Bench marks

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EDITORIAL

Out of sight, out of mind can be a hurtful thing and the social geography of the dental team has meant that in the past the technician has been the person least likely to have been considered as part of the immediate practice group.

The extent to which this changes with the mandatory requirement for technicians, as well as other DCPs, to register with the GDC by the end of this month remains to be tested. It is to be hoped that we may see an end to the previous situation in which technicians have been the ones often forgotten, albeit inadvertently, and frequently tagged-on as team members as an after-thought.

Registration comes at a difficult time for our technician colleagues and indeed for the entire UK dental laboratory industry due to a unique set of influences and evolving circumstances. Although their membership associations have been calling for many years for registration and the desired and assumed professional recognition that goes with it, the emergence of it as a reality is also bringing with it some nervousness. Continuing professional development (CPD) is one unknown for them and the ways in which they can integrate this into their work and further education may not yet be entirely clear. Certainly providers will emerge as they have for CPD for dentists but how far is CPD going to be able to be taken with technicians as part of the dental team? It is difficult to envisage how this may be possible except in very small areas of activity but we must endeavour to find ways of achieving it. An important first step may be the need to educate other team members more fully in the appreciation of the work, skills and crafts of the technician.

ECONOMIC CONCERNS

There are, however, more immediate economic concerns which have been brought about by the combined effects of the new NHS dental contract and the availability of cheaper laboratory work sourced from outside the UK. The advent of the new contract and especially the banding effect created by the unit of dental activity (UDA) has led to a change in prescribing practice by clinicians with a consequent steep downturn in demand for laboratory mediated items such as crowns and dentures. This was noted as early after the introduction of the contract as the autumn of 2006 and has shown little if any signs of recovery. Indeed it has led the Dental Laboratories Association to the House of Commons to lobby members of parliament and to embark on a campaign to raise awareness of the plight of its own members and their livelihoods. While the fallout from the newly released Commons Select Committee's report on the contract,

described as 'damning' by the BDA and others, may lead a way back from this situation, it will inevitably take some time.

Competition is ever present and has been growing in recent years, but not only from within the UK, or even the European Union (EU). Use of cheaper labour in countries such as China, Turkey and South Africa has led to dentists sending work abroad to help at least stabilise costs if not increase profit margins. The question of quality arises, as does the responsibility for those medical devices that transpire to be substandard to the extent that they are not fit for purpose or indeed fail. Cases in the USA of crowns from China found to contain high levels of lead caused a recent stir and although these were probably exceptional examples they serve to highlight the potential problems of shopping away from home. In a parallel instance, dental tourism holds similar possible pitfalls as are being widely discussed in the dental press and elsewhere.

To this end, the GDC is currently consulting on draft standards to ensure that all dentists, dental technicians and clinical dental technicians understand and are responsible for the decisions they make when commissioning or manufacturing dental appliances, with particular reference to those made outside the EU. The closing date for comments on these issues is 15 August 2008 (www.gdc-uk.org)

DISCRETIONARY SPENDING DOWN

The current economic downturn may well exacerbate this still further. With UK dentists now earning ever greater proportions of their income from non-NHS work and with a likely fall in available discretionary spending power by consumers, it may be that petrol, gas and food bills will need to be settled before choices are made on tooth whitening and veneers as well as other less obviously cosmetic procedures.

Set against this backdrop we need to consider carefully where we place our dental technical work and how we wish to be seen to be supporting our newly professionalised colleagues; or are judged that we are doing otherwise. It would be ironic indeed if as the dawn of their acceptance as a profession breaks, so too does their entire economic viability and perceived value disintegrate. We should be careful that we are acting in unison so that as and when the future begins to look brighter, which in the normal cycle of events it will, we do not turn round to find that a vital member of our team is absent and that the hitherto geographical remove is not just a short drive down the road but a country, a region or a world away.

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