

# **NATIONAL AGREEMENT ON A MINIMUM RECORDS DATASET FOR ORTHOGNATHIC PATIENTS**

## **Introductory statement**

The British Orthodontic Society (BOS) and the British Association of Oral and Maxillofacial Surgeon (BAOMS) have jointly agreed on and produced a minimum advisory dataset for the treatment of orthognathic patients. This advised dataset should be viewed as the *minimum* clinical records required. It will be kept under review and amended as more robust scientific evidence from future well constructed prospective research studies appear in the literature. The dataset should be viewed, therefore, as an ever-evolving process, which is regularly open to refinement.

Previous to the introduction of this dataset, clinical record collection for orthognathic patients was being carried out in a rather haphazard and incoherent manner with hospital departments having widely varying protocols. This orthognathic minimum dataset is an initial attempt to rationalise our record collection. It is also important that we, as clinicians, can justify why certain records are being collected. This should routinely be explained to the patient/parent as part of the overall informed consent process.

The Central Office for Research Ethics Committee (COREC) is aware of the introduction of this minimum orthognathic dataset. They have advised us that standardised clinical data collection on a national basis for surgical-orthodontic patients does NOT require ethical approval. However, the setting up of a centralised orthognathic database, either on a local or regional basis, and/or using the collected patient data for future research projects, would require both ethical approval and specific patient consent. The use of an orthognathic database for running audit projects would, however, not require formal ethical approval.

This document (in pdf format) is available to download from the College website as well as from the BOS and BAOMS websites. We hope that this short statement has answered member's ethical queries concerning the newly agreed minimum dataset. We would encourage our maxillofacial surgery and orthodontic colleagues to follow the advice stipulated within the minimum orthognathic dataset. An assessment of the level of compliance with this advised protocol will be carried out in the near future.

The Clinical Effectiveness Committees  
British Orthodontic Society  
British Association of Oral & Maxillofacial Surgeons