

IN BRIEF

- 81% of clinical dental technicians welcomed the prospect of statutory registration with the GDC, indicating that it would be likely to enhance their professional profile.
- 71% operated in organised business settings employing a number of other staff.
- Educational providers should be encouraged to initiate programmes of training to accommodate those who wish to pursue this career on a formal basis.
- Clinical dental technicians have the potential to make an impact on the provision of specific areas of oral care.

Activity and education of UK CDTs

Activity and education of clinical dental technicians: a UK survey **M. K. Ross,¹ R. J. Ibbetson² and S. Turner³**

ABSTRACT

Aims

This survey aimed to determine the clinical activity of clinical dental technicians (CDTs) in the UK and to establish their employment status, views of statutory registration and need for further education. Until 2006, this practise was illegal in the UK.

Materials and methods

A postal questionnaire was sent to 128 members of the Clinical Dental Technicians' Association (CDTA) who had agreed to participate in this study. Analysis was conducted using standard non-parametric statistical tests and quantitative techniques.

Results

A response rate of 54% was achieved. Qualifications in clinical dental technology from George Brown College, Toronto, Canada were held by 68%, with 16% currently undergoing training and 16% neither qualified nor in training. The majority (90%) owned a laboratory with 61% stating they had between one and four dental surgeries on site. CDTs with Canadian qualifications tended to provide a wider range of procedures, coupled with patient lists and recall systems, compared to those not so qualified. Eighty-one percent welcomed the prospect of statutory registration with 82% indicating that it would enhance their professional profile.

Conclusions

This small but significant survey gives some insight of the work which has been undertaken by CDTs for many years, albeit illegally. With appropriate training and education, and consequent GDC registration, CDTs will be in a position to make a positive contribution to the clinical care of patients.

EDITOR'S SUMMARY

The legalisation and registration of clinical dental technicians (CDTs) have been two elements of the advancing dental care professional story that have garnered far less comment than one might have supposed. Given that for years they were hounded by the General Dental Council for the illegal practise of dentistry and vilified by certain members of the dental profession as stealing their work, the legitimisation of CDTs has been remarkably a smooth transition.¹

This paper then prompts valuable questions about the ways in which CDTs see themselves as members of the dental team and how they might be sensibly and efficiently integrated into appropriate patient care. The fact that such a high percentage of CDTs own laboratories makes them directly comparable in business terms with many dentists and given that these premises also incorporate one or more dental surgeries the similarities are quite clear. Perhaps there is room for negotiation and integration at business as well as clinical levels.

Another element is the CPD that they might, and clearly do, undertake in order to help their integration into the profession. This is perhaps not so surprising given that those who are qualified have had to make their own way in finding, financing and achieving their credentials and so are likely to be motivated to continue that process. They are also, for the most part, likely to be self-employed and therefore in charge of their own destiny to a greater extent than some other DCP groups. To this extent it would be interesting to compare the enthusiasm of CDTs for CPD against that of other DCP groups as they too pass into registration, since the 'who pays?' and 'do I get time off?' questions will be raised long and loud from next August onwards.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 203 issue 10.

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1. Hancocks S. The laying down of towels (Editorial). *Br Dent J* 2007; **202**: 433.

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FULL PAPER DETAILS

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

Clinical dental technicians (CDTs) have worked in the UK for many years with there being tacit agreement amongst professionals that, until this year, they were practising illegally. Little is known or documented regarding the activity of CDTs in this country, and this survey was conducted to collect baseline information against which to measure progress and development of this profession. It was important to establish the extent of their qualifications, range of clinical services provided and their views on the future of their profession within the wider dental team. This research highlights the demand for formal UK-based education amongst CDTs, which will give rise to registered professionals able to contribute to the oral care of the population and create freedom of choice for patients.

2. What would you like to do next in this area to follow on from this work?

It would seem a logical progression to monitor developments in education and training, the registration process and the integration of CDTs into the wider dental team. It is also important to re-visit, from a qualitative perspective, CDTs' views on the development of their profession and on their personal practice. In addition, experiences and views of patients regarding CDTs should be sought.

COMMENT

Clinical dental technicians (CDTs) are a 'new' group of dental care professionals (DCPs) able, since 2006, to register with the GDC. The first cohorts to register have undertaken the George Brown College Diploma in Canada, and a formal assessment leading to a Diploma from the FGDP(UK) following a top-up training course which ensured the GDC curriculum had been fully covered.

The authors have undertaken the difficult task of getting information out of this group, most of whom have been working outside the law in the UK for a number of years. They report on the long process of bringing this group into the legal fold.

Not surprisingly, many of the respondents report undertaking tasks which, even after registration, will not be allowed, except with a dentist's prescription. Hearteningly, over 80% welcomed statutory registration and 85% received referrals from dentists. The paper reports that although they consider themselves up to date (and most qualified after 2002), most undertake CPD but would like more. Well-directed CPD could help their integration.

The paper reports, and I fully agree, that it is surprising that this one category of DCPs is the only one able to see and treat any group of patients without a dentist's prescription. They can see completely edentulous patients and make complete dentures without the patient seeing a dentist first.

There is some disquiet about this group of DCPs being allowed to register, but it took a long time for dental hygienists and particularly dental therapists to be accepted. I hope the dental profession will welcome these new professionals. My disquiet lies with the group reported in the paper to be between 500 and 1,000 strong, of denturists who continue to work outside the law. The profession should concentrate its concern on them, prosecuting where necessary, for being untrained and unregulated must surely put patients at risk.

The timing of this paper is apposite. It lifts the lid on the issues and I am pleased that Sheffield, Kings and the University of Kent are planning UK-based courses. We must welcome *registered* CDTs and involve them in our dental teams.

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