP cannot provide the patient will be referred to a specialist orthodontist. Some orthodontistry is undertaken by NHS staff (in hospitals or elsewhere) some is undertaken by orthodontists (such as those in the Practice) who contract to provide services to the NHS in the same way as GDPs.

8. Health Boards do not monitor dental treatment carried out by practitioners or the payment of practitioners; this is done on their behalf, on an agency basis, by the Scottish Dental Practice Board (SDPB) and Practitioner Services Division - Dental (PSD) which acts as an executive arm of the SDPB. PSD is a Division of NHSNSS. The SDPB is governed by the SDPB Regulations (Statutory Instrument 1997 No 174 – the 1997 Regulations) and the functions placed upon

[1] Orthodontics is the branch of dentistry that specializes in the diagnosis, prevention and treatment of dental and facial irregularities. The technical term for these problems is 'malocclusion', which means 'bad bite'.

it by the National Health Service (Scotland) Act 1978, s.4(1) and s.4(1a). Paragraph 10(2) of the 1997 Regulations describes the functions of the SDPB:

> 'The Board shall, for the purpose of carrying out the duties imposed on it by these regulations, consider all claims for remuneration submitted for approval for payment and all estimates and may give or withhold approval as it thinks fit; and for the purpose of determining whether or not to give approval may ask a patient to submit himself for examination by a dental officer and may require the dentist to produce such records including radiographs and further particulars as it thinks fit.'

The functions of the Common Services Agency (the legal name of NHSNSS) are set out in paragraph 10.91 of the 1997 Regulations which states that the Common Services Agency shall provide the services of office accommodation and other facilities to enable the SDPB to carry out its functions.

9. When a GDP refers a patient to an orthodontic practice he or she will include such information as the reason for the referral; the GDP's diagnosis and an explanation of the patients' current dental state. This may include relevant radiographs taken of the patient's dentition as part of the previous diagnosis and treatment planning. The orthodontist will then examine the patient and forward a treatment plan and a request for approval to PSD. The orthodontist has to make the request for prior approval as without it PSD will not pay the fees for carrying out the treatment. The request may be accompanied by radiographs if it is felt clinically appropriate. If PSD reject a case for approval, the orthodontist has the right of appeal to the appropriate Health Board.

10. Carrying out a radiograph (commonly referred to as an x-ray) involves exposing the patient to ionising radiation. The Ionising Radiation (Medical Exposure) Regulations 2000 (Statutory Instrument 2000 No 1059 – the 2000 Regulations) implement for Great Britain most of the provisions of a 1997 European Council directive (the Medical Exposures Directive) which requires that all medical exposures to ionising radiation must be justified prior to the exposure being made. The Directive refers to two levels of justification: justification of types of practice and justification of individual medical exposures. Section 5(2) of the 2000 Regulations states that 'the practitioner shall be responsible for the justification of a medical exposure and such other aspects of a medical exposure as are provided for in these Regulations'. Section 6 states that 'No person shall carry out a medical exposure unless … it has been justified by the practitioner as showing a sufficient net benefit giving appropriate

weight to:

- the specific objectives of the exposure and the characteristics of the individual involved;
- the total potential diagnostic or therapeutic benefits, including the direct health benefits to the individual and the benefits to society, of the exposure;
- the individual detriment that the exposure may cause; and
- the efficacy, benefits and risk of available alternative techniques having the same objective but involving no or less exposure to ionising radiation.'

Information from the Practice

11. The Orthodontist said that the Practice had adopted the 2000 Regulations and put them into clinical practice. Between 2000 and 2003 the Practice had no problems with getting patients approved for orthodontic treatment where a radiograph had not been taken. In February 2004 a large number of patient forms were returned from PSD unapproved where a radiograph had not been taken. He said this apparently coincided with a new orthodontic adviser (the PSD Adviser) being appointed at PSD. The Orthodontist telephoned the PSD Adviser who said that all that was required was for the Practice to add 'radiographs not clinically indicated' on the form and the cases would be approved. However, when the Practice did so the cases were still returned. The Orthodontist took this to mean that the information PSD required for all applications was radiographs.

12. The Orthodontist commented that this was one example of how there were conflicting messages from PSD relating to the need for radiographs. He said that in April 2004 NHSNSS issued a letter to patients stating that all the clinician had to do was state 'radiographs not clinically indicated' or submit clinical photographs on the form and this would not result in approval of cases being delayed. At the same time, PSD stated to the Practice and Greater Glasgow Health Board (the Board) that a diagnosis and treatment plan was not considered 'safe and satisfactory' in the absence of a radiograph. Patients were recalled to have a screening radiograph taken and cases resubmitted to PSD for approval. From the radiographs, PSD claimed the presence of dental decay in many cases. The Practice carried out an audit with the help of the referring practitioners. The audit found PSD's claim to be unfounded.

13. The Orthodontist continued that in January 2005, the Practice asked the secretary (the Secretary) of the British Orthodontic Society to mediate between

the parties to try to find a resolution to the problem. The Secretary met with both parties and allowed each to present their grievances. This was then distilled into a report (which I have seen). At the Secretary's recommendation, the Practice began taking small bitewing radiographs for all cases to detect dental decay prior to orthodontic treatment. The Orthodontist said the Secretary's report found PSD's understanding of the guidelines to be outdated and their general approach unhelpful in dealing with both the Practice and the radiographic issue. He added that in February 2005, the Secretary wrote to the Chief Dental Officer at the Scottish Executive expressing his concerns that PSD's demands with respect to radiographs were placing patients at risk.

14. The Orthodontist said that in February 2005, the Practice was forced to adopt a policy of taking a screening radiograph of all patients wanting fixed orthodontic therapy, irrespective of clinical need. In May 2005 PSD, SDPB and the Board released a Joint Statement (the Joint Statement - see Annex 3) concerning radiographs in clinical practice. The Orthodontist said that the Joint Statement asserted that a case is 'unlikely' to be approved in the absence of a radiograph. In June 2005 the Secretary wrote again to the Chief Dental Officer raising grave concerns as to the contents of the Joint Statement and the fact that there had been no consultation with the recognised experts in the fields of orthodontics or radiology in its drafting.

15. On 5 August 2005 a meeting was held between staff of PSD, SDPB, the Board and the Practice. The Orthodontist said the outcome was inconclusive as basically NHSNSS wished a screening radiograph in every case. The Orthodontist said that at the meeting the Practice was threatened with disciplinary action unless it complied with PSD's wishes and took a radiograph in every case. The Practice maintained that a radiograph should only be taken if there was a clinical indication. Not taking a radiograph if it is not clinically indicated is not an abnegation of duty but represents an adherence to best practice as laid down by the current guidelines.

16. In April 2005, under pressure from patients and parents, to complain, the Practice requested the Ombudsman to look into the matter regarding the delays in approval and in correspondence relating to outstanding cases awaiting approval. The Orthodontist said that a great number of their patients had been waiting a considerable amount of time to get approval from PSD for orthodontic treatment. The Practice had attempted on many occasions to find out where patients could address matters of complaint. The Orthodontist felt that the

Practice had exhausted all attempts at local resolution.

Information from NHSNSS

17. On 9 December 2004 the chief executive of NHSNSS (the Chief Executive) wrote to the Practice. He said that the policy continued to be that cases submitted without what was considered to be appropriate information would be returned to the practitioner asking for further information. This was the standard procedure for all practitioners and prior approval requests and would continue with the Practice until the Board instruct NHSNSS otherwise. In addition the Chief Executive said that directing patients to contact NHSNSS, would divert resources from processing the Practice's cases as NHSNSS were required to investigate and respond to each complaint. The Chief Executive gave an assurance that patient protection was in the forefront of PSD's motives and was the primary concern when assessing treatment proposals. This was why PSD had sought further information and subsequently declined approval where they felt that not enough information had been provided to indicate that safe and appropriate diagnosis has been undertaken.

18. The Chief Executive told me that the SDPB and PSD have a clinical governance function in that they are required to ensure that practitioners carry out that treatment in accordance with the requirements of their Terms of Service and in accordance with the policy laid down by the Scottish Executive Health Department on behalf of Ministers. The Chief Executive believed that in regard to the matters brought to the attention of the Ombudsman, PSD were at all times acting in accordance with the legislation governing their work and function, including the requirements that the SDPB and its executive arm, PSD, should monitor the quality and appropriateness of dental care and treatment. He considered that PSD had dealt with the cases investigated timeously, appropriately and in accordance with best practice. Staff involved in clinical governance have contacted the Practice by telephone, in correspondence; in meetings and offered to visit the Practice to facilitate a sound working relationship and progress applications for prior approval efficiently.

19. The Chief Executive said the assertion that screening radiographs were required by PSD before granting approval was firmly rebutted. PSD's position regarding radiographs and the information required in the absence of radiographs is contained within a position statement issued in 2006 (the Position Statement) (see Annex 3). If information is supplied accurately then there would be no delay in approval being granted. The Chief Executive said

that a full review took place earlier this year (2006) to identify where practice could be improved and this had resulted in further developments. A pilot had been established whereby practitioners can receive orthodontic prior approval without sending in models or radiographs with approval generally being granted within five days. The Practice had accepted an invitation to take part in the pilot and were now participating. A new database had been constructed which retains readily accessible information regarding the dates that forms and correspondence are received and returned to practitioners. The database also facilitates ready access to the full treatment history for any patient including past caries experience. PSD had also consulted widely to ensure that its practices are in accordance not only with best practice and its duty under legislation, as agent of the Health Boards, but in patient's best interests.

Comments from the Ombudsman's Adviser

20. The Adviser said that the clinical responsibility for the issue of radiographs should remain with the practitioner, especially if appropriately trained, treating the patient and not with an administrative body which would not ultimately provide care for the patient. Clinicians who examine patients are responsible for the decision making processes in diagnosis. If the clinician believes there is limited benefit to the patient then he/she is the prescribing practitioner, who justifies or does not justify the radiographic examination and who would be liable for such issues under the 2000 Regulations.

21. The Adviser felt that NHSNSS would be exceeding their responsibility if there was a future issue regarding the over-prescription of radiographs as NHSNSS would not be seen as the prescribing practitioner. The Adviser continued that he assumed NHSNSS would monitor the treatment outcome which would clarify if the outcome of treatment was below the level expected from contemporary orthodontics and would clarify if the decision making processes of the practitioners are appropriate. (Note: In commenting on a draft of this report NHSNSS stressed the clinical governance role of the PSD Adviser in prior approval and said that it would be wholly inappropriate for the PSD Adviser to approve treatment if he did not consider that he had received appropriate or sufficient information to support a decision that the treatment was in the patient's best interests. I accept that.)

(a) and (b) Conclusions

22. It is clear that the problems between the Practice and NHSNSS stemmed from April 2004 when a number of cases waiting for approval were returned

from PSD to the Practice with a request for further information. I can accept that to return a large number of cases to the Practice would have presented them with administrative difficulties but equally if PSD felt there was insufficient information in the submissions then it was appropriate to return the submissions to the Practice. This led to ongoing correspondence between both parties and the involvement of others in an effort to reach a resolution. Matters escalated with the Practice complaining to NHSNSS and ultimately mandates were sent out from the Practice giving the Parents the opportunity to complain to the Ombudsman.

23. The Orthodontist has said that there were conflicting messages from PSD about the need for radiographs and has referred in this respect to various documents issued in 2004 and 2005. Having examined these documents I am not convinced that they conveyed conflicting messages. But I acknowledge that they were open to differing interpretations. For example, in his evidence (paragraph 14) the Orthodontist has referred to the May 2005 Joint Statement as saying that a case would be unlikely to be approved in the absence of a radiograph. This is not precisely what the Statement said but I accept that such an interpretation could be placed on it.

24. With the benefit of hindsight it can be seen that it would have been useful if the clear position statement which NHSNSS produced in 2006 (Annex 3) had been issued somewhat earlier. It also seems to me that in some respects in late 2004 and early 2005 positions on both sides became entrenched in a way that did not help achieve resolution of the matters in dispute or serve the best interests of patients. For example, the Practice chose to involve the Ombudsman's office rather than follow the established routes for appeals and complaints. Similarly, the Chief Executive's letter to the Practice (paragraph 17) inferred that if complaints were made this would delay treatment further. Patients who feel that they have experienced delays in treatment have a right to make a formal complaint and should not be concerned that to do so may result in further delays to their treatment.

25. While all of this was regrettable I have not found evidence that it led to any substantial delays in treatment in the three sample cases I have considered (see Annex 2). I note that in respect of Patient B, PSD sent reminder letters to the Practice which were not answered although the GDP records indicate that treatment was continuing. It is inevitable that delays will be experienced in cases where PSD have returned them to the Practice for additional information

as this could involve further dental treatment to be undertaken by the dentist. I note that PSD aim to grant approval within 10 days but this too would unlikely be achieved when additional information is required. The advice from the Adviser, which I accept, is that in the three cases selected there would have been a requirement to take radiographs. Therefore, for NHSNSS to request further information was appropriate. Accordingly, I do not uphold the complaints.

26. I am pleased to note that NHSNSS have amended their procedures and have started a pilot project relating to approvals and that the Practice is taking part.

(a) Recommendation

27. The Ombudsman recommends that the Practice and NHSNSS continue meaningful discussions to decide the circumstances where radiographs are required in individual cases which require prior approval for the Practice to commence orthodontic treatment.

28. The Practice and NHSNSS have accepted the recommendation and will act on it accordingly

23 May 2007

Annex 1

Explanation of abbreviations used

The Orthodontist	One of the orthodontists from the Practice
The Practice	An orthodontic practice in Greater Glasgow and Clyde NHS Board area
The Parents	The Parents of Patients at the Practice
NHSNSS	National Health Service National Services Scotland
Patient A	A patient at the Practice
Patient B	A patient at the Practice
Patient C	A patient at the Practice
The Adviser	The Ombudsman's orthodontic adviser
GDP	General Dental Practitioner
SDPB	Scottish Dental Practices Board
PSD	Practitioner Services Division – a Division of NHSNSS
The 1997 Regulations	The SDPB Regulations (Statutory Instrument 1997 No 174)
The 2000 Regulations 2000	The Ionising Radiation (Medical Exposure) Regulations 2000 (Statutory Instrument 2000 No 1059)
The PSD Adviser	Adviser employed by PSD

The Board	Greater Glasgow (now Greater Glasgow and Clyde) NHS Board
The Secretary	Secretary of the British Orthodontic Society
The Chief Executive	The chief executive of NHSNSS

Annex 2

Information relating to the treatment of Patients A, B and C

Dental/Orthodontic treatment chronology for Patient A

26 January 2005	Patient A examined at the Practice.
7 February 2005	Claim Form received at PSD.
11 February 2005	Form checked and assessed by PSD adviser (the PSD Adviser) and request made to the Practice for further information.
14 April 2005	The PSD adviser spoke with the GDP and a colleague and it was agreed the treatment was appropriate and approval to commence treatment was granted.
18 April 2005	The chief executive of NHSNSS (the chief executive) received a letter from the Practice regarding the time taken to approve the treatment. (Note this letter was included in a batch of standard letters issued by the Practice about delays in general.)

The Ombudsman's Adviser reviewed the dental records of Patient A. He said that Patient A appeared to have sound dentition with the exception of what appeared to be the absence of an upper right central incisor. The Adviser was unable to report the caries condition of the patient especially relating to the posterior teeth due to lack of documentation. However, the dentition that was visible looked reasonably sound. If this patient had presented to the Adviser for treatment he would need to be assured that the entire upper incisor tooth was missing and that its absence, if due to trauma, had not also affected adjacent teeth. A panoral radiograph (panoramic view of the teeth and jaws) would be inappropriate in the front of the mouth as it is poorly focussed and two small intra-oral radiographs would be indicated.

Dental/Orthodontic treatment chronology for Patient B

15 April 2004	Patient B examined at the Practice.
27 April 2004	Claim form received at PSD.
3 May 2004	Form checked and assessed by the PSD Adviser.
6 May 2004	The PSD Adviser dictated a note to the Practice requesting further information, including a radiograph if appropriate.
23 June 2004	Radiograph taken of Patient B.
13 July 2004	Radiograph received at PSD.
22 July 2004	The PSD Adviser wrote to the Practice suggesting that orthodontic treatment be deferred until restorative treatment had been concluded by the GDP. [Note Evidence in Patient B's GDP dental records reveals that treatment was provided on 30 June 2004 and 31 August 2004.]
13 December 2004	A reminder letter was sent from PSD to the Practice.
6 January 2005 to April 2005	PSD made enquiries of the GDP to establish present position regarding dental treatment.
9 May 2005	PSD adviser wrote to the Practice and sought clarification on what treatment was required.
11 May 2005	The Practice advised PSD that the application for approval had now been withdrawn as it had been decided to wait until GDP treatment had stabilised and the long term future of certain teeth became clear.

As regards Patient B the Ombudsman's Adviser commented that although there was no dental history, there is mention of a heavily restored left molar. A

radiograph would be appropriate to assess this and whilst bitewing radiographs (central projection on which teeth can close) would go some way to evaluate the extent of the lesion, a panoral in a child aged nearly 13 years might also assist in the overall evaluation of the health of the teeth. The Adviser said if this patient presented to him for orthodontic care, the presence of a heavily decayed molar would be sufficient justification for a panoral radiograph.

Dental/Orthodontic treatment chronology for Patient C

24 March 2005	Patient C accepted at the Practice.
30 June 2005	GDP carried out remedial dental work which allowed the Practice to claim prior approval from PSD.
11 July 2005	Claim form received at PSD.
2 August 2005	The PSD Adviser wrote to the Practice with an enquiry regarding a previous orthopantomographic film taken in 2003.
20 September 2005	PSD receive a response from the Practice.
21 October 2005	The PSD Adviser consulted with orthodontic consultant and it was agreed that treatment could be approved.
29 October 2005	PSD approve treatment.

The Adviser reviewed the records provided for Patient C. He said that again there was no dental history although there was a report that there were four teeth with potential radiolucencies (decay). This would justify further radiographic examination and if this patient presented to the Adviser he would request a panoral radiograph or bitewing radiographs. The Adviser felt that the photographs displayed that Patient C had a minimal orthodontic occlusion and no apparent skeletal discrepancy that would justify a lateral skull radiograph.

Annex 3

Extracts from relevant policy documents

Joint Statement between SDPB, NHSNSS and Greater Glasgow and Clyde NHS Board, issued in May 2005

Diagnostic Assessment

It is essential that comprehensive treatment plans are submitted which demonstrate that the orthodontist has thoroughly examined the patient and has undertaken relevant diagnostic assessments including establishing that a patient is dentally fit through:

- Assessment of dental caries (past and present);
- Assessment of the presence of periodontal disease;
- Establishing whether there are supernumerary or unerupted teeth present;
- Detection and assessment of any other dental pathology that may affect the treatment;
- Taking of study casts;
- Taking of pre-treatment clinical photographs;
- Taking of additional radiographs to those provided by the GDP where this is considered clinically appropriate.

The appropriateness of taking radiographs is an area, which is subject to differing clinical opinion, but it is unlikely that a practitioner could proceed with confidence in a complex programme of orthodontic treatment without the benefits of radiographic assessment.

Where radiographic evidence is not presented by the requesting orthodontist, it is likely that the prior approval request will be subject to a higher level of scrutiny than would otherwise be the case. Radiographs should not, however, be seen as an administrative requirement. They are an important element of diagnosis and treatment planning.

Submission of Requests

… Practitioner services normally aims to respond to prior approval requests within 10 days of receipt but this can only be achieved if there is a regular submission of requests and where all the information is available.

Requirement for Additional Information

Where additional information is required following examination of a prior approval request Practitioner Services will return the request to the referring dentist with a covering letter, which is explicit as to the additional information or comment required. To expedite the processing of request for the benefit of all dentists and their patients Practitioner Services will only respond twice to a prior request, which is considered inadequate. Thereafter the prior approval request will be formally rejected in writing and it will be open to the practitioner or the patient to exercise under regulation 34a to appeal such a decision to Greater Glasgow Health Board (now Greater Glasgow and Clyde Health Board).

NHSNSS Position Statement issued 2006

This document issued to clarify PSD's position regarding the radiographic examination of patients in association with treatment planning orthodontic treatment.

It is PSD's understanding that some practitioners may have believed, stated or inferred that approval for dental treatment will never be given unless radiographs are available when the treatment proposals are sent to PSD, that is not the case.

For the avoidance of doubt PSD's position is, and has always been, as follows:

> Prior to seeking approval and carrying out a course of orthodontic treatment the practitioner requires to carry out a thorough examination for which they can claim a fee. …
>
> Accepted sound clinical practice, in our interpretation, dictates that amongst other items included in that examination must be consideration and assessment of the patient's caries and periodontal status and susceptibility. Prior to embarking upon treatment the practitioner should be assured and also able to assure PSD, acting on behalf of the Health board as paymaster, that all active caries has been treated, the oral hygiene is adequate and the periodontal condition is stable. …
>
> Most orthodontic practitioners are of the opinion that in order to carry out such a thorough examination with a proper degree of skill and attention requires appropriate radiographs to be available, exposed either by the GDP or the orthodontist. Despite this, it is PSD's position, that radiographs should only be exposed in accordance with IR (ME) R and

that each case must be assessed on its merits before any decision to expose any radiograph is made. …

Therefore, PSD is perfectly content that if the orthodontist can give them an assurance that they have carried out such a thorough examination, including appropriate risk versus benefit analysis of radiographic exposure, which results in a legitimate decision that the required information can be obtained without radiographs then radiographs would not be required. However, given current opinion amongst orthodontic practitioners regarding the need for radiographs, PSD would require written details of how the orthodontist has reached the decision not to have radiographs available in all such cases. …

Succinctly, PSD's position with regard to radiographs is, each case must be assessed on its merits, radiographic screening is never appropriate and PSD would never require nor condone it.