Developing professional status: an investigation into the working patterns, working relationships and vision for the future of UK clinical dental technicians

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ABSTRACT

Aims To investigate the working patterns and patient base of registered clinical dental technicians (CDTs); their relationships with dentists and other professionals in the dental team; their willingness to work within the NHS and their expectations for the future as a new professional group.

Methods Face-to-face qualitative interviews of registered CDTs, selected because of their geographic representation and mode of working, informed the development of a postal questionnaire survey of all early registrants with the General Dental Council (GDC).

Results (Figs 1-5) The majority of CDTs reported working part-time, often combining clinical practice with their role as a dental technician. They reported both positive and negative working relationships with dentists and dental technicians, demonstrating collaboration and/or competition depending on whether the scope of CDTs was respected and patient care was shared or lost. CDTs' role in the NHS was limited because they did not have the status of becoming a recognised provider of dental care. There was a desire to expand their scope of practice in future.

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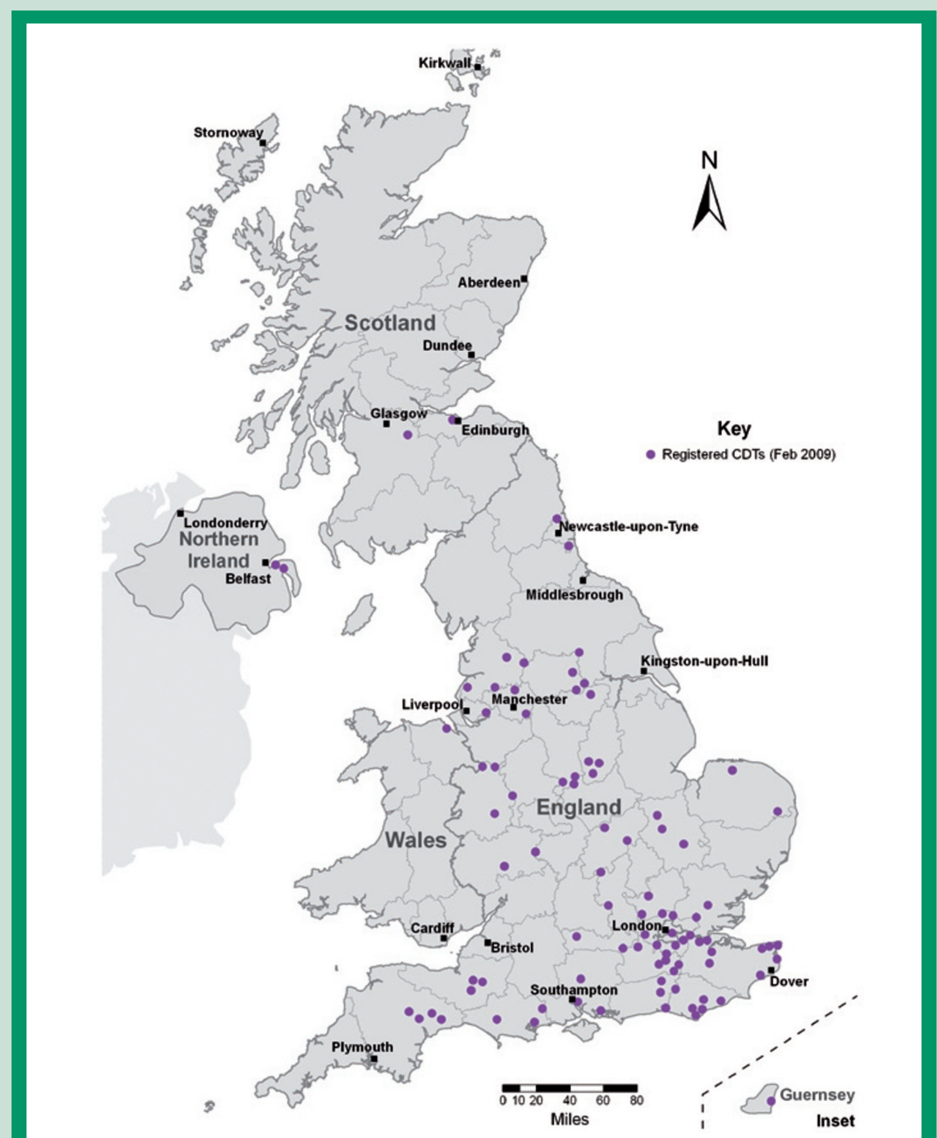

Fig. 1 Geographical location of registered CDTs in the UK (March 2009)

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> 'CDTs are embracing their new status as an occupational group within dentistry'

The professional relationship is also complex. While some dentists are happy to refer patients, others still regard CDTs as working illegally, while CDTs themselves are aware of dental technicians working outside the law as if they were CDTs. All of which is further confused by matters surrounding the provision (or not) of partial dentures as distinct from full dentures. Meanwhile other inconsistencies add to the conundrums. Where does this leave the prosthetic training of undergraduate dentists and why, if CDTs are now legal and registered, are they not considered eligible to be NHS providers, even if they wanted to be? These are early days still for this professional group and this paper highlights many of the issues yet to be explored, never mind resolved.

AUTHOR Q&A

1. Why did you undertake this research?

Over the past 15 years concern has been increasingly expressed that dental undergraduates have been receiving less practical experience in complete denture construction to the point that it has been suggested that some are not reaching a level of competence. The latest figures from the Adult Dental Health Survey and the Census indicate that at least 3.5 million people are edentulous in the United Kingdom. Registration for CDTs was opened by the GDC in July 2006 and just over 90 CDTs registered at the time of this research (March 2009). So it was felt that this was an opportune time to

Conclusion CDTs are embracing their new status as an occupational group within dentistry. Core features of becoming a professional group were exhibited including the importance of social and financial status and the need to negotiate their current and future roles in the healthcare system.

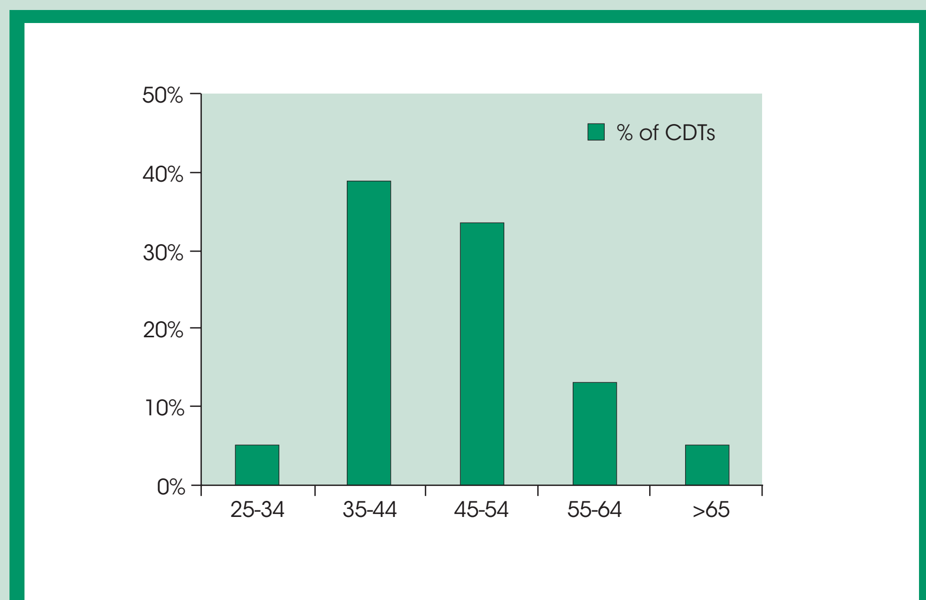

Fig. 2 Age of CDTs who completed the questionnaire (n = 39)

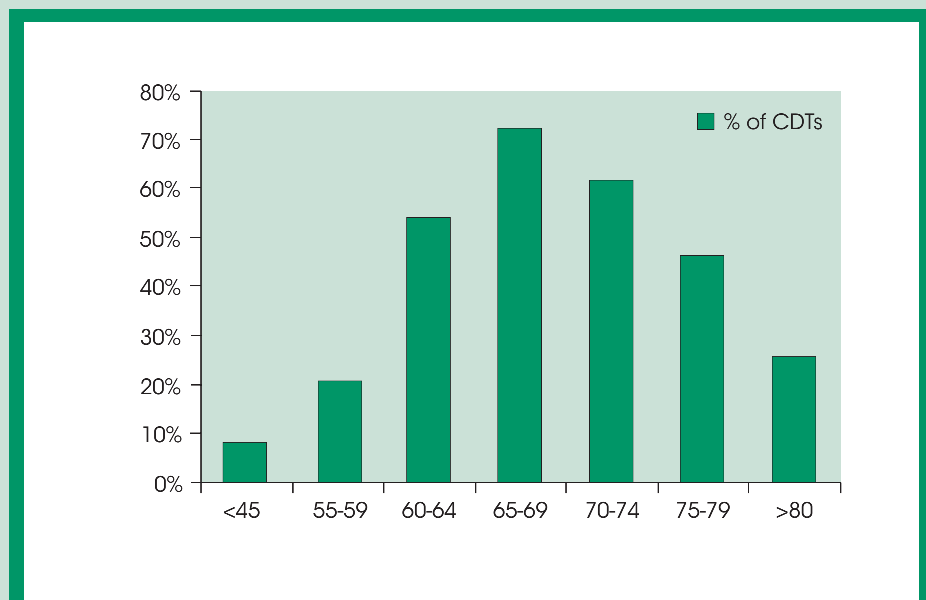

Fig. 3 Age of main groups of patients treated

SUMMARY

By Stephen Hancocks, BDJ/Vital Editor-in-Chief

In any walk of life, the introduction of a new person, group of people or professional group will always provide challenges as well as opportunities. While this is true in general, it is going to be even more the case in a situation in which the newcomers are a group whose activities have previously been illegal. Such is the instance researched here in relation to clinical dental technicians (CDTs) whose entry onto the GDC Register began as recently as 2008.

This important piece of research outlines many of the issues raised by the introduction of CDTs in relation to professional attitudes, patient contact and organisational elements that have not been comprehensively detailed elsewhere. While CDTs are clearly working in their chosen roles and feeling professional pride in doing so, much needs to be further discussed in order for them to provide as comprehensive a service as they might wish as well as the ways in which that fits within the current hierarchy of the dental team, the law and the organisation of dentistry in the UK. No small task.

One of the difficulties faced by CDTs, as we have witnessed in other research in recent times with other dental team members such as dental hygienists/therapists, is a general lack of understanding of their role and scope of practice. This is true of some dentists, and doubtless other team members if asked, as well as the public, meaning that far more education is required.

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investigate this group and how they were embracing the opportunities provided by their newly registered status.

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

Many of the initial cohort of CDTs to be registered had significant elements of their clinical training abroad. Now there are three UK diploma programmes recognised by the GDC. It will be interesting to see how the working practices of the two groups develop and to monitor their contribution to treatment of the edentulous population, particularly given the currently differing geographic distribution of CDTs and edentulous patients. As the numbers of CDTs builds up, it will be interesting to repeat this type of mixed method research to explore development of this group, their integration into the dental profession and their contribution to the provision of care to edentulous patients, which will be important for future workforce planning.

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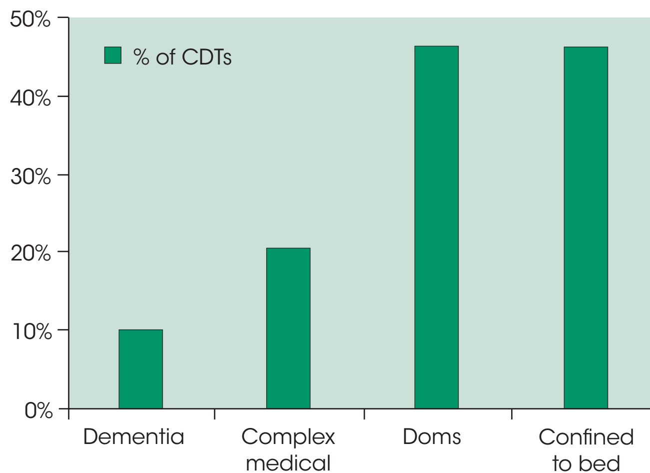

Fig. 4 Types of patients not treated by CDTs (n = 39)

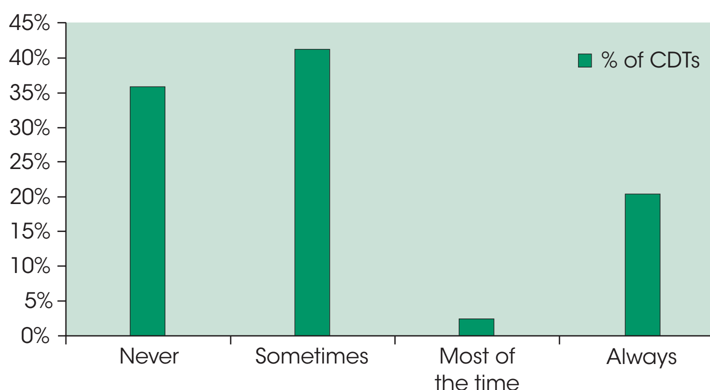

Fig. 5 Routine working with a dental nurse by CDTs (n = 39)

Independent commentary

By Stephen Lambert-Humble, Dean of Postgraduate Dentsitry KSS, Deanery and Lead Dean for DCPs

Clinical dental technicians (CDTs) are both one of the youngest, yet also one of the oldest of dental professional groups. In 1921 in the first Dental Act, a large number of the first 'dentists', effectively grand-parented onto the new register, were in essence 'clinical' dental mechanics or technicians.

This paper examines the first group of CDTs to join the new register when it opened in 2008. They were skilled dental technicians, who had all gained a professional CDT qualification in Canada, followed by a 'top-up' course delivered by Kent, Surrey and Sussex Deanery, to enable them to achieve their registrable qualification.

The paper is limited in its definitive conclusions by the necessarily small numbers, as there were only 90 on the GDC register at the time of the study.

The difficulties encountered by this pioneering group are outlined, as they move from being an illegally operating group to being registered clinical professionals. This includes developing new working relationships with other members of the dental team – especially dentists. This has proved difficult, partly because of their past history, partly because many dentists did not know they were now legal and partly because in many cases patients referred to dentists for a prescription, are simply not sent back. This is highlighted in the paper as 'shared jurisdiction'. CDTs currently need a prescription from a dentist to make a partial denture. This comes across as a big bone of contention for them, and is one of the issues of direct access.

It is clear from the paper that these first CDTs are really pleased to now be working in their chosen skill area in a legal framework.

The point is made that training in the making of dentures is slipping out of the dental undergraduate curriculum as the number of patients requiring dentures, especially complete dentures, reduces. CDTs cannot be direct contractors to the NHS for making dentures despite being able to see edentate patients without a prescription from a dentist. This means they broadly treat patients who can afford to pay. The paper reports that there are many patients in care homes that CDTs could and probably would treat if it were economically viable for them to do so. There are some four million edentulous people in the UK (6% of the population) and their quality of life could be considerably improved if they were able to eat better and they felt they looked better, yet they get little or no treatment.

This is an important paper describing the growing pains of this new profession based on the experiences of the first few to register. From my personal knowledge as the person who has managed the training of most of them, their professionalism and team-working is rapidly improving. This paper demands attention, and the study needs to be repeated in the near future to demonstrate that CDTs really have fully taken their place inside the dental team.

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