2020Health and The Dental Technician
Dental Technology: Securing the Future
Tuesday 1st April 2008

Committee Room G, House of Lords,
Westminster, London SW1A 0PW

In association with

2020health.org
# Contents

04  About this Publication
05  Executive Summary
06  Attendees
07  Welcome Introduction  Julia Manning  Host  Bob Hughes  Chairman
08  Setting the scene  Brian Schottlander

Part 1 - Registration

10  The Importance of Registration  Tony Reed
11  Winning Grassroots Hearts and Minds  Andrew Taylor
12  The Way Ahead  Tom Dunsmore
14  GDC Perspective  Duncan Rudkin
17  Discussion  All

Part 2 – Training, Education and Public Protection

25  The DLA Perspective  David Smith
29  The CDT Perspective  Chris Allen
31  Current Training Issues  Stephen Lambert-Humble
33  The Future and 2020  Bill Sharpling
35  Extending the role of the DT and the post-registration future  Barry Cockcroft
37  Discussion  All
42  Closing Remarks  Chairman & Host
About This Publication

This publication reflects the proceedings of the Dental Technicians Forum organised by 2020health.org and The Dental Technician on April 1st 2008 in Committee Room G, House of Lords by the kind arrangement of Lord Colwyn. Our thanks go to Bob Hughes, Chief Executive of the Association of Optometrists who chaired the event and both Duncan Rudkin, Chief Executive of the General Dental Council and Dr Barry Cockcroft, Chief Dental Officer for participating. We are also grateful to Joan Humble MP, Mike Penning MP Sir Paul Beresford MP for their involvement.
A recording was made of the proceedings, from which a transcript was produced. The main speakers had been invited to address the forum and time had been allocated for discussion with all interested parties who attended. A list of attendees is at the end of the transcript.

2020health.org and the speakers have not altered the text apart from minor adjustments for repetition, typographical and grammatical errors and formatting in order to produce a presentable report.

2020health.org is very grateful to the Editor of The Dental Technician, Chris Ritchie, and the Managing Director of Schottlander, Brian Schottlander for all their support in bringing the Forum together. We are indebted to all sponsors for their funding, on which we depend. As well as enabling our ongoing work of involving frontline professionals in policy ideas and development, sponsorship enables us communicate with and involve officials and policy makers in the work that we do. Involvement in the work of 2020health.org is never conditional on being a sponsor.

Julia Manning, Director
April 2008

www.2020health.org
2020health.org
c/o Professor the Lord McColl of Dulwich
House of Lords
Westminster SW1A 0PW

Published by 2020health.org
Executive Summary

Dental Technicians from across the country met on April 1st 2008 at the House of Lords to attend a forum entitled: Dental Technology – securing the future. Under the chairmanship of Bob Hughes of the AOP, presentations were made by representatives of dental technicians and clinical dental technicians, dental suppliers and technicians themselves. Both Duncan Rudkin, Chief Executive of the General Dental Council and Dr Barry Cockcroft, Chief Dental Officer also gave presentations.

The event covered the issues of registration, training and education and public protection.

The presentations and ensuing discussions highlighted both significant issues and opportunities facing dental technicians including:

As of March 2008 only about 30% of Dental technicians are currently registered.

There is an urgent need for all dental technicians to register before July 31st 2008 to prevent a major shortage of manpower. After this date they will only those who have registered will legally be allowed to supply crowns and dentures.

The role of the GDC is to protect patients and promote confidence in dental professionals. This is partly achieved by registration. There role does not include being a representative body for any dental professionals.

A real need for dental technicians contribution to dentistry as craftsmen and partners to be recognised.

The necessity for clear leadership, vision, mandate and resources to be identified by dental technicians themselves.

The need to unite in the face of increasing competition from overseas and identify the extended roles into which technicians can move.

The major lack of training and education opportunities for dental and clinical dental technicians.

The essential task of interested parties coming together to produce both qualifications and continuing professional development courses for technicians to access on a part time, day release or distance learning basis from accredited workplaces.

The difficulties of getting workforce planning right but the need to keep dialogue open between all interested parties.

The opportunity that registration brings to further develop a profession, and the formalising of responsibility and trust that being registered carries for both dentists and dental technicians.

2020health.org aims to give a voice to those working at the front-line health and social care in order to influence politicians and policy makers. Unless specifically stated, all views are those of the contributors.
## Attendees

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title or Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Andrew Harrop</td>
<td>Technician</td>
</tr>
<tr>
<td>02</td>
<td>Andrew Taylor</td>
<td>Pacor Dental Ceramics</td>
</tr>
<tr>
<td>03</td>
<td>Angie Davis</td>
<td>2020health</td>
</tr>
<tr>
<td>04</td>
<td>Dr Barry Cockcroft</td>
<td>Department of Health</td>
</tr>
<tr>
<td>05</td>
<td>Bill Sharpling</td>
<td>Guy’s, King’s &amp; St Thomas’ Dental Institute</td>
</tr>
<tr>
<td>06</td>
<td>Bob Hughes</td>
<td>2020health</td>
</tr>
<tr>
<td>07</td>
<td>Brian Schottlander</td>
<td>Schottlander</td>
</tr>
<tr>
<td>08</td>
<td>Carl Samuel</td>
<td>Technician</td>
</tr>
<tr>
<td>09</td>
<td>Chris Allen</td>
<td>Clinical Dental Technicians Association</td>
</tr>
<tr>
<td>10</td>
<td>Chris Ritchie</td>
<td>The Dental Technician</td>
</tr>
<tr>
<td>11</td>
<td>Dave Hughes</td>
<td>Technician</td>
</tr>
<tr>
<td>12</td>
<td>Dave Hewitt</td>
<td>Technician</td>
</tr>
<tr>
<td>13</td>
<td>David Smith</td>
<td>Dental Laboratories Association</td>
</tr>
<tr>
<td>14</td>
<td>Duncan Rudkin</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>15</td>
<td>Edward Bannatyne</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>16</td>
<td>Eiseult Roche</td>
<td>2020health</td>
</tr>
<tr>
<td>17</td>
<td>James Paddick</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>18</td>
<td>James Price</td>
<td>Technician</td>
</tr>
<tr>
<td>19</td>
<td>Jerry Read</td>
<td>Department of Health</td>
</tr>
<tr>
<td>20</td>
<td>Joan Humble MP</td>
<td>House of Commons</td>
</tr>
<tr>
<td>21</td>
<td>Jodie Ward</td>
<td>General Dental Council</td>
</tr>
<tr>
<td>22</td>
<td>John Fribbens</td>
<td>Technician</td>
</tr>
<tr>
<td>23</td>
<td>John Goodman</td>
<td>CDTA Council</td>
</tr>
<tr>
<td>24</td>
<td>Julia Manning</td>
<td>2020health</td>
</tr>
<tr>
<td>25</td>
<td>Lord Colwyn</td>
<td>House of Lords</td>
</tr>
<tr>
<td>26</td>
<td>Malcolm Gilbert</td>
<td>Technician</td>
</tr>
<tr>
<td>27</td>
<td>Mark Redhead</td>
<td>Head of Policy and Research</td>
</tr>
<tr>
<td>28</td>
<td>Martin Ellis</td>
<td>Association of Denture Specialists</td>
</tr>
<tr>
<td>29</td>
<td>Martin Wormald</td>
<td>Technician</td>
</tr>
<tr>
<td>30</td>
<td>Mike Penning MP</td>
<td>House of Commons</td>
</tr>
<tr>
<td>31</td>
<td>Nigel Hancock</td>
<td>Technician</td>
</tr>
<tr>
<td>32</td>
<td>Sir Paul Beresford</td>
<td>House of Commons</td>
</tr>
<tr>
<td>33</td>
<td>Paul Golland</td>
<td>Technician</td>
</tr>
<tr>
<td>34</td>
<td>Paul Mallett</td>
<td>Dental Technologists Association</td>
</tr>
<tr>
<td>35</td>
<td>Peter Price</td>
<td>Technician</td>
</tr>
<tr>
<td>36</td>
<td>Peter Wormald</td>
<td>Technician</td>
</tr>
<tr>
<td>37</td>
<td>Richard Daniels</td>
<td>Dental Laboratories Association Ltd.</td>
</tr>
<tr>
<td>38</td>
<td>Richard Horner</td>
<td>Scope Professional Dental Relations</td>
</tr>
<tr>
<td>39</td>
<td>Robert Kenyon</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Roy Eve</td>
<td>Association of Denture Specialists</td>
</tr>
<tr>
<td>41</td>
<td>Samuel Farfour</td>
<td>Technician</td>
</tr>
<tr>
<td>42</td>
<td>Professor Stephen</td>
<td>KSS Deanery</td>
</tr>
<tr>
<td>43</td>
<td>Stephen Tidman</td>
<td>Dentsure Ltd</td>
</tr>
<tr>
<td>44</td>
<td>Tom Dunsmore</td>
<td>Association of Denture Specialists</td>
</tr>
<tr>
<td>45</td>
<td>Tony Reed</td>
<td>British Dental Trade Association</td>
</tr>
<tr>
<td>46</td>
<td>Tony Thurling</td>
<td>Fox Marketing</td>
</tr>
<tr>
<td>47</td>
<td>Tony Ward</td>
<td>Technician</td>
</tr>
</tbody>
</table>

06
Welcome
Julia Manning
Director, 2020Health

Welcome and thank you all for coming this afternoon. We are delighted to see you. You will notice there are some spaces on this side of the table because Members of Parliament who are attending this afternoon will need to come in and out, as will Lord Colwyn, who very kindly made this room available to us.

My name is Julia Manning and I am Director of 2020Health, and together with Chris Ritchie of The Dental Technician we have put this event together. I will now hand over to Bob Hughes, who will be chairing this forum.

Introduction
Bob Hughes
Chairman
Chief Executive, Association of Optometrists

I will introduce myself so you know why I am chairing this event. I wondered myself. I am Chief Executive of the Association of Optometrists, so I have a disinterest in dental matters although of course I work in a regulated primary care area with primary care contractors and others who are registered, and some who are non-registered working for them.

I was a Minister in the last Conservative Government. I call it the 'last Conservative Government' in an historic sense, not a predictive sense, you will understand. It is something I try to keep quiet in my sector as I was one of the two Ministers who launched the Medical Devices Agency; but, as they say, it is not all my fault!

I know an issue you will be raising this afternoon is that of registration and what that means. All I can say from the optometrists’ perspective, is that optometry as a healthcare profession and optometrists as healthcare professionals simply did not start to take off and have credibility in the healthcare field until they were registered in the late 1950s. Things have accelerated very rapidly since then. I am sure you suffer from some of the same things we do, such as different parts of the profession and the different professions that make up the whole of optics fighting like rats if they can possibly do so. That does not do anybody any good. Indeed, as I constantly remind the people I represent, twice in the last century we were offered registration, as early as 1929 on the first occasion, but on both occasions it was withdrawn by the Government because the two optical bodies of the day could not agree on the form of registration. What a way to shoot yourself in both feet and to do it twice in a century is quite remarkable. I am sure you would never do a thing like that.

That is all from me for the moment so I will ask Brian Schottlander to make the opening speech and set the scene.
Opening Speech
Brian Schottlander
Managing Director, Davis Schottlander & Davis Ltd

Preamble
I am Brian Schottlander, the Managing Director of a dental supply company, Davis Schottlander & Davis Ltd. We are classified as an SME and employ 60 people. Our customers are dentists, dental technicians, and clinical dental technicians, and we export to 26 countries. Why are we involved in this? Partly because we prosper when our customers prosper, and partly because our mission statement says we must play an active role in the development of better dental care. We see the registration process as a very key part of the development of better dental care.

I also sit on the British Dental Trade Association Council and chair the sub-Committee looking at the registration of technicians.

Setting the Scene
In setting the scene today, I would like to raise a number of disparate points because different speakers will be pointing at each of them, but in some way or another they all interact.

Original Doubts About Registration
There was a lot of doubt about registration originally. I think we are talking today about registration of dental technicians, even though it goes wider to DCPs in general. I think most people are now in favour of registration. A minority do not believe it and do not want to do it. They do not believe it applies to them, or they think it is immoral and just taking their money for registration. I have some sympathy, but that ship has sailed and it is not where we are. The difficulty is in getting those people to understand by persuasion rather than threats that this is something they cannot do anything about.

Clarity
One of the problems we have had from the beginning is a lack of clarity about what the policies are, which has led to mixed messages and people not knowing whether it really applied to them or how. Many of these issues still need to be addressed today. I do not see that as surprising. Whenever there is new legislation, there are problems of interpretation and the people on the ground have to work it out. Today I am hoping that people will focus on what to do about it rather than trying to say that somebody should have done something different.

Process of Registration
Not enough dental technicians have registered. Many technicians think they can work as assistants. The scope of practice is likely to be restricted. I think everyone in this room who can should be doing it and doing more, and I include the GDC in this, dare I say.

In terms of the industry, on our side we are trying to put a lot of our own effort in. Representatives are going round trying to persuade people. Technicians are persuadable, not threatenable. In conjunction with the DLA and with some support from the GDC, our company is putting on six or seven walk-in days for people to come in to try to help them fill in their registration documents. In my view, the more people we can encourage to register, the better it is for dentistry and for the patient.

As a side issue, a change has taken place recently in undergraduate education, which does affect dental technicians. As in all academic spheres, the body of knowledge has become larger and larger, and what needs to be taught in an undergraduate programme has grown. Something had to go, and one of the major areas to go has been dental technology. Whereas maybe 10 or 15 years ago a dental undergraduate might reasonably expect to make himself half a dozen or a dozen sets of dentures, now in some of the schools they are just shown how it is done. This means that whereas the dentist is still the leader of the team, and rightfully should always be the leader of the team, they are not necessarily the expert in all spheres, especially in dental technology. I do not see that as being bad. That is the way life is: we are in an age where there is more and more specialism. However, it does have a bearing on dental technician education.

‘Protecting Patients and Promoting Confidence in Dental Professionals’

That is a quote off the GDC website. Many people think of the GDC as being the registration body, the regulatory body for people who get dentists and eventually dental technicians in the dock for wrongdoing. In fact, the role is far wider and is about protecting the patient. This is an area where I believe the GDC really comes into its own and does a tremendous public service.
Opening Speech
Brian Schottlander
Managing Director, Davis Schottlander & Davis Ltd

However, there is a glaring gap in the current protection. It is deemed fit in the UK for dental laboratories and dental technicians to be regulated, and whereas a dentist can sign off the work but not from the end of July sign off a work for UK laboratories the way they used to, which may reflect this question of training. If the work comes from overseas, the GDC has no remit to control it. To my mind, this is a hole in the patient protection regime. The same rules, if they are needed in the UK, obviously equally apply to overseas as well.

Future Training for Dental Technicians and Clinical Dental Technicians
We have technical colleges to train technicians, but in the new scheme when grandfathering-in comes to an end after July people will have to do full training. For whatever reason, not everyone is going to register and eventually they will have to stop practising as a dental technician. Maybe they can become an assistant. There will be a need for more training, but the current colleges are not going to be able to do that. Geographically they are not close enough to populations of people who may want to go on a day release. The modern training is extremely expensive to run. There needs to be other ways of dealing with this. We will need significantly more people than we have at the moment. As the role of the dental technician is changing, so their training will have to change. It will need innovative ways of doing it that others will no doubt take up.

As regards the clinical dental technicians, this is the first time in the UK that someone other than a dentist is legally able to treat a patient. These are the edentulous patients; those who have no teeth. This is welcome. They do it in other countries such as Australia and Canada. It has been deemed by Parliament to be the right thing to do. It has only just started and as yet we have 85 people, although we have something like six million edentulous people in the country. By the end of the year, I am told the number who are qualified should reach 150. The training is currently in Canada, but there will be more training available over here. If we were to get up to the proportions of the population that they have in Canada or Australia, we would probably be talking about in excess of 300 clinical dental technicians to be qualified per year, so it would take 15 years to get there. You can argue about drop-out rates, but basically that is the order of magnitude.

It will have a significant impact on dental technician training because to be a clinical dental technician you must train as a technician first, which means taking 300 people out of an already stretched technician pool anyway. Some very innovative and novel things will need to be introduced to provide the correct level of training and the right volume.

I may have outlined the problems, but I do not think anything I have said is insoluble. It will need innovative thought, lateral thinking, and a long-term view. Care and protection of the patient must be in the forefront of our minds. At this stage, I would like to pass over to the others. Thank you.

Bob Hughes
Thank you very much for that opening speech Brian. As you know, this afternoon is in two parts. The first part is about registration. We have four speakers and they will be followed by an open discussion before we break. The first speaker in this section is Tony Reed, who is the Executive Director of the British Dental Trade Association.
Registration

The Importance of Registration
Tony Reed
Executive Director, British Dental Trade Association

Good afternoon ladies and gentlemen. I am here as the Executive Director of the British Dental Trade Association. We are the association that represents manufacturers and suppliers to the dental profession. Brian is a member of the Association. I am here largely to support what Brian has been saying, and also to add the views of many of the rest of our members. Broadly speaking, they are very concerned about the potential reduction in the number of dental technicians that may result from the registration process.

We entirely understand the fact that there will be a lot of dental technicians who find that registration is an unnecessary burden. It is an industry that is already fairly hard pressed. We sympathise with the fact that there has been a lack of clarity about the reasons for registration. There has certainly been a lack of understanding about what registered and unregistered technicians may be able to do in the future.

We hope this forum will be a platform to send out the message that whatever the rights and wrongs of the registration process, there is no plan B. There is nothing waiting in the wings that can be called into play at the last minute which will suddenly make the ship turn around and go in another direction. We do not believe that will happen. I might learn otherwise today, but I suspect not. There will be no last minute extension of the time limit for registration, and it would be nice if that message could also be made clear today.

I have seen some very strongly-worded items in the dental press concerning the registration process and it seems clear from the way some of those are written that there is a belief that somehow registration will not apply to some people or can be made to go away. We have to do everything in our power to disabuse people of that idea. I can understand entirely a reluctance to sign up to something you do not believe in. I know we have recently been talking about the subject of water meters. If somebody suddenly told me I could only get water through a metered supply, I might not be terribly happy. If I was then told I had to pay for the meter and for its upkeep, I might be even less happy. If I was told that the water I received was no different from the water I received beforehand, then I could start to see that I would be getting cross. However, if somebody whispers in my ear ‘Do not worry, do not do anything, we will send it through your next-door-neighbour’s water meter. You can get all your supplies through him and that will be fine’, and I would think that was good. The neighbour puts in the meter, and he seems almost happy; in fact, he wants to put the meter in his place and then supply me. He has promised he is not going to let me down, but then he decides he wants to move. Alternatively, I decide I want to sell my house and suddenly I find I have a house for sale with no water supply, but the water is supplied by a man next door who does it free of charge at the moment. The scenario is an absolute nightmare. I understand that is a dilemma that many dental technicians are facing at the moment.

The truth is that the consequences of not registering considerably outweigh the benefits, short-term as they are. There may be something worked out that is a completely new way for laboratories to work, but I rather doubt it. It is not a bet I would care to make. I cannot see how there can be any percentage in taking the non-registration route. To put it in very simple terms, if you look gold, which is something we used to use quite a lot in the industry but not so much now because the NHS does not pay for it, I think £96 or £100 will buy you about a quarter of an ounce of gold. On the 1 July, I would not like to say what the gold price will be, but it will also buy you a registration at the GDC. On 1 September, you will still be able to buy a quarter of an ounce of gold for about £100, but you will not be able to buy registration at the GDC for all the gold in the country. That is the message we need to get across.

Somehow we have to make this message about signing up an attractive proposition. We have to market it. With all due respect to the GDC, the job of the GDC was perhaps to put a net out to catch those who wanted to be caught in it. I suspect they need to go a little further than that and send out some attractive flyers emphasising why people should sign up and why it is beneficial. I am not sure this was a task that was given to the GDC, and they should not be criticised if it has not been done as well as it might be, but if the industry believes in registration we should find ways to market it and we have a very short time to do it in.

Within the trade we would certainly be very happy to support whatever we can to market the proposition of registration and encourage it. We will do everything in our power to help, educate, and provide continuing professional development (CPD) for those who are registered.
Registration

Winning Grassroots Hearts and Minds
Andrew Taylor
Dental Technician, Pacor Dental Ceramics

Introduction
Good afternoon ladies and gentlemen. My name is Andrew Taylor and I have been a dental technician for 38 years, 30 of them as a lab owner. I trained formally immediately after leaving school and then qualified to advanced level. I have only ever worked as a dental technician. I do not know how typical I am, but until recently I had only concerned myself with my work, my laboratory, and my staff. In the next few minutes, I have to convince you that the implementation of registration, not the concept of registration, has serious flaws. This is not to whinge or complain that registration is unfair, but to demonstrate that the implementation can be better managed and could provide a secure position for all concerned; security that would ensure compliance approaching 100%, rather than the 30% experienced to date.

Improving Implementation
In order that we can arrive at this position, we should first ask why so many potential registrants are defying the GDC. There must be some compelling reason that is unifying individuals the length and breadth of the country: individuals who have no contact with each other and no connection other than their work. Whatever the reason is, I believe the missing ingredient that would promote registration properly and unite individuals with the GDC is inclusion. Historically, the GDC rejected representation by associations as unrepresentative, as it did not include grassroots involvement. As it is not mandatory that a dental technician is a member of an association, and it is impossible for a representing body to include anyone other than its members, it is not surprising that the wider grassroots groups remain unrepresented by associations. The grassroots’ inclusion that the GDC wanted was and still is in the gift of the GDC itself. The Department of Health had pronounced that an impact assessment was not necessary, which was clearly a mistake as the rules absolutely state that it is indicated in the circumstances that we find ourselves.

As an agent of the Government and a regulator, the GDC had a responsibility in due diligence to analyse the regulation ruling, and has a duty of care to abide by the rules. They should have ensured the rules were adhered to. If compliance with these rules had included grassroots contact, we would not be discussing the problem today. In the end, it does not matter whether it was the Department of Health or the GDC who made the mistake. The fact is we have massive under-subscription in registration of dental technicians. This means thousands of dental technicians will be working illegally in August this year. We do not know how many thousands, nor do we know where they all are. Not making a successful attempt to find them is a mistake that can and should be rectified before criminalisation of these people is the only course left.

If these technicians are criminalised they will never be able to work as dental technicians again. Their livelihoods will be taken away, their lives ruined, and their skills lost. The industry is already suffering from a severe shortage of manpower. Losing thousands more dental technicians because the simple rules of regulation as set down by the Government were not respected is unconscionable. If it is the aim of the GDC to protect patients, it is not going to achieve this by removing a workforce that provides a valuable part of their treatment.

Consultation and Impact Assessment
Why is consultation with grassroots technicians so important? Dental technology is not the same as dentistry. Although dental technicians are manufacturers, the industry is like no other. I have never found an industry that works in the same way; one that faces so many unique daily challenges, one that commands so little respect and recognition and is so poorly financed, yet it provides an extremely valuable public service. It is a service that dentistry cannot function without.

The additional burden of registration will make a huge difference to all DCPs in terms of costs and other very serious problems that have yet to be addressed. For instance, proportionate accountability alone has far-reaching consequences that will affect indemnity cover and will cause legal difficulties that can be avoided now by a simple adjustment to the scope of practice. These problems, and more, would have been uncovered during impact assessment.

The work of a dental technician is intensive and exacting. There is barely time to eat during the day, so it should be no surprise that the typical dental technician does not have time to be involved in the political arena and has serious concerns regarding time-consuming burdens such as CPD. It is true that registration has been actively sought by some for many years and that the process that brought us here today began as long ago as 1993. The subject of registration has been lurking in the background for decades. An impact assessment would have alerted technicians that after so many false starts, registration was finally soon to be a reality. It would have uncovered the whereabouts of technicians and given air to their problems and views. I am convinced that this inclusion would have carried the majority of technicians with the GDC.
Registration

Winning Grassroots Hearts and Minds
Andrew Taylor
Dental Technician, Pacor Dental Ceramics

Registration must be faced as a reality by DCPS and is inevitable in contemporary society. However, it is right that registration is delivered after effective consultation. It is now too late to arrange for the rightful inclusion of dental technicians unless a moratorium is allowed. A moratorium is not without precedent in recent times. The Royal Institute of Chartered Surveyors and others successfully delayed the implementation of Home Information Pack legislation in 2007. Once the problems were resolved, HIPs were introduced, and the affect of the implementation of HIPs was positive because the politically unpalatable step to delay was taken that allowed an impact assessment to be prepared. Ultimately, this gave confidence to the industry and the public that was to be directly affected by the legislation. Would the result of a moratorium on registration of DCPS be good for the industry, patients and the country? I think it would. Winning the hearts and minds of grassroots DCPS is vital to the success of registration. The alternative is surely avoidable travesty, resentment and negative effect on patient care.

Bob Hughes
Obviously that struck a chord. Our next speaker is Tom Dunsmore from the Association of Denture Specialists.

The Way Ahead
Tom Dunsmore
Association of Denture Specialists

Introduction
I would like to thank everyone for allowing me to speak today. I have to say that coming from Scotland I was slightly apprehensive about coming down to London because I am well aware of the attitude to Scottish rebels, and on top of that I happen to be born in Stirling.

I would firstly like to say that I do not believe any Government policy is ever set in tablets of stone. Going on from that basic thought, I would like to say that it is a principled stance I am taking. I am here to show what I believe is the right way forward: not the politically expedient path or path of least resistance which will lead to the most profound and enduring mistake in the history of the dental service, but a way of doing the right thing, which can be trusted by all who serve in this sector. It should be a solution that is demonstrably seen to be fair by all, which will not attempt to disenfranchise and intimidate large sections of the existing workforce, and will genuinely serve the public interest.

Finding a Sustainable Solution
Last month, the Scottish Government said that any system that disenfranchises 10% of the electorate is unsustainable. How many of our people are currently being disenfranchised by this policy? We are all perfectly aware of the strength of feeling that exists in the country in relation to the existing policy of registration. The hundreds of emails that I have received in recent weeks are testimony to that. However, any sustainable solution must be based on genuine empowerment of people and must seize the opportunity to allow them to develop their innovative skills to achieve excellence in their respective fields and in an environment of freedom, trust and mutual respect.

Whilst I have no problem with the principle of registration, you do not put the fox in charge of the chicken run. I would like to quote Helen Law, a local councillor in Fife: ‘It seems very strange indeed that at a time when there is such pressure on dentists that an opportunity to promote the work of dental technicians is being lost.’ On page two of this week’s Sunday Times I recall it said that seven million people cannot find an NHS dentist. Ms Law goes on to say ‘The skills of technicians which are in huge public demand need to be encouraged, not censured, and certainly not criminalised.’ She completes her statement by saying ‘Where registration has gone ahead in other professions it is usual for grandfather rights or some other form of prior accreditation to apply to those already skilled in an industry.’

I would ask the company gathered here today, when is the mould going to be properly broken? When is the full potential of a highly-skilled and dedicated workforce going to be given the proper recognition to benefit directly a public weary of the status quo?
Registration

**The Way Ahead**
Tom Dunsmore
Association of Denture Specialists

**Two Specialisms Need Two Regulatory Bodies**
Many in the political arena sadly fail to appreciate that we are dealing with two separate specialisms. On the one side we have the surgical, and on the other the prosthetic. Two specialisms should properly be regulated by two separate regulatory bodies. However, by continually playing the safety of the public card the GDC have so far convinced Government that they should be in charge of the whole show. We are speaking here about two distinct disciplines with vastly differing needs and aspirations, which in reality require two customised and bespoke regulatory bodies to service them. Pulling all under the same umbrella is entirely counterproductive and is leading to great resentment among technicians and practising denturists.

**Safety of the Public**
On the safety of the public front, and from a dentist’s perspective, there has never been any meaningful threat to the safety of an individual. A recent Scottish statistic stated that in the last six months there have been approximately 5,000 complaints against dentists, but zero against dental technicians and denturists.

**Recommendations**
I would like to make the following recommendations. I come back to my original statement that I do not believe any policy is ever set in tablets of stone ad infinitum.

An inquiry should be set up to establish a two-stage regulatory framework to cover dentists and technologists.

Registration should be deferred at least until properly prepared educational structures are in place. How can technicians and denturists improve their professional educational development when courses are not even properly developed?

A review of current registration policy should be conducted to establish independently the appropriate terms of reference and limits of the policy itself.

**Outsourcing**
So far, I have refrained from commenting on the glaring ‘elephant in the room’ of outsourcing. I recently requested the tabling of a question in the Scottish Parliament through one of the Ministers on the Health Committee and this is his reply: ‘The Scottish Government has no power to stop dentists sending their work overseas rather than to laboratories in Scotland, which would contravene Community Law. Dentists themselves should ensure the delivery of a safe service and we would encourage them to send to dental technicians registered with the GDC to ensure patient safety.’

I interpret that to mean that dentists as of 1 August can do as they like, but we have to do as we are told. This is neither equitable, nor professional.

**Bob Hughes**
Thank you. I suppose I should say that we now have Duncan Rudkin, Chief Executive of the GDC, to give the case for the defence.
Registration

GDC Perspective
Duncan Rudkin
Chief Executive, General Dental Council

Introduction
First of all, I would just like to say that I respect and admire the vision and passion of the speakers we have just heard, who are committed to their profession, and that of the audience who have applauded. It is your profession, not my profession, so everything I have to say comes from the context of respecting your ownership of your profession and not from a wish to take it over. It is absolutely the reverse, and I will explain what I mean. Before I do that, I think it is important to pause to remind ourselves what regulation is about and what the role of the GDC as a professional regulator is in the simplest possible terms, because I think there are always misunderstandings about the role of the regulator. The more we can be clear about what our role is and what it is not, the more realistic your expectations can be of us, and the more we can be properly held to account for doing our job, but not criticised for not doing a job which is actually not ours.

What Is the Role of Regulation?
I want to develop a theme about regulation, putting regulation in the context of a profession and industry that faces many challenges, where the leadership in responding to those challenges is not going to come, will not come and should not come from the regulator, but from the profession and industry.

What is the role of regulation? We trot out that it is about public protection and professional standards, but what do we really mean, and how is it supposed to work? The picture that works best for me is that of a normal distribution curve where you can imagine over on the left are all the people who are of questionable competence, on the far right are all the stars, and in the middle are the vast majority who are competent, safe and professional. It seems to me that the role of regulation is to act as the y axis, the vertical axis, which draws a line and says that all the people on the right, which includes the vast majority in the normal distribution curve, are competent, safe and professional.

As you all know, we are going through a process of transition where we have a scattering of points on the picture, which represents a very wide distribution curve of skill, competence and background with no consistency historically in terms of training, and no benchmark, if you like, or quality assurance of skills. We are in a process of bringing a y axis into place which says that all the people who work in this profession are currently doing a good job by and large and we welcome them into the register. Then there is a period where we are drawing the line and we are then able to say that from now on all the people entering this profession will go through a quality assured consistent level of training and education, which has not been the case in the past. There will be a later discussion about education and training, but I do need to explain that the role of the GDC, although it is important, does not extend to providing or facilitating the provision of education and training. We are seeking to draw a y axis which says this is the normal distribution curve of competency, safety and professionalism in this workforce, which is in some sense validated for the public. It is about public protection in the sense of having a baseline.

However, that is only half the story. I think it is important to make the point that is not all about what you might regard as a minimal level of assurance. If that were the case, it would be a fairly static process and would not help to move things forward. Regulation also has a role in moving standards forward.

We are going through a process of transition where we are drawing the line, having involved and included, as Andrew rightly says we must do, as many of those who are able and willing to be registered as we can possibly get. That is an inclusive process. There then comes a point in time when the law says that the process of transition is over and we go into an end phase, so registration is not the end but simply the end of a stage. The next stage is about using the regulatory mechanisms, including importantly CPD, for example, to help ensure all those who have been migrated into the registration system on the right side of the line are moving forward in terms of CPD for example.

Functions of the GDC
I want to come back to the theme of inclusion which Andrew raised, because I do think it is so important. However, if I can detain you for a couple of minutes with a brief summary of the functions of the GDC. I have already told you that our aim is to ensure public protection and improvement in standards across time. We have two very simple tools for doing that. We set standards for entry and retention in the register, and those are enforced through registration, as they will be through CPD. We set standards for conduct for those we register and those are enforced through a regime called Fitness to Practise. That simple summary of how we work is probably quite well known to some of you, but I think it is important and I will come back to it because it also explains what we do not do.
Registration

GDC Perspective
Duncan Rudkin
Chief Executive, General Dental Council

Inclusion
Andrew mentioned the importance of inclusion. Looking back historically, one can see where some of the frustration, resentment and disappointment comes from, and it is very easy to sympathise with, because for most of the years when registration was being mooted and planned and developed, dental technicians along with dental nurses were told that registration would bring benefits for them and would enable them to take a place at the table of the regulatory body and participate in the membership of the GDC through elections. That was a rational and reasonable expectation, but suddenly just at the point when registration kicks in and starts to become uncomfortable, that is taken away. I can see why that creates resentment and disappointment.

The case for taking away elections and for not giving you that form of participation in the work of the regulatory body is a case that cuts across healthcare regulation generally and is based on the principle that for the regulatory body there should not be that form of close connection with a profession that comes through elections. Some of you may feel resentful about that. Your resentment may be shared by many dentists who feel that their historic sense of ownership of the regulatory body is being taken away by the removal of the elections to the Council. It does not follow that those were bad decisions or that it is a mistake to move to an appointed system, but it does help to explain why some of the resentment and disappointment may be there.

Elections would be very appropriate for an organisation that was a representative body or that was in some sense an association or a club to which people wished or needed to belong. The truth is that the regulatory body is not a club or an association. There is only one group of people who seem not to think that the GDC is a club for dentists, and that is dentists, because believe me, they do not perceive us as a club for them, nor should they, nor should you or your nurse colleagues or any of the other professionals who we regulate and register. The regulatory body does not belong to dentists and it will not belong to dental technicians.

Tom made a case for a separate regulatory body. That is a case that might have an argument in its favour. My observation is that in the political reality of where we are now with professional regulation that is a non-starter. The emphasis and drive is all the other way. It is about harmonisation and not having a proliferation of separate organisations.

I think it also very important to make the point that as well as not being a club or representative body, the GDC is not a body that is there to provide leadership for the professions it regulates. I will come back to the theme of leadership in a minute, if I may.

Obviously, as speakers before me have acknowledged, there has been and continues to be enormous communications challenges facing all of us from our different points of view, and the GDC has its share of communications to do. I think the key thing and the balance for this is to get people the facts they need so they can make the choices they need to make. Within the first year or so of registration, and in the run-up to registration, the emphasis at the GDC was on trying to sell to individual registrants and potential applicants the benefits for them of registering, but in the end it is not for you, but for the public. Consequently, there is a sense now that the idea of marketing registration as something that should be encouraged and that people should make a positive choice for because they want to, is almost misleading because it almost creates the impression that there is an opt-out. We have to get the balance right. I do not want to come across as being bullying or threatening, and I know that some of what we have put out more recently has been criticised for that, but I think it is important to be clear because we do not want anyone to be in the position of being able to say in years to come ‘You never told me that I might lose the option of registering.’

Robert Kenyon
You have never written to the dental technicians directly. You have not told us.

Duncan Rudkin
One of the challenges for anybody trying to register a group that has not registered before is that you do not know who they are until they register. All of the communications activity around registration has been trying to get to the people who are able to communicate the facts. I have written to each individual dentist and each registrant of any category to explain the facts.
Registration

GDC Perspective
Duncan Rudkin
Chief Executive, General Dental Council

Duncan Rudkin
If I may come back to some of the history because I think this is important. Part of the context of the current controversy, if you like, or disappointment is that people did not know this was happening. All I can say is that the facts bear out over a period of years a concerted and serious attempt to communicate the impending registration to all the dental care professionals, and that is ongoing. In the years leading up to the opening of the register, GDC staff and members took part in 28 road shows reaching 6,000 people in London, Gateshead, Birmingham, Derby, Bristol, and Exeter, and other towns and cities across the UK. We have done exhibitions and taken every possibly avenue we could think of to get the message across to people. I am sure there is more we can do and more we should be doing. Your comments and suggestions about that would be very welcome. The idea that this was sprung on an unsuspecting industry is not really borne out by the history.

Leadership
I would like to come back to the question of leadership. My observation, as somebody who is not in a position of being able to tell the dental technology industry or profession what to do, but seeing a little bit of it, is that there is a public interest and there is certainly an interest from the point of view of the regulatory body for three key things in the profession and industry.

Effective, efficient and fair regulation, which is the GDC’s role to deliver.

Effective representation of your views, partly so that they can be heard so you can have a voice, but from my point of view, self-interestedly, so we are more likely to make well-informed decisions than badly informed decisions.

Effective leadership. Many of the comments and criticisms I have heard of the GDC recently have included thinks like ‘What are you doing about x and y?’ ‘What is the GDC going to do to solve these problems?’ Obviously, this is an industry which faces enormous economic challenges, changes in prescribing, globalisation, the Internet, and the free movement of products across national boundaries. We are not going to stand on the beach Canute-like and demand it stops, because it will not. Our role as a regulator is in relation to those whom we register to give them guidance about the standards of conduct we expect. If a dentist is making a choice about where they are going to get their work done, they may have the right to make that choice, but it is important they are professional in the choice they make and they understand the responsibilities they take when they make a choice one way or the other.

At a meeting later this month, our Standards Committee will be looking at a detailed set of guidance in draft on which we will be consulting. It is addressed to dentists and clinical dental technician about the responsibilities that are undertaken when people make choices about where to source their work from, or where to outsource work from. This is on the basis that it is important for public protection that there is somebody who is accountable for the safety and quality of the work that is put in people’s mouths. If that is not a UK registered dental technician because the work has been obtained from abroad, the UK registrants who have been involved in that process through prescribing and then fitting that appliance must be accountable for the safety and quality of their work. Exactly how that is done is something we will need your help in developing. It is certainly on our agenda.

Final Remarks
Being an observer on the margins of a profession and an industry with a diverse range of representative associations and organisations involved in it, for leadership to come for the profession and industry it seems to me there are three things required.

Vision. In other words, a sense of where you want to take your industry and profession.

A mandate. Some authority for offering leadership.

Resources to do it, by which I don’t just mean money but also mean energy and enthusiasm.

The GDC is not going to provide those three things for you because our role is the regulatory task and not the leadership task. My question to you is: Where is the leadership coming from in your profession? Where in the future are we going to see that developing so that you are well equipped to face the challenges you have?
Open Discussion

Bob Hughes
Thank you very much indeed Duncan. Before we go to questions, I would first like to hear any comments from the four Members of Parliament here, who have given up a lot of their time. We have Mike Penning, who is a Conservative health spokesman; Joan Humble is a Labour MP; and Sir Paul Beresford is a Conservative MP, former Minister and dentist.

Joan Humble MP
As I am sure many of the denturists who are here today will remember, we had a really interesting discussion about a month ago on exactly this issue. There were some very strong opinions held and voiced, so as Members of Parliament we are very much aware of exactly the strength of feeling. I want to ask a couple of questions of Duncan. Although you have divided this afternoon into registration and training, the two are inextricably linked. You did not address the issue of training with regard to registration. Both Andrew Taylor and Tom Dunsmore did mention that and linked the two together.

In the this briefing you have tabled today under ‘Quick Facts’ you say ‘If you do not have a current qualification and plan to register on the basis of a qualification that is no longer awarded, by experience or by previous membership of a voluntary register, you must do so, etc.’ Are you saying there that if clinical dental technicians do not have a qualification, and the majority I have spoken to do not have a formal qualification, they can register by 30 July? If that is the case, what will happen in the scenario you mentioned about welcoming people in and moving people across? Once they had moved across you talked about CPD, however CPD is usually predicated upon an initial qualification.

A lot of the debate we had at the earlier meeting was about the fact that there simply are not the training courses available in this country. Even those who went to Canada to do their training course, find that the course in itself is not sufficient to meet the criteria you are talking about. Where does that leave these fine men? I have to say, they have all been men so far that I have spoken to. When I took this up with the Minister she first of all advised me that there was a course in Sheffield, but I made inquiries and there is no course in Sheffield. The Minister later told me that there will be a course in Sheffield, but the course will be a two-year course. You do not have two years before this July, yet you are urging people to register. I have to say I have absolutely no complaint at all about you wanting proper standards and proper safety for the public. I want to know how we can move to a situation of registration when the bulk of the people you want to register do not have the qualifications that you want. How can we effect that? How can we make sure the courses are available in this country? Under what circumstances can people register before the end of July and then go onto appropriate courses as and when they arise if possible?

Duncan Rudkin
There were a number of questions wrapped up in your comments. During the transitional period up until the end of July, we have a system in place whereby existing members of the profession can register with the Council as dental technicians on the basis of experience only, or an old-style qualification that is no longer awarded and will not be validated after the end of July.

Bob Hughes
Just to clarify, Anyone who is able to demonstrate that they are working as a technician now with some experience is able to register under a grandfathering clause, but that only goes up to the end of July.

Duncan Rudkin
Yes, with seven years’ experience as a dental technician.

Joan Humble MP
Can we differentiate here between ordinary dental technicians and clinical dental technicians who undertake invasive procedures with clients themselves?

Duncan Rudkin
We did not create a transitional route for clinical dental technicians to enter the clinical dental technician register on the basis of experience only because the only experience they could have had, certainly as far as UK practice is concerned, would have been illegal.
Open Discussion

**Robert Kenyon**
That is not true. Many of them work with dentists in dental surgeries and that is how they gain the experience. You are assuming they do not work within dental surgeries, but many technicians do and have sustained experience in that environment.

**Joan Humble MP**
What is the way forward?

**Duncan Rudkin**
I think the way forward is for those who have an interest in courses being laid on, whether it is for dental technicians or clinical dental technicians, to motivate those who have the power to make that happen through funding principally, which is not the GDC, and to make the case for training provision to be organised. We will be falling over ourselves to facilitate that in terms of quality assurance and access to registration, not just until July but after and indefinitely because it is not in our interests or anybody else’s interests to have a register that people cannot get on.

**Robert Kenyon**
Why cancel the Sheffield course for the fourth time? It is has been put on four times and cancelled four times. We desperately want the Sheffield course.

**Bob Hughes**
Let us find out about the Sheffield course. I take it the GDC has not cancelled that course.

**Duncan Rudkin**
When people want to put on a course that they want to lead to registration, as with any profession they need to put forward a proposal to the regulatory body that explains how the course is going to work and what it is going to cover. The Council then has to decide whether it meets the required standards or not.

**Roy Eve, Member, Association of Dental Specialists**
Mr Rudkin, it is all very well saying that, but the fundamental question here, as I believe Joan Humble was trying to put, is why is it possible for the GDC to open the register for clinical dental technicians before 1 a role model technician who has not worked illegally, have had a chance to train and qualify in the UK? I have worked for 33 years as a dental technician, and now I am being put at a disadvantage. We are not playing on a level playing-field. There has been no course available to me. I want to train as a clinical technician, but I cannot. There are no facilities in the UK for me to train and qualify. That has to be fundamentally wrong. Furthermore, not only am I at a disadvantage but now I am being flaut with representatives of a minority group of clinical technicians who have achieved their qualifications through the back door of dentistry whilst they have been working illegally, and that is a fact. They seem to have achieved credibility and they are invited to forums to talk to me and tell me what clinical technology is. It is an insult to me. I have been the perfect role model technician. I am registered with the GDC. Where am I going wrong? What have I missed?

**Duncan Rudkin**
I am as sorry as you are that there is not a course for you that can get you onto the register as a clinical dental technician.

**Roy Eve**
Then you should not open the register.

**Bob Hughes**
Have you had applications for a course at Sheffield? Have you turned them down or has there been no application?

**Duncan Rudkin**
I believe there has been one application which has been turned down.

**Robert Kenyon**
It has been turned down four times.
Open Discussion

Duncan Rudkin
The reasons for that have been explained in relation to the standards that have been set.

Prof Stephen Lambert-Humble, Dean of Postgraduate Dentistry, Kent, Surrey, and Sussex Deanery
If I might interject for a second, rather than deal with this aspect now, it might be best to wait until we deal with education because I will be speaking about the education courses particularly for clinical dental technician.

Roy Eve
Chair, it is all very well saying that, but we are talking about the register opening in July.

Bob Hughes
I agree with that entirely. You are right in one respect that the details need to be talked about this afternoon, but we have a Gordian Knot because it appears to me there is a group of people who will not be able to register because there is a catch-22 situation stopping them doing that.

Duncan Rudkin
There was a quandary for the industry, educators and for the regulatory body, which was that historically the practise of denturism was illegal and so long as we had not opened the register the course providers would not have been motivated or in a position to put on a course. There was a catch-22 situation which had to be broken, if you like, by opening the register to make it possible for people to set up courses and therefore for people to register.

Sir Paul Beresford MP
I think the clinical technicians have set their case and I wait with fascination to hear the answer later on. If we could just touch on the technician side, I am quite sure that 99% of them are going to register and it will all happen on the last two days before the deadline because that is human nature, particularly in this country. However, I understand why they are upset and why they have deep cynical concerns. We have here the document that was put out by the GDC and it says ‘Why have we introduced the requirement to register? Put simply, to improve patient protection.’ That reminds me of my mother-in-law when she gets her birthday card and she looks at it and says nice words. These are nice words too, but as far as the technician is concerned the patient protection is in the hands of the dentist. That is where it is and where it should be. It has always been that way, particularly as the dentist decides who the technician is going to be. To many of them it is seen as unnecessary, expensive, and an extension of this dying Government’s need to register absolutely everything and nail us all on a computer from ID cards down. I find it quite extraordinary.

It is the dentist who chooses and monitors the quality. Some of the technicians I use will be registered, because I want to use them, but they do not have any formal qualification and yet their work is more than just technology, it is a craft and some of it is real artistry, particularly given the demands nowadays. I cannot see how it will be possible to ensure quality when you are looking at art. You cannot test an artist. Some of the technicians I know who are highly qualified produce work that to my mind is so appalling that if I was doing an appliance for my cat – and I do not like my cat – I would not even send the work there. The only advantage I can see is the CPD, but funny enough the CPD requirements on dentists will force dentists to look at the technicians and force the standard of technical work up. I really feel, although it is too late, that it is overkill, quite unnecessary and expensive. I could go on about what you are doing with the dental nurses where it is even more ridiculous.

Mike Penning MP, Shadow Health Minister
As well as being Shadow Health Minister, I am also Shadow Health Minister responsible for dentistry, so should and when the Conservatives form the next Government, Duncan and I will have to work very closely. You know I am very supportive of you on many issues, but I do speak my mind and frankly you have got this massively wrong. The reason this is so emotive is because this concerns people’s livelihoods. I am afraid I have to comment on the insensitivity of what I have heard this morning, especially having listened to two of the most passionate speeches I have heard for many, many years in this House, let alone my own House.

Even if you have tried your very best to contact all of the technicians from both spheres around the country, you have not achieved that and having this arbitrary cut-off time in July means you will put these people’s livelihoods at risk, which is foolish frankly. You have drawn the industry together brilliantly, but not perhaps in the way you wanted to. It will not solve the problem of needing these people to register. I am with Paul on this. I am not a regulation man. I think you alluded earlier to there not being the political will for small organisations. We need to have a discussion about that because I think you are wrong concerning my own party’s policy. We need to find an answer here that includes these professional people who are serving the public so well, without dropping a sledgehammer on a nut. That is where we are today. It is not rocket science. I know you feel you have
Open Discussion

Mike Penning MP, Shadow Health Minister
your back up against a wall here, but you could move a fraction and give some transitional period for this to take place. If the Government insists on the regulation, then let us work it through, but understand that there are two separate industries here and it is their livelihood that is at risk. In my view, that is something that is missing from what I have been hearing from the GDC and the Government.

Duncan Rudkin
I sympathise with the point Mike made that one can always say ‘Give us more time and we can do more.’ People say to me that we should have a grace period. Part of my response to that would be that we have a grace period of two years, which comes to an end at the end of July, and if we do not have some sense of a timetable, why would anybody ever bother.

Martin Ellis, Chairman, Association of Denture Specialists
There are two points I would like to pick up on. Despite what Duncan said, the GDC is a club. I have been there many times and it is a club. It is set up for the people who sit on the club. Until the GDC changes, and thank goodness it is doing, it will get some sort of respect from that. The trouble is that club has made decisions for our future and it is already done and dusted. They made those decisions over the last few Council meetings and we had no input. We have to sit in the public gallery and listen to the insults of what they think of us. ‘We cannot give them the business. That means they will take the money.’ There are several things that make me very angry.

The other thing is that I have been going to the Council meetings and sitting in the public gallery and talking to people like Duncan for the last three years. We have said that there will be a clinical dental technician. Where is the course? I met Lord Hunt when he was a Minister and said to him that there will be clinical dental technicians and there will be no course for them. He said that would not happen. Now we have the register about to close in July and there will only be a limited number of clinical dental technicians who were lucky to be able afford to do the course. Why are there no other courses? We have been knocking on the door and emphasising that there is no course. The GDC quite rightly say they are not responsible for a course. Indeed they are not, but that does not mean to say they do not talk to teachers and establishments. I cannot believe no conversation has taken place.

Carl Samuel, Vice Chair, South London Dental Board
I am Vice Chair of the South London Dental Board and we have a laboratory in Surrey. The first thing I have to say, Mr Rudkin, is I must accuse you and the GDC of being totally unprofessional. As a group, after many emails, phone calls and badgering, we actually had a meeting at the GDC last year with Janet Collins. We were promised monthly meetings, representation on the education board, and further discussions. Once we left the meeting we had a call saying there would not be any need for monthly meetings. Bear in mind that we are a group that represents technicians from the south coast to the north coast of the country, so we do get to reach the grassroots people who you claim to have tried to contact. After we left that meeting we were told there would be no need for monthly meetings. We have never had representation on any education board or any further contact from the GDC. I feel to claim that point is totally unfair and false and you are misrepresenting what the GDC is saying.

The GDC has opened the register for clinical dental technicians who have no UK-based course available to them. The only people who can register are those who have been able to fund doing the course in Canadian, the majority through the illegal act of deniturism. In fairness, and this is bearing in mind that you will not delay the date for registration for clinical dental technicians and dental technicians, why not open an interim register for those who wish to practise clinical dental technology whilst undergoing a legal UK-based course? This could be done with the team leader. I am quite happy to agree that the team leader should be the dentist or the dental surgeon issuing something which could be described as a ‘patient oral health certificate’ stating that he has seen that patient and that the patient is fit to go to a technician for the provision of dentures. The dentist or team leader would still be able to monitor and protect the patient, which is what you claim the GDC is about. In that way, you can open an interim register, and those people who wish to practise can register and get on a UK-based course, the patient will still be protected, and the dentist will still be the team leader.
Open Discussion

**Participant**
I am 56 years old and I have done nothing but dentistry all my life. I am qualified as a dental technician to an advanced level. I have been waiting for a course. Anthony Townsend promised me three years ago that there would be a course, but there is still no course. Can you tell me why the GDC has not made a pathway for people like me to become bona fide members of the profession when it is being done in every other country with legislation without any difficulty whatsoever?

**David Hughes, Dental Technician**
The point I would like to make is that people in the medical field have a 10-year transition period with courses to go on, but dental technicians only have two years with no courses. That sums it up.

**Duncan Rudkin**
With regard to Mr Samuel’s point about the monthly meetings, I confess personally that I have no knowledge of any suggestion we should have monthly meetings. I am very sorry if we did not follow up on that. I have lots of meetings and I am very happy to meet with you.

**Carl Samuel**
After we left the GDC we were told there would be no need for monthly meetings.

**Duncan Rudkin**
Perhaps we should have a chat about that separately. I am very open to having meetings with anybody who wants to meet me. You suggested that we should open a transitional register for dental technicians so they can practise clinical dental technology while they are in training. There would not be any need to do that because if there were a course when there is a course — any registered dental technician would be perfectly entitled to practise clinically as part of their training. There is no obstacle to that. The obstacle to that is the lack of a course.

**Roy Eve**
Could you just clarify that? Are you saying that if we sign on a course we can work as a clinical dental technician whilst we are training?

**Duncan Rudkin**
Yes. As a GDC registrant you are exempt from the ban on the practise of dentistry by lay people. You cannot be guilty of illegal practise of dentistry. As part of a training course leading to CDT registration you would be perfectly entitled to practise. The problem is there is not the course you need. I have been asked the question several different ways. I am beginning to sound like a broken record, but I am not the guy with the cheque book to provide the course.

**Robert Kenyon**
No, but you are the guy that tells the courses whether they can run or not. They keep getting applied for and then they get knocked back. Why is that happening?

**Duncan Rudkin**
I do not want to get into the specifics of one particular course. I do not think that would be fair to the organisers. The requirements for what will get a course recognised are fairly clearly set out and they are not super-human or unrealistic; they just need to be met. I have a team of staff members who are very competent and happy to work with educational providers to help them put forward their submission on the best possible basis so they know exactly what our requirements are. We are not putting hurdles in the way to try to stop people, rather it is the reverse.

**Roy Eve**
In the same way you introduced a grace period for dental technicians, would it not be logical to introduce a grace period for clinical dental technicians? We will follow exactly what you say to the letter. When a course is available we will sign on to it. Until that time, what happens? Can people who make dentures for the public carry on working like that? Is there a grace period?

**Bob Hughes**
Let us stick with the specific point. If you take the point that Sir Paul Beresford made that most technicians other than the clinical technicians will register probably in the last couple of days because that is the British way of doing things, but we are talking about a group here who are not able to register because they do not have the qualification and cannot take advantage of grandfathering-in. It seems to me they are in a quandary that is not of their own making, and I accept not of the GDC’s making, but the GDC presumably can make the rules.
Open Discussion

Duncan Rudkin
If I understand correctly, we are talking about people who are registered with the GDC but as dental technicians who want to work clinically pending the introduction of a course. I want to be as clear as I can about this, so forgive me if I am a bit laboured. There used to be a law that said unless you are a dentist you cannot practise dentistry. The law now says that unless you are registered with the GDC you cannot practise. As a registered technician, you cannot commit that offence. There is no question of illegal practice. The question is what you are competent to do as a registrant and what you are reasonably doing within your registration.

We currently have a document out for public consultation called Scope of Practice, which is asking for views on a set of suggestions as to what registrants in their different categories should be generally regarded as competent to do. In the end, if a registrant practises clinically the risk that you run is not a risk of illegal practice; the risk is of someone complaining that you were not competent to do that and that would potentially bring you into a fitness to practise situation.

Robert Kenyon
Do you maintain that a dentist with eight days’ training in dental technology is competent to manufacture a denture for a patient? It takes us five years to learn that. You are training a dentist for eight days and then letting them loose on the public. That is failing the public and it is not protecting them. There are millions of cases of ill-fitting dentures because of dentists.

Duncan Rudkin
Can I link that point with Sir Paul’s because it is very important? It seems to me it makes the case for registration of dental technicians. Dental technology is so complicated, difficult and important, and because the risks are there, and because in practice relying exclusively on the dentist as the gatekeeper is not adequate, there is a role for regulating dental technicians because the work you do is so important and potentially so risky. Registering you as individuals in your work is the way to address that problem rather than reverting to a system in which you simply rely on the dentist to do the control.

Participant
I have not had an answer to my question. The GDC are the regulators, so why have they not provided a pathway for us to be qualified? Every other country has managed to do it.

Bob Hughes
With great respect, you have had an answer to that question. The answer is very simple. The problem is that the pathway has not been provided. The GDC do not have it in their powers to provide that pathway.

Participant
They are the regulators. They knew about this years ago.

Bob Hughes
Everybody knew about it years ago.

Participant
Every other country managed to do it.

Bob Hughes
I understand that, but there is no point in shooting the wrong person.

Duncan Rudkin
You may not like the answer, but the answer is that the GDC have not done that because we do not have the power and it is not our job.

Participant
Who is to blame then?

Bob Hughes
It is with quite a few people I would guess.
Open Discussion

Andrew Taylor
I am very happy for clinical dental technicians to make their point, but they have used up a lot of the time this afternoon. There are thousands more ordinary dental technicians who do not want to be clinical dental technicians, who will be unable to work after July because they do not qualify in the ‘seven out of 10 year’ grandfather clause. Formal training is not mandatory. Anyone can train to be a dental technician. I can train them. They might have four years’ experience out of the last 10 as a dental technician and be extremely competent people, but they will not be able to work in July.

Bob Hughes
Let us take that specific point about those who have less than the seven years to qualify for the grandfathering-in.

Duncan Rudkin
I think that is difficult. There are always people who you can vouch for as being competent, but in the absence of a quality-assured standardised exam, and we are talking about people who by definition are not in that position, you must have some sort of rule of thumb. Maybe it is crude, and crudeness can lead to unfairness.

Andrew Taylor
It is extremely unfair. It could be that the entire tranche of dental technicians who are working now could be registered and if they are so bad you will be able to remove them from the register.

Duncan Rudkin
One of the ironies of this kind of GDC in the dock phenomenon is that where we have been criticised in the past by dental technology representative associations and leaders it has been because we have not been tough enough. They wanted us to be more rigorous. I recognise that there is a balance to be struck. Maybe you feel we have been too harsh.

Tom Dunsmore
There is a general point I want to make here, which picks up on what Mike Penning said. Is it not a hallmark of totalitarian systems in history that over-regulation is one of the main methods of maintaining control over people? It was true of the Soviets and true of the German National Socialists. They were very good at it. More and more regulation is not going to help anyone. Whatever happened to liberty? Whatever happened to freedom? I have been operating in Dunfermline for almost 30 years with absolutely perfect success with people. I have done jobs for Lords and Ladies. For instance, Lord Harry Ewing – I can tell you his name because he is no longer with us – and Lady Ewing. I have done jobs for dentists’ wives, with the dentist present I may add. There has been no problem. I have done jobs for people with cancer. Two years ago, I had a lady with terminal cancer who had lost her dentures and was greatly frustrated because she could not find a dentist. She was recommended to come to me, and I did a set of dentures for her for nothing. She brought a beautiful bouquet of flowers for my wife in thanks. I am sorry, but that is something that the system does not see. It does not see the goodwill or the integrity that is there. I do not agree that I need to have a piece of paper.

Bob Hughes
That is your argument against registration, but I understand the point. We will now take a short break.
Training Education and Public Protection

DLA Perspective
David Smith
Education Portfolio Holder, Dental Laboratories Association

Introduction
Thank you for the invitation and the opportunity to speak at this meeting. I have titled my presentation ‘It Might Not Be the Best Show, But It Is the Only Show in Town.’ I think that is the message the DLA wants to be getting across to our members because, as has been said so many times today, registration is all about protecting patients. Dental technicians become one of the dental care professionals. Just because the arrangements for registration are not ideal, and I accept many of the things that have been said today, this is not sufficient reason for it not to happen.

The Section 60 Order made it quite clear that it is for the protection and safety of patients that DCPs should be registered together with dentists as the dental team. I think it is very important to us that dental technicians are seen as part of that team and stay part of that team. I would never want us to be separate from the dental team or the other DCP groups in there. We all comprise the team.

Registration and Why It Affects Our Future
The transitional arrangements are quite broad and will allow most dental technicians in the UK, although I accept not all, to register before this date. It is very important to remember that on 30 July those arrangements will end. The message we are trying to get across to all our members, including me, is that it is important we all register before this date. I am one of those old fogeys who has a qualification that no-one has heard of anymore and it is important that I register because I cannot register after this date. Not registering is effectively resigning as a dental technician. It is as simple as that. We cannot afford to lose anybody in this profession. I think it is our responsibility as an organisation that represents laboratories to encourage our members to get everybody who is able to register to do so before this date. Not to do so, would not be doing be serving or members correctly.

I have used this slide of a rocky bridge because it represents dental technicians for me half the time. It is always a broken bridge we are trying to cross because life is always throwing up difficulties. In the past I have always felt very lonely that most of the difficulties we have been trying to do something about ourselves. I promised Barry that I would not talk about the contract, but if he can bear with me for one slide, this is a graph from two of my own dentists that goes back to June 2005-October 2006 when the new contract that came in was the end of most of NHS dentistry for most of my NHS patients. That is one huge problem that our laboratory has been trying to live with.

Another problem is competition from overseas. This slide shows the Laxmi Dental Laboratory in Mumbai which advertises on the Internet. This is another one that we went to see in Shanghai where we are competing against $2 a week, 24 hours a day, seven days a week, 365 days a year. There is no competition against that because you can never effectively compete on price because behind every one of those people there are another 4,000. Every job in this laboratory is applied for by 4,000 people.

The other big thing on the horizon that has not been talked about today but will have a huge impact on dental laboratories is new technology. CAD/CAM technology is not only about crowns, but also about bridges, implant work, and metal frameworks. All the time it is increasing and making an impact. I was just looking at some of the figures in our own laboratory and a third of private crowns made in my laboratory are metal-free crowns. That is people being taken out of the process and computers and CAD/CAM being brought into the process. That is not because it is what I want, but what the customer base wants. We are facing a changing world all the time and we must be able to live and work with these things.

After 30 July 2008, we have much work to do together to solve the many problems that registration has and will cause. Dental technology faces many difficult hurdles in the future: the NHS, the contract, the new technology, overseas work, to name but a few. As a well organised, regulated profession, I believe we have a better chance of survival than if we are a disparate band of talented individuals.

I look at 30 July as not the end of an era but the beginning of an era where I hope we can start to address this with others and face the rocky road ahead.
Training Education and Public Protection

DLA Perspective
David Smith
Education Portfolio Holder, Dental Laboratories Association

Scope of Practice Consultation
Duncan touched on one of the areas of the Scope of Practice. I was involved with the committee that put together the consultation.

Additional Skills Which Dental Technicians Could Develop During Their Careers
The following are some of the additional duties that are being asked about in this consultation for dental technicians to extend their careers.

Working with a dentist in the clinic assisting with treatment by: taking impressions; recording facebows; tracing cephalographs; intra-oral tracing; implant frame assessment; recording occlusal registrations; intra-oral scanning for CAD/CAM; supporting the dentist with fitting attachments at chair-side.

Dental photography

Taking and processing radiographs

Tooth whitening to the prescription of/under the supervision of a dentist

One of the things we touched on is that as a registered dental technician you can now do is the practice and business of dentistry. That is very important because it means you can employ dentists, dental nurses and clinical dental technicians. The change of focus for registered dental technicians is quite large. When we are talking about what is in it for us, there is quite a lot in it for us if we take advantage of some of the changes that can take place. By being involved with these sort of exercises, how can we extend the duty of technicians? That is where I believe our preserved future lies. If we can bring some of those items into what we do, it draws in a clear blue line because they are items that cannot be done in China. It is not just about $20 for crown, but also that I can provide these services with my dentist to patients in order that we can treat them. I think that is a real step forward for dental technicians and makes a clear blue line between us and work coming over from China.

Another thing from the Scope of Practice Consultation and the draft guidance is the issue of registered and non-registered. In the draft consultation it says: ‘All dentists, dental hygienists, dental therapists, dental technicians, clinical dental technicians, dental nurses and orthodontic therapists must be registered with the Council. The only exceptions to this are dental nurses in training and dental technicians in training.’ ‘In training’ is defined later on as someone on a recognised course leading towards registration. In the Scope of Practice consultation we then start to tie up that loop for non-registrants. I urge all of you to go on to the website and participate in the consultation paper. The website is http://www.gdc-uk.org.

The last piece I want to show you from the consultation is where it states ‘Registrants who choose to send work to a laboratory based outside the UK or who use non-UK registered technicians must understand that they will bear sole responsibility to the Council for the safety and quality of that work.’ In my experience so far with the GDC on this I think they have been probably the most helpful when it comes to supporting the situation as regards overseas work. They are putting it very clearly to everyone involved what their responsibilities are. The situation with overseas work is changing all the time.

I found a story on a US website about a patient who is suing her dentist because she found lead in her bridge. This has now spawned a huge debate in the US. There was another story broadcast last night where they had sent some more crowns to Chinese laboratories and another four laboratories had sent back work that contained lead in the porcelain. It is becoming a bigger and bigger story and has left the American Dental Association and the FDA, the regulator, very open about the lack of control in America. When that comes to the UK, as it will, it will be interesting to see how it plays out. Why do we need to have properly qualified, trained, educated and registered dental technicians in the UK? We have never poisoned anybody. We want to produce work in the UK that ensures safety to patients. We want to ensure what we provide to dentists is safe to use. It is very important we can do that.
Training Education and Public Protection

DLA Perspective
David Smith
Education Portfolio Holder, Dental Laboratories Association

We have been urging our members to complete and send in their registrations. No excuses, just get on with it. We do not want to lose you. The critical point about the future of dental technicians if I look down that lonely bridge is the issue of the lack of qualified dental technicians coming on board these days. We are a dying industry and if we do not do something about that we will die very quickly. We need to keep everybody we have as much as is possible, so we must find ways to keep everybody. I hope we have some sort of process at the end of this where we can identify people we need to keep and find a process for trying to keep them, whether it is CPD or whatever it takes.

Education
I now want to move on to an area of education. I do not want to talk about undergraduate education because I know we have Stephen and others who can talk to that better than I. I want to raise an issue that I have regard for and that is very important for local laboratories, which is about keeping those who qualify now.

We lose 50% of our graduates in their first five years, which is a real waste when we are only training just over 100.

50 new technicians coming into our industry of 10,000 a year means that the profession will be gone in 20 years. We have to do something about that now.

In the DLA we accept that undergraduate training is now theoretically heavy and practically light. We are not getting people who are able to work in the workplace from day one.

Two teaching schools have closed in the last two years, which certainly makes access more difficult.

We need to find a way to integrate newly-qualified technicians into the laboratory in a structured successful programme that does not financially burden the laboratory and gives a really focused dynamic start for technicians. We need to do that urgently.

I am glad Tom Dunsmore is here today, because the Scottish have found a brilliant way of doing it. They have modelled it on vocational training for dentists in the UK. They have a superb programme which started with a pilot scheme in 2007 with five trainees; now it has gone up to 10 trainees just for Scotland from August 2007.

The Purpose of Vocational Training
It enhances the existing vocational skills and broadens experience within the profession of dental technology, introduces CPD and encourages life-long learning.

It takes newly-qualified technicians and they are paid to be on the programme.

Laboratories receive fees for the trainers and the training.

There are five elements to becoming a vocational trainer and they are fairly simply to satisfy. It is not just about big laboratories; it is open to any laboratory that can satisfy those reasonably simply areas. The sort of money available is £5,000 for the trainer, up to £4,000 upgrade on allowance, and £3,500 for their own training.
Training Education and Public Protection

DLA Perspective
David Smith
Education Portfolio Holder, Dental Laboratories Association

Summary
The point I want to make about this is I believe it is our greatest challenge. If we do not act soon we will have no choice but to import most of our technicians from overseas. Laboratories who cannot find registered technicians and dentists who cannot find laboratories to do their work will outsource the work overseas. This is the biggest threat to dental technology in the future, and not registration. It is the lack of people to do the work. It is not the prices, but the shortage of excellent technicians that is our greatest threat.

Bob Hughes
Thank you. We now have Chris Allen, who is Chief Executive Officer of the Clinical Dental Technicians Association.

Roy Eve
Before you start, Mr Allen, are you going to give us the clinical dental technology perspective or the CDTA perspective?

Chris Allen
Probably a bit of both.

Roy Eve
The CDTA perspective is 80 people out of probably thousands of other dental technicians.

Chris Allen
This is mainly based on what is happening at the moment, so it does not matter whether it is the CDTA or clinical dental technicians.
Training Education and Public Protection

The CDT Perspective
Chris Allen
CEO, Clinical Dental Technicians Association

Who We Are
As everybody is probably aware, the clinical dental technician is a newly-regulated member of the dental team along with others like orthodontic therapists. I do not think any orthodontic therapists are registered yet. All the other professions that are regulated existed before those titles came in. From August, you will have to be a registered dental technician to move on to being a clinical dental technician. You can work directly with patients delivering care in a wide variety of working arrangements, which means you can work in your own practice, in hospital, in community service, you could work for a dentist, and hopefully work within the NHS. At the moment, clinical dental technicians are the only DCPs who treat patients without the intervention of a dentist in certain circumstances. I will go into that in more detail later.

What We Do
Take detailed medical histories

Perform technical and clinical procedures, related to removable dental appliances

Undertake clinical examinations

Take and process radiographs and other images related to removal of dental appliances

Distinguish between normal and abnormal consequences of ageing

Fit and adjust removable appliances

Recognise abnormal oral mucosa and related underlying structures and make appropriate referrals

Future Additional Skills
You heard David earlier on talking about the Scope of Practice consultation which is currently out and ends in May. It not only includes clinical dental technicians but all DCPs and dentists. It looks at what registrants may be able to do in the future by expanding their scope of practice. I have listed some of the possibilities for clinical dental technicians in the future:

Tooth whitening

Oral health education and promotion

Diagnosis, treatment and planning in relation to removable appliances

Smoking cessation advice

Tooth preparation for removal of appliances

Re-cement crowns and bridges

Prescribe radiographs

Vary a treatment plan

Education
You must be a registered dental technician.

2–2.5 year course on clinical aspects of providing removable appliances.

No wholly based UK course at present. This is very surprising.
Training Education and Public Protection

The CDT Perspective
Chris Allen
CEO, Clinical Dental Technicians Association

Full-time courses and distance learning courses are being discussed at the moment. I was not aware that Sheffield had had its course rejected yet again and I would like to know why at some stage. I am aware that there are other institutions looking at providing courses: GKT in London is one and I believe Manchester is looking at one, and there is the new ‘spoke and wheel’ system at Essex.

Other course providers will be available once they come on-stream.

A new course starting in September through the KSS Deanery of the Royal College. Stephen will probably announce this, although you may have seen information about it in most of the journals. The current course offers a Royal College Diploma in Clinical Dental Technology (Dip Cdt RCS[Eng]) at the end of the training.

Law and Ethics
Only GDC registrants are able to practice dentistry

Ethics require patients to be put first

Respect patients’ dignity and choices

Protect patients’ confidentiality

Co-operate with other dental team members and healthcare professionals

Maintain professional knowledge and competence

Be trustworthy

Raise concerns regarding other registrants and healthcare professionals. This has been quite controversial for some people.

Hold adequate medical/dental indemnity

Failure to raise a concern about a colleague could put your registration at risk. Maybe you believe another health professional has a health problem or a drink problem.

Be aware of current law, guidance and regulations

Work within your defined scope of practice

Continuing Professional Development
DCPs may be subject to 150 hours CPD over a five-year cycle

50 hours CPD must be verifiable

Verifiable CPD must have: clear aims and objectives, clear anticipated outcomes and quality controls

Other CPD should be applicable to your profession

Scope of Practice

Additional skills are currently under consultation

Document available on GDC website

Public consultation
Training Education and Public Protection

The CDT Perspective
Chris Allen
CEO, Clinical Dental Technicians Association

A new guidance document coming out for the whole dental team and that will affect dental technicians and clinical dental technicians.

At present, most DCPs work to the prescription of a dentist, except clinical dental technicians

Remember
Window for registration closes on 30 July 2008

Only nationally recognised qualifications will be accepted after this date

Have you registered?

Current Training Issues
Stephen Lambert-Humble
Dean of Postgraduate Dentistry, Kent, Surrey and Sussex Deanery

Preamble
As well as being Dean at KSS Deanery, I am also the lead Dean nationally for Dental Care Professionals. The Deaneries spread around the country are responsible for CPD, so I lead on that subject with the other Deaneries nationally. I am also the person who set up the top-up training course for those people who did the George Brown course in order to bring that to a recognisable, registrable qualification in the UK.

Education
The education issues that I see are:

Funding of training. Dental technologists, dental technicians and clinical dental technicians are required for NHS activity but their funding is entirely covered by the Department for Education and Skills. That is not a surprise because that is exactly the same for the dental nurses, with whom I have also had a lot to do educationally.

Career pathway. There is no career pathway for dental technicians but in fact there are very few career pathways in dentistry anyway that logically knit together.

Lack of any link to education and skills and qualifications.

Dentistry and the different professions within dentistry still tend to be within silos.

What qualifications are necessary for dental technicians and at what level? This has been an issue we have had to sort out.

There are rapidly changing requirements, including new technology as well as what is required of a dental technical laboratory service for dentists at the moment, particularly within the NHS.

Training Courses

Dental Technicians
There are 29 dental technician training courses available but only nine providers in England and Wales. Most of the courses are multiple courses, feeders at different levels that will lead to a B-Tech National Diploma, a Foundation Degree or a Degree, which will be the only registrable qualifications, at least for the moment. There are limited numbers on those courses: for example, 14 at Lambeth who go on to do a Foundation Degree at de Montfort. That sort of number is not sufficient to maintain the required throughput to feed back and backfill those who are leaving the profession.

Most courses have an academic content at college/university and most have a sandwich-type process. In other words, the practical work is delivered in laboratories.
Training Education and Public Protection

Current Training Issues
Stephen Lambert-Humble
Dean of Postgraduate Dentistry, Kent, Surrey and Sussex Deanery

Registration has meant, just as with all the other DCP professions, that more training places are required. My analogy for the dental nurses is that we have had to ramp up by a figure of five or six in my deanery and I see that jumping up by a figure of about ten-fold for the number of courses to backfill for dental nurses. I do not see much difference for dental technicians over time. However, it would be nice for all that training to be in the dental hospitals. Bill will be talking about the future we would like to see with the team training together, but that is very expensive and there are insufficient patients in those hospitals. We require a fundamental re-think about the way in which the academic process and the practical training are delivered. I believe that means using the dental laboratories out there, whether it is in a technical way or whether it is in a clinical dental technician way. I will talk more about that in a moment.

Clinical Dental Technicians
For the clinical dental technicians, they of course provide the mechanism for dental technicians to become directly involved with the patient clinically. How many are needed? In 2020 approximately 5% of the adult population in this country will still be edentureless because of the demographic way in which people who are living longer, so those who are edentureless now will still be alive. That was not the case not so long ago.

From the Canadian course we have put together a top-up and two cohorts have gone through so far. A total of 117 people have come through my hands for that training. I think there are roughly 80 on the register and that number will slowly go up. There are two further cohorts of that process: the end of 2008, and roughly summer next year, with about 30 or slightly more on each of those courses.

It is a very expensive process and not ideal. It was a pragmatic approach between the GDC and the Royal College of Surgeons, Faculty of General Dental Practice, to put together a process that would start the education process against which some things could be mapped and to bring those people who had what could be construed as a recognisable qualification into that legitimate fold. Running that course was a nightmare because we were treading a fine legal line. Let us face it, those people who have been practising as clinical dental technician have been practising illegally. I had conversations with the GDC where it was a case of ‘Can I tell them this? Can I not tell them that?’ With the students who came to me to declare their practice, we were saying ‘I need to see this, but I have not seen it’, and so forth. It was not an ideal process to go through.

The Current Situation
What courses might be available? We have heard about the possibility of Manchester. We know Sheffield is producing a course that is still to clear the GDC hurdle. No course has yet cleared the GDC hurdle, but that is to do with the process and not deliberate. I know that because I saw some of the things and I have talked to Sheffield about some of the things they have put together and they would not be acceptable. One potential example is that if you are training somebody for eight, 10, 15, or 20 weeks over a two-year period clinically and then you do not know what is happening with them back in their practice, they may well still be working illegally. As an education provider, I cannot do that, so the course that I have been trying to put together at Kent has had to address that issue.

I know that King’s and Edinburgh are also looking at putting courses together, but it is a very slow business. I have worked in the Armed Forces, which I thought was really slow, I then moved into the NHS which I thought was abominably slow, and I am now part of universities which are unbelievably slow, even slower than the NHS, which you may find hard to believe. There are so many processes, barriers and hurdles to jump through and cross.

Widening Participation
In terms of what we are trying to do at Kent, we are trying to use the widening participation agenda because the process for getting people onto the register seems to me to be one of getting people into a national education framework so that the qualification they come out with will mean they can hold their heads up and say ‘I have this qualification.’ The foundation degree or the degree are the only ways that can be put together.

We will have students sign up for a foundation degree with the expected option of moving on to a third year full-time degree programme, but with the bulk of that time in an accredited workplace. An accredited workplace is absolutely fundamental because if you look at what happens with dentists in the vocational training process, people go round and inspect those practices and say whether the quality is high and they also say whether it is a suitable educational environment where an on-site trainer or mentor is trained to manage the process within that practice. That is the process I am looking at for training clinical dental technicians: trained academically in a variety of methods, blended learning, face-to-face, textbook, online, learning sets, and then in the workplace. The practical skills are taught at a centre of excellence and it
Training Education and Public Protection

Current Training Issues
Stephen Lambert-Humble
Dean of Postgraduate Dentistry, Kent, Surrey and Sussex Deanery

is followed up with experiential learning in an accredited workplace with a mentor. That process works and works really well in other spheres. It works particularly well with nurses, so why could it not for the dental professions?

Continuing Professional Development
The issues of CDP for all of those processes which are fundamental for pulling this process together are: looking at the GDC requirements, which are fundamental for everybody; looking at specialised activities within the profession; then looking at the additional lists which David brought up about the potential way ahead.

I will leave it there because I am sure the rest will come out in questions.

The Future and 2020
Bill Sharpley
Head of Dental Technology, Guy’s King’s and Sttatement Thomas’ Dental Institute

Preamble
Thank you to Julia and to Stephen for asking me to come along today. My part of the afternoon may be a little easier in that I have been asked specifically to talk about the future and what may be happening in 2020.

A Different Type of Dental Technician in 2020
Dental technicians of 2020 and perhaps sooner will need to have a different set of skills than those of past years. The young adults that attend dental school now and leave as newly-qualified dentists are trained to have a much greater reliance on all of their dental team colleagues. Dentists are not, nor should they be in my view, taught to be dental technicians and neither should they be taught to think they can carry out dental technology. They are, or should be, taught to understand the needs of dental technicians and taught to appreciate the specific skills and expertise that dental technicians have.

They are taught to work with and when appropriate seek direction from a dental technician because the new dentist is of the belief that for appropriate matters of a dental technical nature the dental technician is the expert. It is the dental technician that has the necessary skills to make the appliances, prostheses and restorations for our patients, and it is the dental technician’s responsibility, because of the expertise they have, to take responsibility for that element of the patients’ treatment and care.

With dentists being trained to have this expectation of dental technicians, it should be viewed as a positive acknowledgment of the skill dental technicians have acquired and of their highly-regarded status within the dental team. The dental technicians that leave dental technical training establishments must therefore have a high level of understanding of their profession so they can work to this level that is now expected of them. I think this is where we currently have a problem.

At the moment we are seeing a reduction in the number of establishments providing technician training. We do not have any UK establishments that provide clinical dental technician training. My own institute has had to make a decision to pull out of the provision of dental technician training since due to issues around workforce development funding being withdrawn.

The KCL Dental Institute has recently had to make the commercial decision to put a halt on our submission to the GDC’s Education Committee for a new course for training clinical dental technicians due to reasons of economics, i.e. how much I would have to charge. However, I would like to continue to work to overcome many of these difficulties and I will continue to work to find a solution where my Dental Institute can contribute to the training of clinical dental technicians, and of course dental technicians. Meeting the demands of the curriculum that the GDC has set for us is just one issue as well as the economics.

My desire is to see my and other dental schools return to the training of all DCPs within the same establishment alongside dentists so all members of the dental team can train together.
Training Education and Public Protection

The Future and 2020
Professor Bill Sharpling
Head of Dental Technology, Guy’s King’s and St Matthew Thomas’ Dental Institute

A Shared Learning Approach
As a nation we have the education model already in place. It is the one we use to train and examine dentists. We have the facilities in reasonable geographic locations with dental schools up and down the country. My view is that we can apply this model with some tweaking across the board to all our dental professions so that the whole nation can benefit. By 2020 at the very latest, and sooner if possible, I would like to see dental technicians, clinical dental technicians, hygienists, therapists, dentists and dental nurses be in a position where they can all train together and have a greater understanding and appreciation of each other’s contribution, and enable us all to deliver the highest level of care to our patients.

To facilitate this I would, as far as is practically possible I would like to see an escalator and shared learning approach to dental education and training where all new students, regardless of the discipline they are striving to achieve, work together, initially at dental school, and they step onto the first step of the escalator and travel up it together learning the same or similar things. At a certain point, a student would step of the escalator and pursue their chosen career given the education, training and experience they have gathered up until that point.

To be more explicit for dental technicians, and clinical dental technicians, I would like to see them trained in the dental school environment. They would pay the appropriate contribution fee that all our young adults in university education are expected to pay and after three years of full-time training and education, some of this time being shared with other members of the dental team who they have moved up the escalator with, they will ready to graduate and move away from the dental school environment. However, at this point some may stay in a dental school environment or dental hospital and further consolidate their skills, just as Dental House Officers currently do. The vast majority would move to a commercial setting and undergo a period of vocational training where they are guided or mentored by a vocational dental technician trainer, who is compensated for taking on this responsibility, just as is done and is the expected standard for dental graduates.

The principle of shared learning of the dental team has been tried and has been successful. It has been tried at Sheffield and it works in European schools. The outcome is that where there is shared learning the dental team benefits from this approach, as do patients. We should bear that in mind.

This shared learning of the curriculum is, in part, in place already. The GDC’s curricula for learning says that certain elements of the curriculum are in place for all groups of DCPs, so we do have that partway. The GDC’s First Five Years document is being reviewed fairly soon, and perhaps that can incorporate further, if possible, this cohesive training approach for all DCPs and dentists.

I believe that for dental technician training an important theme is to establish high levels of academic credentials with an emphasis on degree programs. This should be judged in light of the worldwide social trend of emphasis in academics and of course the technologically advancing and increasingly complex industry. We have seen degree programmes in other parts of the world and in some parts of the UK. In 2002, the higher level educational training, the opportunity to shape the profession’s future, the efficient use of available resources, via a combination of team learning, distance and blended learning, and financial benefits, could all serve as incentives for an academic institution to reconsider and upgrade dental technology programmes to degree level and perhaps commence clinical dental technician programmes to post-graduate level.

Summary
In my view a change such as this will positively affect many other facets of the dental industry, but most importantly, the oral health status of the population. We are all aware that our professions and the environment are rapidly changing, as is all of society. As leaders in our professions, we must forge new understandings of the future, a new vision, if you will, of how as a profession we can get together. This forum allows us to initiate this. Possible past political mistakes and previous decisions that have adversely changed the delivery of dental education and training should not be repeated. Only through transforming the educational establishments we work in, our curricula, and the attitude of ourselves, the attitudes of those that teach and those that are taught, can we hope to create a team of the future and for the future a team of professionals, committed to helping society achieve the good oral health it needs, wants, and deserves.
Training Education and Public Protection

Extending the Role of the Dental Technician in the Post-Registration Future
Dr Barry Cockcroft
Chief Dental Officer, Department of Health

Introduction
It is very difficult being at the end of a session because quite often much of what you were going to say has already been said by others, and other people say things which you feel you want to respond to. So far, the debate today has been very focused on angst around July 2008 and getting your registration in. Like Paul, I suspect all technicians will get their act together relatively close to the time. I was speaking to a dentist friend of mine who has all the registration forms for his nurses but is not going to send them in until May because he would rather have the money in his bank than the GDC’s. I have no doubt that he will register all his nurses in time.

From an overriding policy point of view, registration is not a threat. It is an opportunity, and July 2008 is not the end of it. It offers you an opportunity to expand the roles you carry out. David referred to the Scope of Practice consultation. If you read the document it refers to the scope of practice for every single DCP, but where I seriously disagree with Sir Paul are with regard to his comments about dental nurses. These are people who are skilled and experienced in working in that environment, and up until you have registration there is no opportunity for them to develop enhanced roles. As we move forward, we will gradually see an expanding use of DCPs in delivering services both in the private sector and in the NHS.

Somebody made a reference to orthodontic therapists. There are already a significant number of training courses for them. I would put money on the fact that in five years’ time orthodontic services are significantly changed by the increasing use of orthodontic therapists, who do not exist at all at the moment. This will significantly change the provision of orthodontic treatment in the next 10 or 20 years.

Opportunity for Direct Patient Contact
The opportunity to have direct patient contact is really exciting for many DCPs. I spent 27 years working in practice and for most of that time clinical dental technicians were working illegally. Quite frankly, I was very pleased about it because they took some really difficult denture cases out of my practice and quite often they were better at doing it than I was. That points to another issue, because Stephen talked about 5% of people in 2020, but I think it might reach 5% quicker than that. When I went to university in 1968, 40% of the adult population was edentulous. The demographics and the health of the people you serve has changed significantly.

How do you do the workforce planning in a situation where the need is constantly changing. 60% of our children are now carries free. We have all the focus on service fee over the next 20 years, but it will move from children to adults and I think there are significant opportunities there for clinical dental technicians, both in terms of partial dentures and full dentures.

Workforce Planning
We do not have things absolutely right yet. We are keen to develop clinical dental technicians. I hate to say this, but we did put some funding into the course at Sheffield to give it a kick-start, but the important thing is that the course has to be right. We see that as a significant way forward.

There are issues for clinical dental technicians. I think the issues about who can be on a performer’s list and who can hold a contract with a PCT are very significant. We know of PCTs who want to hold contracts with people who are not yet eligible to be on the performers’ list. That is something that we have not sorted out yet, but it is on the horizon.

We need to recognise that things are changing. David said that we have a workforce of 10,000 people that we need to maintain, and he then went on to explain that the new technology means that the number of people needed to produce products has gone down very significantly. The one thing nobody from the Department of Health would ever claim to be is an expert on workforce planning. There have been some significant issues around workforce planning in the medical area. We have certainly increased training of dentists. Nobody ever gets workforce planning right in advance. With hindsight, everybody will tell you how we got wrong it wrong. It is a really challenging science.

Dental technicians have to come to terms with the fact that the work they are providing will fundamentally change over the next few years. The changing demographics will have an impact, as will computers replacing technicians. You cannot be immune from globalisation. People talk about what the Scottish Department of Health said. They were right because they cannot issue a law and tell you not to send any work abroad. David said we will find ourselves in a situation of having to send work abroad because there is nowhere locally, but that is happening now yet there are technicians willing to do the work. We cannot control international market forces in the way you might want.
Training Education and Public Protection

Extending the Role of the Dental Technician in the Post-Registration Future
Dr Barry Cockcroft
Chief Dental Officer, Department of Health

Patient Protection
Where I completely and utterly agree with David is that the patient has a right to expect that what is being put in their mouth is of suitable quality to go in their mouth. There are some issues about who takes responsibility for that and part of that is around registration. If someone is taking responsibility for doing something, there has to be a registration system somewhere to quality assure that person, and to have a degree of sanction so that if someone is not doing something in the patient’s best interest a sanction can be imparted.

I certainly believe that we ought to do something about improving and guaranteeing the quality of product that comes from outside the UK and the EU. Of course, the reality is that if someone is importing something from China or South Africa, for instance, if the dentist is doing that it is the dentist who has the duty to make sure that what is put into a patient’s mouth is fit for purpose.

Robert Kenyon
That patient has no control over that.

Dr Barry Cockcroft
The dentist as a professional, if he is not using a registered technician, has a duty to ensure that what he puts in a patient’s mouth is of suitable quality. A dentist using a non-registered technician would have to justify doing that and explain it to a patient, and I also expect they would have to explain to the GDC why they fitted an appliance that was not of suitable quality.

Robert Kenyon
Do you really believe a dentist is going to tell a patient they have a £5 crown from China?

Dr Barry Cockcroft
I think the dentist as a professional has an ethical duty to provide something for the patient’s mouth that is fit for purpose. Speaking for myself as a dentist, you prescribe a gold crown in a precious metal and it does not have lead in it. The dentist must have confidence in their technician that the patient will get what they prescribed. I think that is completely appropriate. By registering the technician it gives the dentist the confidence to do that.

Dentists often ask me why they pay their registration fee to the GDC if all they do is take them to task over fitness to practise. In fact, you can only work as a dentist if you are registered with the GDC. The GDC provides you security of employment because you are a registered dentist. If this works as it should, the same will apply to technicians, so people will have a guarantee that people are professional.

We do not believe this is micro-managing. We think registration gives an opportunity to people to develop their roles. We are certainly seeing that with the people working with us and we want it to continue.
Open Discussion

Tom Dunsmore
Who sets the fee for registration?

Bob Hughes
I think that is a side issue. There are much bigger issues than whether they charge £96 or £180, with respect.

Tom Dunsmore
It is a matter for technicians. I am a qualified science teacher and I am still registered with the General Teaching Council. I pay £40 a year to stay registered to teach chemistry in colleges. Where did the £96 a year come from?

Bob Hughes
It is an interesting question but not one of the ones on the agenda today. I think it would be appropriate to welcome our host, Lord Colwyn. He is one of two dentists in the House of Lords along with Trixie Gardner. He is our host this afternoon and has been sitting through this second session. Thank you very much for hosting us, and welcome to this session.

It would be quite helpful if we could stick to the public protection and the educational areas.

Martin Ellis
Just as a point of interest to Mr Cockcroft and Mr Allen, it was suggested that later on clinical dental technicians will be able to go into the NHS. I work in a practice that solely makes dentures and we work for the NHS. We are paid £13 per unit to make a denture, which means it is impossible to make a decent denture with decent quality teeth. May I ask you to look very seriously at that situation? You will be asking professional people to come in and join the system, but you do need to talk to experienced people who know what they are talking about, not people who sit behind a desk. You need to talk to people at the coalface.

Dr Barry Cockcroft
I think I did flag up earlier that this was an issue we recognised. I have certainly discussed it with Chris. It is already on our agenda.

Martin Ellis
Mr Allen does not make NHS dentures.

Dr Barry Cockcroft
I discussed it with representatives of clinical dental technicians. It is clearly an issue we see and it is already on the agenda.

Carl Samuel
I would like to make five points. First of all, regarding the education and training, which seems to pertain mainly to full-time courses rather than for existing business owners who wish to go on a course to become qualified as a clinical dental technician. I think the timeframe you are allowing for a one or two-man laboratory to do that is unreasonable.

Secondly, I think there is a misapprehension because some of the gentlemen are under the impression that all these technicians will register close to the final date. Many of the technicians are not going to register under the current situation.

Will the BDTA ensure that their members only supply goods to registered technicians in laboratories, or will they carry on supplying all and sundry?

Related to David Smith’s presentation, surely the extra costs involved to the technician, the CPD, expanded duties, and courses to go on, will only encourage costs to rise and dentists and laboratories will start sending more work abroad rather than keeping it here.

My last point is about the CDTA’s bulletin regarding the patient’s right and choice. What about the patient’s right to choose who they go to for provisional dentures, whether that is an unregistered technician or not?
Open Discussion

Prof Stephen Lambert-Humble
If I could just answer that first point. You are wrong about the education courses being full-time. It is full-time in educational terms, but the point I made was that the workplace would be accredited as a place of education as well as work. The individual student will still be able to earn money whilst they are working in their workplace under training. The whole idea is you teach a skill, they go out to the workplace, they practise that skill and they are able to earn a living while that is going on. That is the process we are looking at.

Carl Samuel
You said you would not recognise the workplace because they are practising illegally.

Prof Stephen Lambert-Humble
No, I did not say that at all. That was the group in the past.

Carl Samuel
So you would be quite happy if a technician is involved in your course but carries on practising?

Prof Stephen Lambert-Humble
We would be looking at registering that person’s place of work as an accredited place of work for education. As long as we can get indemnity, which we should be able to, they will be able to work within that practice.

Participant
Even if he works on his own.

Prof Stephen Lambert-Humble
Yes, for some activities.

Duncan Rudkin
Obviously the discussion that we need to have with the institution that is offering a programme with that flexibility, which we would want to encourage in principle, would be around making sure there was an adequate level of safety for the patient in terms of supervision. Historically, for very good reasons, we take a reasonably pragmatic approach to trying to avoid defining in too much detail words like ‘supervision’ because we want to get the balance right between quality and safety and doing something that is feasible as well.

Sir Paul Beresford
If I can address Carl’s point. I agree that it is about patient choice. You probably know that at the moment registered clinical dental technicians can provide full dentures but they have to have a treatment plan from a dentist before they do a partial. We are talking to Duncan and the BDA at the moment about dentists refusing to provide those treatment plans. It is removing patient choice. I am all in favour of patient choice. Whether that is provided by somebody under training under Stephen’s system or by a registered clinical dental technician, or whether it is by expanding dental technicians’ scope of practice, that is not for me to decide.

Carl Samuel
The patient should have the right to go to an unregistered technician if they want. It will take away their individual right of choice.

Sir Paul Beresford
I agree with you 100%.

Chris Allen
The point I was trying to make is that it is not possible to compete with laboratories in China on price. When they are paying people $2 a week, price is not the issue you can compete on. I was trying to point out that it is about the changes we are going to do in the area of competition, which means extended duties and being able to ensure quality. I hope we will get that in the future.

John Goodman, CDTA Council
My question is directed to Stephen Lambert-Humble with regard to foreign qualifications. At present, the only qualification that has been partly recognised is the Canadian course. With top-ups from the Royal College of Surgeons, we have been permitted to register as clinical dental technicians. In the event of other courses coming on-stream, will that same provision be allowed for foreign qualifications?
Open Discussion

Prof Stephen Lambert-Humble
I have had this discussion with the registration committee of the GDC. If a course is being delivered in Europe, the GDC will look at that and determine exactly what that person can or cannot do in terms of being able to register. As you said, I have been running the top-up training course, and if there is a gap, I have agreed to look at that gap and see if we can provide for it. That is for courses in Europe.

For people who come from outside Europe, I have agreed to look at that from the Royal College of Surgeons’ point of view and look at those qualifications matched against the George Brown Diploma. That is a ‘service’ that I said I would provide on behalf of the GDC.

Robert Kenyon
Everybody is fully aware that dentistry is in crisis at the moment. There are literally millions who cannot access a dentist. There are approximately one million people in care homes who have no access to dentistry whatsoever, even though every dentist in the country is being paid to provide that service. The health service should give the money to us for training courses so we can provide a decent, reliable and honest service to the public, instead of giving money to dentists to put in their back pocket, which we all know goes on. Every single technician here will tell you that is what happens. If you ask yourselves, you know that is really what is going on. Every dentist is screwing the system, screwing the taxpayer and providing the public with no service whatsoever. As Chris Allen said, they do not have a choice. If they want a denture they are not being given any choice. We want to be able to give them the denture. We want to be paid to do it and we want the training. Stop giving dentists all that money for all these unprescribed appliances, put it into training and give it to us and we will provide a better service.

Bob Hughes
As I can look at this from a detached point of view, I can give you an answer. We had a similar problem with domiciliary work in terms of optometrists and opticians. The way we have raised that up the agenda is partly by questioning the people who make the decisions. We have put in a number of Parliament questions and had debates, although not in the language you used. You may or may not be right, but that sort of language is not allowed Parliament. The point I am making is a serious one. I think your associations need to crystallise some of those issues and start to get questions put down.

Robert Kenyon
We are not in control of dentists.

Bob Hughes
You are avoiding what I have just said to you by saying that it is somebody else’s problem. I am saying that it is your problem. If you think there is a problem in domiciliary dentistry and that you could do a better job, you should get someone to put down questions in the House of Commons and promote a debate. I am sure Mike would help you do that.

Dr Barry Cockcroft
I am head of the dental profession in England and I certainly do not want to respond to what I think were some pretty offensive comments about what all dentists do. I do not think you should base your evidence on what you read in newspapers. A couple of Fridays ago, I did an interview that is going out on BBC Spotlight with Shankar Guhar. As you all know, one of the issues is the perception that no dentist is treating high needs patients because they are not economic under the new system. Shankar Guhar said to me that they had taken a very high needs man who smelt of alcohol and cigarettes and had painfully high needs with lots of visible restorations, but two dentists in London refused to see him. It is clearly a contract that is not working. I asked him how many dentists they had taken him to. They had taken him to 12 dentists, which means 10 out of 12 had taken him on with all his high needs. One had given a very good reason why he had not taken him on, and frankly the other had given no reason.

If you watch the programme there will be no mention of how many dentists they took that particular patient to and the fact that 10 out of 12 took him on. The seven million figure was a CAB figure. 4.9 million of those were already getting care in the private sector; some of them may want to go into the NHS if we provide that. We expect there is an issue there, but we are not here to discuss the contract. However, if you get your information from the media all the time, you may like to know that Elvis Presley’s skull washed up in Brighton this morning!
Open Discussion

Robert Kenyon
David Smith has said that he has seen a 65-85% drop in appliances. That money has been paid to dentists and not gone into the industry.

David Smith
I think you are looking at the point of taking a patient to a surgeon rather than a surgeon having to come out of his practice and go into a care home. I live in a very affluent area. We have very affluent, wealthy care homes and they come to us to do their treatment for them. They cannot get dentists to come out.

Dr Barry Cockcroft
Of course, the other thing that is wrong is that domiciliary service is outside the UDA system. We have asked PCTs to do needs assessments and any PCT worth its salt will recognise that the growing needs of elderly people, whether they are in care or not, is a high need locally.

Bob Hughes
There is one area we need to look at to get some focus on. This was the point I was trying to make in terms of taking control of your own future and using the Parliamentary system. I do not get any idea from the various voices here of any coherence or idea of a vision for the future, apart from saying that you do not like the one that is there or what is going to happen. What are you going to do to create a vision for your future so that people who want to be friendly to you in the system are able to take that forward and help you with it? Mike can only do what you want him to do.

Mike Penning MP
I think you are being slightly unfair. The reason is that you are talking about the future, which I think we can all discuss and work with, table Parliamentary questions, lobby for and so forth. They are worried about their jobs today. That is why there is so much fear. There is an arbitrary date at the end of July, with no further transitional period as I understand from Duncan. I am slightly more sceptical than Paul, who is much more knowledgeable on these things than me, but I do not think they are suddenly going to register on the eve of the cut-off date.

What is ‘plan B’ for the Department and the GDC? You cannot stop anything coming in from the European Union. Whether you like the quality of the product or not, it is the European Union and we are an open market. Parts of the EU are much cheaper in terms of their manufacturing than we will ever be. Then you have the Eastern side of the world. I have not yet heard about a ‘plan B’. I apologise that I had to leave for a few minutes and go to the Iraq debate, which is obviously very important as well. What is ‘Plan B’ if they do not all register, Duncan? There are thousands of these people out there. What is going to happen? Quite frankly, that is all I want to know from today, the rest of it we can work on later.

Duncan Rudkin
I will come back to your question, but I just want to make some brief points beforehand. Earlier on, there was a surreal moment for somebody who is not a dental technician or a dentist because Sir Paul Beresford made a perfectly respectable case that you do not need to register dental technicians because dentists can take care of the quality control. Many of the dental technicians applauded. If I may ask a rhetorical question. Is that really what you are applauding? Is that the vision you have for your profession which is stuck in the past?

Sir Paul Beresford
It is the perception of the technicians. That is why they do not want to register. They do not accept it and they need to be persuaded. It is a more subtle approach.

Duncan Rudkin
There is also a moral issue, if you like, for all the people in the room who have knowledge about the regulations and the fact that the period of transition is going to come to an end. That is the responsibility that comes with that knowledge. Whether you think that is a good idea that the transitional period ends in July, whether you think registration is a good idea at all, if you talk about non-registration as an option you will potentially do a very serious disservice to your colleagues who may not have the information and understanding you have about the registration system. If there are individuals who hear from you or through the press that non-registration is simply another option and they can just ignore what is going on, there is a very real risk that there is no ‘plan B’ in terms of the GDC saying they have changed their mind, or the Government saying they have changed their mind and did not really mean it. There is a risk that individuals who could register now but whose life choices are fundamentally prejudiced because they have some misinformation that non-registration is an option will miss the registration. That is a serious concern of mine.
Open Discussion

Duncan Rudkin
Whatever you think about registration, please do not do your colleagues that disservice. We do not want to see people, the hard cases, if you like, coming to us in August, September and October having been told by somebody that they did not need to register or that they could ignore it.

Mike asked me about a ‘plan B’. There is no formal ‘plan B’. There is no contingency plan that says we will look at the numbers and then decide whether to extend the period or not, or not to enforce registration in some way. There are 3,500 people who have gone to the trouble of registering on the strength of information that they need to and it is not an option. Those people need to be dealt with fairly as well.

Mike Penning MP
I understand what Duncan is saying. As I understand it, there are around 10,000 within the sector and you have alluded to the fact that you have about a third registered. That means 70% of the demand from them will be finished.Are they going to trade illegally or are we going to use that trade somewhere else?

I disagree with much of what you said about where you are on this. You have admitted during the course of what I have heard that for one reason or another you have not managed to contact everybody. If these guys can do it by whispering, as you alluded to a moment ago, then we can get this message to them. Perhaps if you gave them a stop-gap period to say ‘We have listened to you. We are worried, you are worried. We will give you three months more, and if you do not register after three months that is the end of it.’ That would give these guys an opportunity to do the whispering campaign you were just referring to, and this problem could probably be solved by the end of the year.

Duncan Rudkin
There may be people in the room who will disagree with me and be able to prove that I am wrong, but all the feedback I have had since the beginning of the year indicates that the chances of there being people who could register who do not know what is going on and have no information is really quite small. The point is that there are people being told that they do not need to register or that it will not really happen.

Dave Hewitt, Technician
I am a technician and I also lecture at Lambeth College for the dental technology foundation degree level. My first point is to the GDC. When we went down this route of elevating technicians to be registered as part of the team, it was decided it would be on a Level IV qualification in the foundation degree. Recently, the old B-Tech National has been resurrected, which is a Level III qualification. Do we want Level III status or Level IV? It is a bit of an anomaly as to why that has been allowed to happen.

My other point was raised by Stephen Lambert-Humble about numbers at Lambeth College. He mentioned there being 14, which paints a pretty grim picture of how many technicians we are training. In fact, we have nearly 200 going through the course at the moment, so I do not think it as bleak as you are pointing out. I do not know where you got the number of 14 from.

We have not really talked about training technicians. If we do not train technicians, we will not get registerable technicians. The course we run at the moment includes 25% work-based learning. That is the GDC requirement because they want the technicians to prove competence in the workplace. I think Bill’s model of everybody starting off in-house under one roof will also cover technicians working for laboratory owners. The trainees perform a big role and if you get everybody under one roof on the same initial qualifications you will detract from the service performed for general laboratory owners with trainees.

My last point is that many of the people who are training our technicians to competence, are doing it through their own good will. Until this year we had a bursary of £2,000 in place from the Department of Health to offset some of those costs. The fact that it has now been withdrawn shows what sort of esteem we are held in by the Department of Health. It costs about £240,000 in bursaries per year for all of the technicians in the country. Compare that with about £250,000 for one dentist to be trained. Withdrawing the £2,000 tells us a great deal about your view of technicians and their importance in the dental team. Could we have that reinstated?
Open Discussion

Dr Barry Cockcroft
David Smith knows as well as anybody that we do value technicians. The bursary was set up at a time when we had a large central budget but that budget has now gone to the SHA level for workforce planning. All the SHAs have a dedicated workforce lead for DCPs. I think Jerry is going to a meeting with some technicians tomorrow. That is the way the funding will come in the future, and not from central Department budgets. I accept what you say about the bursary, but it is not that we do not care, it is because the funding has now gone from the Department to the SHAs. It is on my agenda to tackle.

Malcolm Gilbert, Technician
The problem is not one of registration. Along with many of my colleagues, I have been on the voluntary register for dental technicians since the early 1960s. The problem they have is with the regulation. The regulation seems to be a bit of an ad hoc mix that is made up as they go along. We have already been told by the GDC that they know things are wrong and there will have to be change.

My next point concerns training and advancements in terms of the clinical dental technician. My colleague Martin Ellis and I presented the Belgian course, i.e. a European course, to the GDC a year or two ago and there was no response to it. There are no excuses why European courses could not be up and running.

I am amazed that you are saying a dental technician who has no viable qualifications can register in July with seven years’ proof of what he is able to do. Why were they only given two years in which register? It seems ludicrous to me. You should have given them seven years’ notice so that at least the ones who are in the profession from day one would have seven years in which they could qualify for registering.

Summary
Bob Hughes
Chairman
Chief Executive, Association of Optometrists

Thank you very much indeed. I would like to make one comment in my summing up. There are some important issues. People’s livelihoods are at stake and there are issues relating to the diminution of the industry in this country by foreign imports. I would simply repeat the point I made earlier. You have to crystallise on some of the issues and your organisations have to work together, although some of them may have different objectives. I believe there are five organisations represented in this room and a number of individual technicians. In the optical industry we learnt the hard way that if you do not work together you will be picked off one by one, therefore you have to settle whatever differences there might be and work together and have a very clearly defined agenda. Frankly, if this were an optical agenda, the first thing I would be doing is taking counsel’s opinion about some of the regulations that are being imposed on you as to whether they would stand up in court or not. That is just a piece of advice I would throw in.

Closing Remarks
Julia Manning
Director, 2020Health

I would like to thank Barry Cockcroft, Duncan Rudkin, the MPs who attended, Lord Colwyn for enabling us to use this room, Bob for chairing, Chris Ritchie from The Dental Technician, and Brian Schottlander for all the help he gave in getting this event together, and of course all of you for coming and participating in this dialogue.