***‘A POWERFUL
ADDITION TO
ANY PRACTICE’***

Carl Fenwick, a Clinical Dental Technician & Dental Technician from Burnopfield, Newcastle Upon Tyne, was one of the first cohort of students on the RCS Diploma in Clinical Dental Technology and gained a distinction and the Dean’s personal award. This is his story.

I left school in Washington, Tyne and Wear, aged 15 with no real qualifications to speak of. I wasn’t interested in school and much preferred the company of friends. I had absolutely no idea what I wanted to do with my life and did not have any real focus until I started college at 18; even then I only thought a year or two ahead. Only now, aged 38, do I have a clear aim and career goal that I am working towards.

At 15 I started a Youth Training Scheme (YTS) at a printing firm but I left after a few months as it wasn’t for me. My careers officer mentioned a placement as a dental technician. I didn’t have a clue what one was but he said it was within a dental practice and you made false teeth in a laboratory. This sounded more appealing to me than working on a building site or in a factory so I went for it. I started at a dental practice in Sunderland as a trainee dental technician and served the remainder of my two year YTS there. I have very fond memories of working there but unfortunately was not kept on after the scheme finished.

I was encouraged by my family to apply to the three year BTEC course at Newcastle College to become a fully qualified dental technician. I was successful and enrolled in 1990 where I did quite well due to my previous YTS experience. Although I remember finding it difficult being disciplined with the written side of things, I still achieved a good mark after the three years.

So, after five years in total working and training in the field of dental technology, I started working on a self-employed basis at a local dental laboratory where I discovered the ‘joys and realities’ of being a newly qualified dental technician: very long hours (many a 24

hour shift) and a relentless workload day in, day out, seven days a week; pressure, pressure and more pressure! It proved to be a good learning base though as I learned how to become very quick at work and how to manage many things at once, something which every technician will be able to relate to.

After a couple of years I moved to Kevin Donnelly's laboratory. I had met Kevin during my training while on placement at the Newcastle Dental Hospital. He had decided to open his own laboratory and I ended up working there for five years. Working for Kevin was a lot different to what I had been used to; he was just as busy but the standard of work was much higher. I owe a lot to Kevin as he instilled in me the need to be meticulous and produce only your best. I took this with me when I left to purchase my own laboratory from Mr Brown, who was retiring. Mr Brown had a laboratory in Mr Haigh's dental practice and Mr Haigh went on to purchase another surgery in Burnopfield, where I live. I moved the laboratory to Burnopfield for more space – and I am still there!

PATIENT INTERACTION

I first began to interact with patients not too long after qualifying. Friends' parents would hear that I was a dental technician and would ask if I could make them some new teeth. I quickly resigned myself to the position of dental technician and the troubles and nominal perks that came with it; I did not envisage a time when clinical dental technicians (CDTs) would be accepted or have the ability to work legally in the surgery alongside the dentist.

I waited for many years for an opportunity to become a CDT, legally permitted to work in the surgery with patients, alongside the dentist. The only route for a long time was a course in Canada that cost £30,000. This was quite unworkable for me and beyond what I could afford.

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I read in the magazine of the Dental Laboratories Association (DLA) that there was a possibility of a course to qualify as a

of patient care to be available where it once was not. Patients are able to access many more CDTs legally and benefit from their expertise.

THE COURSE

I was accepted onto the Royal College of Surgeons (RCS) Diploma in Clinical Dental Technology at the KSS Deanery. Resigning my day job was not an option: I had bills to pay and had to support and fund myself and my family.

So, alongside working around 70 hours a week, I had to squeeze in a full time university course. I had to commute to Gatwick Airport from Newcastle, usually being up at 4am to fly down on the morning ready for a 9.30am start.

I am self-employed and if I don't work I don't get paid. There was zero funding available and I had to really cut back in order to pay for everything myself, particularly in the second year. I have since learned that there may have been an opportunity to apply for a student loan. In retrospect I am pleased I did not know this at the time as, although it was a struggle, I have completed the course without £25,000 worth of debt. The Deanery designed the structure of the course with the busy working schedule of dental technicians in mind. It consisted of 12 weekends of between two and four full days at a time plus around 20 hours a week on the computer completing work on the dreaded Electronic Personal Development Plan (EPDP). This was the instrument of torture for my fellow students and me; it had the ability to invade our homes and know whether we had been doing our homework or not *and* then report back to the Deanery with its findings. This, combined with the threat of being told off by the course's leading lady, Roxanna, ensured work was completed on time (usually!).

More than a qualification

This course was so much more than just a CDT qualification; many people on it had been involved in a fight for decades to try and get this course accepted, recognised and then actually taking place in the UK. Many of the people who had been involved in the fight were now in

CDT starting in the UK. There had been many rumours over the years among technicians and no-one ever thought it would happen, but a rumour of a course at the KSS Deanery (the NHS Postgraduate Deanery for Kent, Surrey and Sussex) didn't seem to go away.

I phoned up and put myself on the waiting list so that if anything came of the rumour, I would be contacted. I was kept up-to-date with the developments as they happened by email from the KSS and when it was confirmed that the course would be able to go ahead, an application was sent out to me. The application required me to explain my previous experience of working

as a CDT, all of which would be disposed of once the Deanery had decided whether I was accepted on to the course or not.

It is not for me to comment on the reasons why a UK course for CDTs was so long in the making or the reasons behind it; that is in the past. I would like to praise the inspirational and life-changing forward thinking shown by the General Dental Council (GDC) and the determination shown by Professor Stephen Lambert-Humble and his team to do everything in his power to introduce a course which means so much to so many people. The combined dentistry powerhouse has enabled a whole side

their late sixties; they really did not need to put themselves through the strain of all the studying and work as they were nearing their retirement *but* as a matter of principle, professionalism and just plain determination to see it through and achieve a status which had eluded them for so many years, they went the extra mile and ultimately succeeded. A special respect *should* be and indeed *is* reserved for those students! They know who they are!

microbiology, cross infection, radiology, data protection, teamwork, emergency drugs, medical emergencies, surgery routine, gerodontology, conducting audits, law and legislation, oral pathology, recognising abnormalities, oral cancer, referring patients, promoting oral health, smoking cessation, how to deal with patients professionally ... the list really is endless. None of this would have been possible without Professor Stephen Lambert-

(no such thing!), supplying new dentures direct to the public along with bleaching, relines, copy dentures etc. This is something that the profession seems to have turned a blind eye to for many years but personally speaking I think it's something that needs addressing urgently for the safety of the general public. Patients see us as dental professionals: people who have been trained and are proficient in their field. When a patient comes to you wanting a denture they

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The student numbers were initially over 90; this was split into regional groups of around ten enabling us to keep in touch and work together. The ages ranged from mid-twenties right through to 65+ with a good mix of male and female.

The course was *not* to show you how to make dentures; the Deanery already knew we were proficient in doing that, although we did get a few pearls of wisdom and master classes along the way. What it *was* designed to do was take a large group of practising dental technicians, made up of many frustrated, political, opinionated, outdated and blissfully unaware people who thought they were all the bees' knees (some were!) and through the expert application of training and clinical knowledge, combined with the experience from some of the most respected dental brains the country has to offer, bring us back down to earth with a bump, show us the error of our ways, teach us how to *reflect* on our actions, work together and then build us all up into professional clinicians, within two years. No easy task I can assure you ... but they did it!

A steep learning curve

As we trained we worked with patients and had to meet strict criteria. More and more of us started working in dental practices for the first time, implementing the things we were being taught. It was a huge, stressful learning curve for all the students but at the end of the course we had changing beyond recognition.

Over the two years we learned a vast amount on the following subjects, most of which I had little or no knowledge about previously:

Humble and his fantastic, inspirational team that he had handpicked.

The team gave us the belief and confidence to believe that we could achieve our aims and helped each and every one of us achieve our maximum potential. The increase in knowledge, confidence and ability enabled us to hold our heads up high. I have to admit that my new appreciation for further education has given me a whole new respect for dentists and other professionals. Up until this course I had been an 'average Joe' technician with the same hang ups and issues as every other technician in the country. I realised just how great a depth of knowledge and experience dentists have. This has been further reinforced since qualifying as I now work with some fantastic dentists who inspire me and help me to improve my skills every working day (true teamwork).

THE FUTURE FOR CDTs

I would hazard a guess and say that as it stands now, pretty much every dental technician will work directly on patients in their laboratories at some time and in some way, either carrying out bleaching, repairs, the odd denture here and there, adding teeth to dentures or tightening them up by relining them. Some may have taken it even further and set up surgeries etc. Over the years I have seen most things and heard the reasoning behind it, however, there is a general reluctance for people to whistle blow on dental technicians.

One look at your local yellow pages or a search for 'new dentures' on the internet will bring up many dental technicians advertising themselves as things like 'denture specialists'

have the utmost right to expect you to have their best interests at heart and put their safety first at all times and we do. We have been trained in recognising abnormalities, oral cancer, referring patients to other professionals, data protection, cross infection, surgery routine, record keeping, radiology, law and legislation, scope of practice and many more. The problem occurs when illegally practising dental technicians are treating patients, they are quite simply not trained to do it; it is dangerous, unprofessional and should not be tolerated by the dental profession. Technicians have now had four opportunities to get onto a CDT course in the UK in the last two years. Those who continue to work illegally should be aware that times are changing and changing fast.

Making a quick denture illegally to fit into a patient's mouth seems an easy way for technicians to make some extra money, cash in hand, however, they need to realise how unprofessional, irresponsible and downright dangerous their actions are to the patient. They are in breach of their scope of practice and their duty of care to name but two things. Their registration is also at risk if found guilty of illegal practice, not to mention the large fines being handed out.

Integration and networking

I believe the way forward for CDTs is for them to be *recognised*, accepted and integrated into dental surgeries throughout the country and Ireland. We realise we may have to prove ourselves to some as we are somewhat of an unknown entity to many dentists, but we can add huge experience and value to dental

COVER STORY

practices. We are incredibly experienced (it takes five years to become a CDT) and proficient in our field, highly trained, have excellent patient communication skills, work brilliantly as part of a team, are professional and always put the patient's interests first and foremost.

I encourage all dentists to make themselves aware of the CDT's role, scope of practice and position within the dental team, as the CDT is a powerful addition to any practice.

I urge dental technicians to drop their guard, work together and network, network, network! The benefits are enormous. Throughout my course I have been fortunate enough to become friends with what I consider to be some of the best CDTs in the country. I regularly speak to around ten of them on the phone every week for a catch up and, alongside the course, I have improved, benefitted and learned more from them in two years than in my previous 21 as a dental technician.

I am a member of the British Association of Clinical Dental

Technology (BACDT), an organisation that does good work for dental technicians and clinical dental technicians.

We have started an Alumni which we believe will be one of the leading organisations for CDTs. It is non-profit, controlled by its members and has one purpose only and that is to work with the best dental brains and provide a structured learning programme to enable CDTs to be the first to know about and receive the most targeted, useful, hands-on and practical training. The Alumni will be run side by side with the KSS Deanery. I am on the committee and together with other fellow students of the first cohort on the RCS Diploma course, we aim to focus as a group on our career development and continue to advance our specialised clinical and technical knowledge.

Beyond graduation

Our graduation from the RCS Diploma will take place in March 2012, and we plan to celebrate in

style with a black tie dinner. After that I hope to complete a third year of study to gain my BSc in Clinical Dental Technology.

I want to be involved in the training and mentoring of future dental technicians, helping them become CDTs, so for this reason I have also enrolled on the FGDP mentoring course. The KSS Deanery asked me and two other students to give a talk to the second cohort on the RCS Diploma course on their first induction weekend and I hope this involvement with the KSS Deanery team will continue. I have also been asked to speak for the Northern Deanery to a group of dentists and technicians. If I can inspire other dental technicians to become CDTs and become more involved with dentists and develop their technical and clinical skills I will feel as though I have achieved something. If I am successful in my ambitions to be involved with training and mentoring the CDTs of the future, I intend to specialise in implant work, in particular Ivoclar's BPS and the Gerber System. I have already purchased these systems and intend to become totally proficient in their use.

'THE TEAM GAVE US SELF-BELIEF AND THE CONFIDENCE TO ACHIEVE OUR MAXIMUM POTENTIAL.'

Carl would like to thank Dr Charlotte Stilwell, the administration team at the KSS Deanery, the tutors, consultants and speakers on the RCS Diploma course, his fellow students and all of their families for their support; and above all huge thanks to Professor Stephen Lambert-Humble.

On behalf of everyone involved in the RCS Diploma course, Carl would also like to pay special respect to Mr Mark Brenman who passed away during the course. 'In just one presentation, he built confidence and belief into over 90 dental technicians and made a whole room feel like they wanted to be a true professional.'

The KSS Deanery

The KSS Deanery is currently running a second RCS Diploma in Clinical Dental Technology course, which began earlier this year. Parties interested in future courses are advised to check the KSS Deanery website: <http://kssdeanery.org/>

Dentists interested in working with a clinical dental technician can email Carl Fenwick and Carl can provide details of a CDT local to their practice be it in the UK, Ireland or even the Channel Islands: carl@fenwickdental@yahoo.co.uk.