"Dentures? - pleased if someone else can take them off our hands"

The putting down of towels

At the beginning of next month a unique event will take place in Coventry in the form of the World Symposium on Private Dental Technology and Denturism. It has never taken place here before because until last July Clinical Dental Technicians (CDTs) or denturists, as they were previously known in the UK were undertaking the illegal practise of dentistry.

So, should we rejoice or bury our heads in the sand? Primarily the issue with CDTs is one of territory and livelihood. We all feel threatened when our territory is violated, it is natural and human. It is why we get so angry when someone else steals our parking space, when fellow holiday makers sneak down to the swimming pool early in the morning and lay their towels out to stake their space.

In the past the denturist was hunted down by the cavalry of the General Dental Council. 'Bravo' we all cried as, somewhat rarely one has to admit, a hapless transgressor was hauled in front of a local magistrate for providing a denture and found guilty of the illegal practise of dentistry. The ensuing usually rather modest fine was presumably soon repaid by hiking his or her private fees up a notch for the next couple of months and the matter quickly forgotten. But justice was not only being done but being seen to be done. Very important. The irony was that when one asked colleagues whether they liked making removable prostheses for their patients many expressed their attitude at best with a curl of the lip and a shrug of the shoulders and at worst with a down right demonstration of disdain. Dentures? - pleased if someone else can take them off our hands.

Let us consider for a moment whether such ambivalence has found expression elsewhere in our working environment. Surely we haven't had such a territorial attitude to other potential co-workers in the field of oral health care? Well, yes we have. Take hygienists for example. In many ways that is what a lot of dentists originally wanted someone to do; 'take' hygienists somewhere else. New Zealand, from where the idea of their role originated, America where they seemed to be happy with them, anywhere in fact away from here.

With time, attitudes have moderated and changed. A gradual realisation that not only can other members of the dental team undertake work that we are not especially keen on doing but that, with appropriate training and a working brief dedicated to specific tasks, they can provide care just as well, if not better because of their specialisation in that area. In releasing us from some of the more routine tasks it permits us the opportunity to undertake the more complex procedures for which we are trained, and which we probably find more satisfying in terms of our working lives.

There is a further aspect of the service previously offered by denturists that we also need to consider, and that is why patients attend them at all. They always charged private fees since as illegal practitioners they were not within the scope of the NHS, so it was not as if they were undercutting the prices that dentists charged or providing a cheaper service. The main difference may have been, and may still be, that patients attend precisely because CDTs are *not* dentists. In marketing terms, it is their unique selling point. It seems to make little sense to us that a patient would consider being treated by (previously) an untrained, unregistered person when they could choose the opposite in an upstanding member of the dental profession. However, we need to reflect upon the fact that it was one or more members of that said profession who rendered them edentulous in the first place and it may not have been an entirely happy procedure, or two, or several.

What effect this element of consumer choice has on the future of CDTs within dental practice or within the dental team remains to be seen. Like other DCPs, CDTs are now able to start, own and run dental practices, so may well end up employing dentists. Similarly they may take the road of independent practice, or rather, continue their road of independent (now legal) practice.

Our knowledge of the epidemiology of edentulousness also comes into play here. The percentage of the UK adult population that is edentulous has fallen from about 30% in 1968 to somewhere around 10% currently, and with a further modest fall predicted. So with the demand for full-full dentures unlikely to increase just how much work will there be anyway for our new found colleagues?

As with much else that is happening in the field of dentistry at the present time, the issue of CDTs will go through a period of adjustment. Whatever the outcome it would do us well to learn from our past experience with employing and interacting with DCPs in the workforce. Some amongst us will bury our heads but others will ponder further on the questions raised and possibly find ways to improve patient experience, oral health care and even, dare one suggest, practice life? A trip to Coventry next month could be time spent wisely on researching future trends.

Stephen Hancocks OBE
Editor-in-Chief

DOI: 10.1038/bdj.2007.355

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