

**Dental Technicians Association of
Ireland**

Submission to the Competitions Authority of Ireland

On

Dental Industry in Ireland

February 2006

The Dental Technicians Association of Ireland is the biggest group in Ireland representing both Dental Technicians and Clinical Dental Technicians. Our two main aims for the past five years were the mandatory statutory registration of both Dental Technicians and Clinical Dental Technicians. In trying to achieve this we have met with both the Dental Council and The Department of Health and Children. We have found the Department of Health to be very supportive of our wish to register and indeed would welcome this outcome. The Dental Council on the other hand have not been co-operative and told us that at one meeting in the past “this is not a negotiation, we make the decisions”.

As you know the Restrictive Practises Commission in 1983 deemed that the supply of dentures to the public by Dentist’s only was restrictive and not in the public interest. This report led to the writing and passing of the 1985 Dental Act. Twenty one years latter the restriction on the supply of Dentures remains.

After reading your preliminary report on this matter we find we are in agreement with both your findings and suggested courses of action in both the cases of Dental Technicians and Clinical Dental Technicians.

We would like to take this opportunity to clarify some facts with you.

1. Ten Dental Technicians in Ireland have or are in the process of qualifying as Clinical Dental Technicians in the UK .The course is the International Denturist Education Centre (IDEC) Outreach Programme from George Brown The City College in Toronto Canada. The awarding body in the UK is the Royal College of Surgeons UK. This course is three years in duration and is the accepted course of training by the General Dental Council UK for Registration of Clinical Dental Technicians in July 2006.This course has parity with the Denturist courses in Utrecht University Holland and The Royal Dental School Aarhns in Denmark.

The fact that ten people have already undertaken training costing approximately €35,000 to do, with no guarantee of acceptance by the Dental Council in Ireland shows our willingness to educate and protect the public.

2. The Dental Council have for twenty years blocked our registration by presenting the Minister of Health with the same scheme each time it was asked for one, knowing that the Minister could not accept it. With no scheme comes no training and with no training comes no qualification with which to register. If the Dental Council doesn’t agree a scheme with the Minister they stop fully qualified Clinical Dental Technicians from providing competition to the Dentist in supplying dentures to the public. The only way to protect the public health is to register The Clinical and Laboratory Dental Technicians.

3. PROBLEMS WITH THE PROPOSED SCHEMES FOR DENTAL TECHNICIANS BY THE DENTAL COUNCIL.

Schemes presented to the Minister for the Registration of Dental Technicians did allow for a Grandfather clause. The problem with the Scheme was at the very end of the draft scheme the line "This register is voluntary in nature". When the Dental Council were questioned on this by us, their reply was that we needed a stepping stone to registration. Also an amendment would be needed to the 1985 Dental Act, this they were not in favour of doing. The Department of Health did not share the Councils reading of the Act and felt mandatory statutory registration could be achieved without an amendment, saying all you need to register is in the 1985 Dental Act.

Dental laboratories are by Law registered under the Medical Device Directive (MDD) (93/42/EEC) (SI.No252 of 1994) by the Competent Authority the Irish Medicines Board and are open to inspection by this Authority. The MDD was set up to protect the public by keeping controls on materials and cross infection. Again this shows our members willingness to do what is asked of them in the public interest. The MDD costs Lab money to implement for no financial gain, the only out come is a safer service. We entered into the MDD voluntarily first before it became Irish Law and opened ourselves to inspection. Dentists are NOT open to inspection by anyone, not even the Dental Council. However when the Dental Council are asked about inspection of Dental surgeries they say "it is on a list of things to do". It has been on this list for twenty years. Also on this list is a registration of both Clinical and Dental Technicians which has been successfully blocked for this ridiculous length of time, thus showing no intent to carrying out these tasks asked for by the Government.

4. PROBLEMS WITH THE PROPOSED SCHEME FOR CLINICAL DENTAL TECHNICIANS BY THE DENTAL COUNCIL.

The main problem we have with these schemes is that they do not allow for any mechanism for those who already carry out the work of a Clinical Dental Technician to reach a set standard for registration. Our members have adopted the idea of being assessed by a panel from the Dental and Cork Dental School and Hospital and then from this, a course of training being set up to address any perceived shortfalls. This course of training would have to take into account that the candidates are in full time employment.

Some of our members have attended the George Brown IDEC Course in the UK and are therefore Qualified Clinical Dental Technicians. However the Dental Council still do not allow for these people in their schemes. By doing this they make fully qualified people unable to provide the public with dentures under any of the government dental schemes.

We believe that now and in the future, trained Clinical Dental Technicians should be allowed to compete on a level playing field with the Dentist and let the public decide whom they wish to provide this service to them.

The Dental Council say there are a decreasing number of denture wearers in Ireland and so Clinical Dental Technicians are not needed.

The facts as you pointed out in your report is that people are living longer and so the need for dentures is delayed not eliminated. Even so, while one member of the public requires dentures he or she should have the right to chose who they wish to provide this service. This decision should not be made by the members of a Dental Council with a vested interest in keeping out qualified competition.

Schemes from the Council have always put forward the idea of a Certificate of Oral Health as protecting public health. We would argue that a fully trained Clinical Dental Technician is well able to detect abnormalities in the oral cavity and then refer to a Dentist or Hospital as may be required, as they do in other countries such as Canada. A Certificate of Oral Health will only create a funnel effect with everything going through the Dentist first. This will lead to a delay in services to the public (how long does it take a medical card holder to get an appointment to see a Dentist). There is at present huge waiting lists for dentures on the Medical card, this would not be cleared if it all had to go through the Dentist. This practise would also allow the Dentist to profit from every denture made in Ireland, thus putting an upward pressure on prices.

Denture wearers often experience “sore spots” caused by over extension of the denture, malocclusion, dry mouth etc. In these cases the denture must be adjusted to relieve the pain. Patients can get access to a Clinical Dental Technician a lot quicker than to a Dentist, this will reduce the possibility of the pain becoming chronic or leading to complications.

The general public are in favour of direct services from the Clinical Dental Technician, this is seen every day of the week by the amount of people who seek out Clinical Dental Technicians to fit them with dentures privately.

The Department of Health want us to compete with the Dentist, this we can prove by the fact that they have asked for a scheme on numerous occasions.

The only people holding things up are the Dental professionals on the Dental Council. This can not be allowed to continue.

Outcome of changes

1. More efficient supply of dentures to the public.
2. The cost of dentures to the public would be less than from a dentist.
3. Medical cardholders would not have to wait on a long list to avail of the free service.
4. Dentists would be freed up to do other more complicated dental treatments, thus making even general dental services quicker.
5. The public would have the same level of protection from a Clinical Dental Technician as they do now from a Dentist, under a mandatory statutory registration, as standards

are set and met and could be proved by Clinical Dental Technician and Dental Technician.

6. With registration the public would have recourse to the Dental Council or other body if the standard of care were not up to the expected level.

How can the Dental Council say this is not in the public interest?

Thank you for your time and we look forward to reading your report.