

Summary of: Current trends in complete denture teaching in British dental schools

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FULL PAPER DETAILS

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Aims Against the background of the publication of the General Dental Council's interim report on undergraduate dental education the aim was to investigate current trends in teaching of complete denture construction to undergraduates in the twelve long established dental schools and to gather the opinions of lead teachers of complete denture courses regarding students' competence on graduation. **Materials and method** A questionnaire containing twenty-five factual questions and eight opinion questions was sent by email to the lead teacher in each of the twelve long established dental schools. **Results** Replies were received from all twelve schools. All schools teach complete denture construction although the number of cases students are required to treat varies from 5–6 to 1–2. Laboratory courses also varied in content and in most schools all technical work for patients was completed by technicians. Opinions varied regarding the level of competence achieved by students and their preparedness for Vocational Training. Three respondents thought students were adequately prepared, four thought they were, but with reservations and five thought their students were under prepared. The majority thought that the external examiner system, Teaching Quality Assessments and GDC visitations did not ensure GDC requirements for competence in complete denture construction were being met.

EDITOR'S SUMMARY

Complete dentures have long been the symbol of much more than the loss of the natural dentition. Identified as marking a transition in age, often social status and increasingly frequently of generational attitudes, the 'sea-side' souvenir mugs emblazoned with 'granny's pearlies' may well require deeper historical knowledge of 19th and 20th century oral disease patterns when such artefacts crop up on the *Antiques Roadshows* of the future.

The fall in the UK adult population requiring complete dentures from 1968, when it was over 30% to the most recent Adult Health Survey in 1998 (the 2008 version is delayed) showing less than 10% and now arguably lower still, also attests to a remarkable improvement in oral health. Nevertheless, this does still leave a substantial minority of patients, often disadvantaged in more ways than their oral health alone, who will continue to require the services of good prosthodontists with this particular skill set.

Whether this is currently provided and whether any such competencies are to be

nurtured in future dental undergraduate training seems questionable according to the results of this paper. Should the role be taken in future by Clinical Dental Technicians as they are now registered by the General Dental Council, the body which also oversees that same dental undergraduate training?

There are more fundamental questions thrown up here than the ability to craft good full/full dentures. For example, should dental education be more attuned to the changes in disease patterns and consequent predictions of treatment need? Does a future dentist need to be able to 'make' dentures? Does he or she need to excel at prophylaxis, fissure sealing or oral health education? Rather, are the skills required more to do with understanding the whys and the hows, while instead appropriately managing the dental team and the personnel specifically trained for these specialised items of care? Perhaps ironically, our ability to shape the future workforce and to provide the best services will yet be epitomised by the beside denture-mug of destiny.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 208 issue 5.

Stephen Hancocks,
Editor-in-Chief

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IN BRIEF

- Concern is raised that GDC requirements laid out in *The First Five Years* for competency in complete denture construction are not being met.
- The external examiner system, Teaching Quality Assurance and GDC visitations do not ensure standards laid down in *The First Five Years* are being met.
- There is no national plan for provision of complete dentures other than the haphazard coverage provided by the NHS.

COMMENT

The teaching of complete denture prosthetics in the United Kingdom has changed significantly over the last thirty years with a marked reduction in clinical experience. This has arisen rather illogically from the expectation that there will be fewer edentulous patients in the future. The reality is that although numbers may fall, the type of patient will require more expertise because of an ageing population. Surveys in the 1970s found the average undergraduate treated eleven complete denture and two immediate replacement complete denture patients prior to qualifying. Then most schools taught the use of heat cured bases, check record procedures and face bow recordings. Today there is anecdotal evidence from vocational trainers suggesting that removable prosthodontics is one of the weakest areas of recent graduates.

This study investigated the current trends in teaching complete dentures. Senior teachers from 12 UK dental schools were asked to complete an emailed questionnaire. Results showed that four centres treated up to 6 cases, four up to 4 and four 2 or fewer. In only one school did students complete the technical work for a patient, in another, work was taken to the try-in stage. Three schools used heat cured bases, one regularly used a face bow and the check record was used only occasionally. Half the schools provided experience of an immediate complete denture.

Opinions varied on whether students were adequately prepared to treat complete denture patients. Three schools

were fully satisfied with their students. Incredibly five schools felt their students were not adequately prepared for practice. None of the respondents identified an improvement. The majority of teachers felt that the current external examiner system, Teaching Quality Assessment and General Dental Council visitations did not ensure competence requirements in this field were being met.

Staff student ratios were examined and in those schools where fewer patients were treated they also had the poorest staff student ratios.

This controversial thought provoking paper concludes that many newly qualified dental graduates lack the clinical skills to treat the more demanding complete denture patient. With many senior practitioners and clinical dental technicians now practicing mostly privately there could be a large group of elderly edentulous patients who will find it difficult to obtain replacement dentures.

C.J. Watson

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The General Dental Council stipulates the competencies expected of new graduates in *The First Five Years*. The current interim report continues to include complete dentures in the list of required competencies. However, anecdotal evidence and personal observation caused concern that teaching of complete denture construction is being reduced to a level that makes it unlikely that competence is achieved at graduation. Anecdotally it seems that many vocational trainees do very little denture work and so any deficiencies are unlikely to be corrected.

As sometime has passed since the last survey of complete denture teaching practice we decided to survey all twelve long established dental schools to try to discover what is happening nationwide.

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

This is a difficult question to answer because it depends on how this report is received. If as we hope notice is taken off its findings then we may be in the happy position of being able to monitor progress and improvement. If on the other hand no notice is taken of this work then who knows?