The in-betweeners

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EDITORIAL

It may well have been that the nineteenth century parliamentary draughtsmen who drew up the original Dentists Act, upon which the current 1984 version is based, did so on a bleak mid-winter Friday afternoon. Alternatively they may just have been having, as the modern vernacular would have it, 'a laugh', or, as their contemporaneous style might have phrased it, a wry smile, for they defined the practice of dentistry to all intents and purposes as 'what a dentist does'. To be precise, Section 37 of the Act gives the full definition as, 'to include the performance of any such operation and the giving of any such treatment, advice or attendance as is usually performed or given by dentists...'

The bequest of this wording, folded into the curls of smoke rising from the drafting lawyers' clay pipes as they stood before the blazing fire in their Inns of Court all those years ago, is simultaneously astonishingly precise and ridiculously vague. It is nevertheless as important to us today as it was in its infancy as indicated by the research paper in this issue on the subject of clinical dental technicians (CDTs). CDTs, who were admitted to the GDC's register in 2008 and who number 230 (January 2013), previously practised illegally being dental technicians who provided clinical treatment mainly in the form of complete dentures. They led a strange and hunted existence. On the one hand they were despised by some dentists for taking work away from them whilst on the other they were left alone for providing prosthetic treatment that other practitioners would really rather have not been involved with. Meanwhile, from the patients' viewpoint they liked the denturists (as they were then dubbed) because they were not dentists. The dentists were the ones who had taken all their teeth out in the first place. Besides, since the patients had to pay privately they must have had some level of word-of-mouth recommendation and presumed satisfaction. For the GDC's part, they had to have a complaint lodged before they could proceed and then an individual who was prepared to appear in court for the prosecution. Consequently not many denturists were brought to justice and the GDC got a bad press for not doing enough.

DENTURISTS NO LONGER

The paper describes the ways in which the CDTs have fared in their newly defined, legitimate role and uncovers difficulties in their current professional relations as well as their aspirations for further changes to their scope of practice in the future. The story is full of twists and turns which serve only to emphasise

the in-between situation that CDTs occupy and which, to some extent reflects the position in which other dental team members, such as dental therapists, find themselves. This latter group have also had their working circumstances highlighted in recent research papers that we have published and on which I have commented previously. The similarities in both cases are that other members of the dental team do not understand their roles, skills and legal extents of practice (some dentists still believing them to be acting illegally) and the general public do not know what they do. Consequently, both groups feel under-utilised, wish for greater powers and suffer some degree of professional dissatisfaction. Although it has to be noted that some CDTs reported in this paper expressed great pride in their newly found legitimate professionalism.

Looking further forward it is pertinent to ask how the Office of Fair Trading's proposal to allow the public direct access to all registered dental professionals will impact CDT practice, in this paper the point is made that CDTs prefer that more difficult cases in terms of medical history and disability are treated by dentists. Will this also mean that they will become eligible to be NHS providers? It might seem logical except that for the most part they express little enthusiasm for this, questioning how dentists can possibly make a profit on dentures made under the NHS and describing them as 'loss leaders'.

One also has to wonder about the shrinking pool of full denture wearers as the levels of edentulousness fall as recorded by the series of Adult Dental Health Surveys most recently in 2009. This prompts the question about the expansion of CDTs into providing partial dentures, again an item for discussion as to whether this is logical progression, professional encroachment or good service provision. In between refers not only to the positioning of prosthetic teeth. As if all this were not enough there remains the extent to which undergraduates are still taught prosthodontics, both full and partial denture work, the quality of that training and the students' and young practitioners' appetite for this area of work.

Although the lawyers' broken clay pipes have been swept from the hearth and their flagons of porter are long dry the minutiae created by their overarching definition continue to give succulent sustenance for speculation and debate.

1. Leyssen W, Clark R K F, Gallagher J E, Radford D R. Developing professional status: an investigation into the working patterns, working relationships and vision for the future of UK clinical dental technicians. *Br Dent J* 2013; **214**: E3.

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