

LABORATORY

Christopher Sell
demystifies
the role of
the dental
technician

‘One patient cried because she didn't look like Liz Hurley.... And an 83-year old arrived clutching a photo of Catherine Zeta Jones.’



While we are all familiar with the work of the dentist, the enigmatic role of the dental technician has been somewhat obscured until now. Far from providing a peripheral function, technicians are intrinsic to any dental practice. Any fitting, from a crown to a denture, is inevitably the work of a dental technician. As London-based technician Simon Newbold says, ‘A dentist is only as good as the technical work he is fitting.’

There are approximately 2,700 registered labs in the UK with between 10-12,000 technicians of various levels and specialties such as orthodontics, prosthetics, dentures and crown and bridges. The dental laboratory is typically a small independent unit consisting of three or four technicians who all share the administrative tasks that invariably arise from running a lab – from acting as the secretary, booking in impressions and liaising with dental representatives to answering enquiries.

Richard Gidden (left), a technician from Oral Design, based in Marylebone, feels that, although a quiet day isn't ‘typical’ – he admits to often juggling four jobs at once – if a lab is organised and run along the same lines as a dentist then it is possible to keep on top of the invariably large workload. This

method of working includes booking work in and arranging times for collection, but seems to be the exception rather than the rule. ‘Some other labs take on as much work as possible and the inevitable result is that they are stressed, tired and their work suffers. It sometimes pays to say no to a dentist, regardless of how much they will pay,’ says Richard.

Richard is the lab's only ceramist – a highly skilled position which, at its simplest, is the painting of fittings, using a mixture of colours to recreate a natural looking object and hopefully make it look convincing. The creative element of the job affords Richard huge satisfaction, ‘It's a cross between science and art. At a basic level it is like pottery, we fire the piece and then paint it.’ Although as Richard testifies, one can never be assured of a satisfied patient, ‘One patient cried because she didn't look like Liz Hurley. In the space of four visits, she never mentioned that desire once,’ he said. Simon was faced with a similar problem when an 83-year-old patient booked an appointment and arrived clutching a photo of Catherine Zeta Jones...

While Simon and Richard's work is squarely in the commercial sector, those technicians employed in a public capacity can find themselves facing an altogether different set of challenges, as Paul Mallett,

Secretary of the Orthodontics Technician's Association, explains. ‘If you are comparing complex surgery plans, we interact with the orthodontist because we need to know what has happened with the presurgical orthodontics, with regards to what has been planned. We will get the impression and analyse it before liaising with the maxillofacial surgeon and, if needs be, go into surgery to oversee the operation and assist with any information the surgeon might need.’

Technicians may also find themselves dealing with an emergency situation, whereby a tooth has been knocked out and a splint has to be made, which means often having to create an impression ‘all dripping with blood’, take it to the lab, reposition the tooth, make a splint and fit it there and then.

While a technician's workday involves a lot of juggling of responsibilities, it is often compounded by under prepared dentists lacking relevant information for the patient at the beginning of their treatment, necessitating a visit to the dentist to clarify exactly what needs to be done. ‘One of the biggest problems is that you have to speak to dentists who are dealing with patients, and you cannot see them. A lot of time is wasted because the dentist hasn't got all the information at first,’ says Richard, who suggests that if the tables were turned, you would not see a dentist



rushing to the technician's laboratory. 'Differing opinion means that dentists feel that technicians should drop everything and come and see their client, whereas they would not consider doing the same for the technician.'

Paul, Richard and Simon all echo the same feelings with regards to the lack of understanding and respect shown to their profession resulting in a tangible 'us and them' feeling between dentists and technicians. While clearly things are moving in the right direction (registration bringing a much-needed boost to the industries image), the misconception that they do very little work is unjust and incorrect.

Paul explains, 'There is a lack of understanding of the amount of skill and knowledge that goes into being a dental technician. We are scientists in our own right. We have materials knowledge, we know a lot about dentistry – otherwise how could we be responsible for creating something that goes in a person's mouth, unless we have a good appreciation of oral structures. There is a bit of ignorance there.' Paul goes on, 'They may be an expert in orthodontics, but I'm delivering an expert technical service for people in orthodontics, prosthodontics, implantology, maxillofacial technology and body prosthetics.'

This is where the problem lies – under current legislation you do not need any form of qualification to be a dental technician. The result is technicians are consid-

ered second-rate workers, who exist purely to aid the dentist – a situation leading to some people in the commercial sector viewing labs and technicians 'as an expense to be minimised'.

Paul sees the registration of dental technicians as an absolute necessity if the profession is to be taken seriously. 'I believe that it is fundamental that technicians are registered. The public has this perception that to do anything within the medical field requires registration without question. I think they

would be aghast if they thought the people responsible for creating things that go in their mouths require no form of qualification.' On a personal level, Paul feels technicians on the same level as himself should go to college and get educated, in much the same way as he did.

Qualifications for the clinical dental technician have yet to be decided, whereas for a dental technician, a BTEC National Diploma in Dental Technology, SQA higher National Certificate in Dental Technology or Degree in Dental Technology awarded by Manchester Metropolitan University or the University of Wales Institute, Cardiff are needed to register with the GDC.

A dental technician's day is spent, effectively, working on prescriptions – only they are all individual, highly specialised pieces of work which require a high degree of skill and accuracy, to a tight time schedule demanded by dentists. This work must be carried out in between answering enquiries, putting together business plans or researching developing laboratory techniques.

Registration therefore is clearly a heralded and much vaunted change in the technician's world. It is a much-needed tool to establish a semblance of professionalism for a group of workers who often feel they have been ignored or misunderstood. The general view is many technicians have been working in a professional context for decades; it is about time they all subscribe to the professional way of working.

