



IFD Policy Statement:

Benchmark Identity of Denturists in terms of Education, Scope of Practice and redefining Relationships within the Oral Health Care Team.

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**Working for Denturists World-Wide
Recognition for Denturists World-Wide
Knowledge for Denturists World-Wide**



Benchmark Identity of Denturists in terms of Education, Scope of Practice and redefining Relationships within the Oral Health Care Team:

Introduction

Internationally there are a variety of legislative models and combinations of dental care occupational categories deployed to serve the oral health needs of dental patients, each with their own intrinsic value and contribution.

As one of the fastest growing emerging professions, Denturism is gradually becoming a globalized service category¹. The International Federation of Denturists (IFD)² work towards redefining relationships with other oral health care professions and addressing issues as legislated monopolies, to broaden the service-choices of dental patient and consumers. The IFD have a patient-centred service-approach in all activities, as we continue to carve out our role and responsibilities in terms of Denturism; to meet the professional and inter-professional challenges³ of the twenty-first century. With this resolution, the IFD intend to define the benchmark identity of professional Denturism in terms of Education and Scope of Practice and to clarify ethical responsibilities and improve co-operative relationships within the Oral Health Care Team (OHCT).

Defining Denturism

Professional Denturists are the members of the Oral Health Care Team, specifically trained and educated in all the skills and knowledge required to advise and provide expert denture services to the community. As registered Dental Practitioners, Denturists are excellently equipped and qualified to provide independent Prosthetic services directly to patients⁴. Only Denturists are specifically trained to only practice as Oral Prosthetists in providing custom-made medical devices.

Denturism is broadly defined as the practice of construction, supplying and fitting dentures where both chair-side and dental laboratory work are performed by one and the same person, specifically qualified and authorized for the purpose. Equipped with solid technical training and in biomedical sciences, clinical skills and interpersonal skills, Denturists are expertly equipped to design, create, construct, and modify prostheses to ensure optimal fit, maximum comfort, and general well-being of fully and partially edentulous patients. Denturists are furthermore trained in health promotion and to be a window for the recognition, early detection and referral of oral pathology. Denturists pose no threat to community health⁵, as they do no invasive procedures and do not dispense drugs.

While the term '*Denturist*' is a generally used title, the profession is internationally also referred to by a series of language-specific designations⁶, depending on geography and language, for example:

Dental Prosthetist, Clinical Dental Technician/Technologist, Denturologiste, Klinisk Tandtekniker, Special Dental Technician/Erikoishammasteknikko, Zahnprothetiker, Tandprotheticus, Zubnych Protetikov.

¹ Gerry Hanson, IFD CEO, - Globalization of Denturism. Presentation to the National Denturist Association (May 2005) and Australian Dental Prosthetists Association (August 2005)

² The International Federation of Denturists (IFD) consists of national Denturist Organizations from around the world interested in providing a forum for the promotion of the profession www.international-denturists.org/

³ Global Health and Aging / National Institute on Aging/ World Health Organization <https://www.nia.nih.gov/research/publication/global-health-and-aging/living-longer>

⁴ John Egan, - Removable prosthodontic services, including implant supported overdentures, provided by Dentists and Denturists. Department of Oral Rehabilitation University of Otago Dunedin, New Zealand. In the Journal of Oral Rehabilitation 2008–35 www.onlinelibrary.wiley.com/doi/10.1111/j.1365-2842.2007.01797.x/abstract

⁵ State of Michigan, - Independent Practice for Denturists: A way to provide Safe Dentures at a Lower Cost to Consumers, Office of Health and Medical Affairs: Department of Management and Budget, 1985.

⁶ The Society for Clinical Dental Technology – Designation Denturist www.denturism.co.za/index.php/what-is-denturism/18-designation-denturist/

Scope of Practice

Where the category is recognized in 40 legislative jurisdictions internationally, regulated Denturists provide a full range of solutions for patients missing some or all of their natural teeth. The Scope of Practice of a Denturist is that covered by the Objectives and the Subjects and Topics outlined in the International Baseline Competency Profile⁷. Denturists provide removable Oral Appliances directly to patients (Medical Devices Directive compliant), some procedures collaboratively with other OH practitioners.

During their practice, Denturists perform procedures designated customarily to Dentists and Dental Technicians. Chair-side as well as dental laboratory work are both performed by one-and-the-same person, specifically qualified and authorized for that purpose. They are well-equipped to integrate all aspects of creating the optimal prosthesis, including Patient-aftercare and care of removable oral appliances, through integrated service-efficiency, resulting in time and cost benefits⁸ to the patient.

The Scope of Practice of a Denturist in a specific country may be prescribed in the relevant Regulations, but generally comprises treatment-planning, design, construction, fitting and repair of the full range of patient-removable prosthetic appliances, which may include: Full dentures, partial dentures, flexible dentures, immediate dentures, implant supported over-dentures, metal frames, substructures and special attachments, oral protectors, mouth guards and bleaching trays, as well as sleep apnoea and anti-snoring devices.

Denturists perform a complete visual/digital examination and evaluation of the patient's head and oral cavity, with a view to prosthetic rehabilitation. This includes obtaining a complete medical and dental history of the patient. Denturists discuss fully-disclosed treatment-options with the patient; obtain patient-consent for a treatment-plan and appropriate financing (including Health Insurance). Denture work is done at the Denturist's Clinic or Mobile Denture Clinic, allowing for adjustments to a denture to be done while the patient is present. Direct consultation between consumer and manufacturer removes all the unnecessary repetitions and misunderstandings, often associated with working through a go-between. Due to the fact that the same person does the chair-side consultation, clinical procedures and also manufactures the denture, and any adjustments to suit the consumer's preferences, a better end product results⁹, quality of care is constant and allows for quicker turnaround time to complete service-delivery. Careful attention is paid to every procedure and design-detail in direct consultation. The smallest alteration can make a major change to a denture's comfort, appearance and function. Denturists are creative artists, who can provide a personalized denture that looks very natural and fits the patient's age, face and personality, even simulate natural teeth arrangement and tooth-form with the aid of old photographs, if required.

Referral

Healthcare providers are obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced, utilizing those who have specialized skills, knowledge and experience. Inter-professional referrals advance co-operation within the OHCT and are in the best interest of the patient for attaining expert treatment and optimal efficiency. As compassionate Oral Health Care professionals, Denturists work as part of the Oral Health Team to provide the best possible patient care. When appropriate, they work in close co-operation with Dentists, which allows for co-ordination of all aspects of dental care. Like all professional health care providers, Denturists may refer patients for other specialized health care, when appropriate or necessary. Some Denturists also provides mobile denture clinics to attend to patients' needs in home care situations, hospital visits, or sparsely-populated rural areas. Denturist fees are affordable because their services are discipline-specific, allows the interaction of competitive market forces, and there are no cost mark-ups, cross-subsidies for other services not related to dentures, or outside delays.

⁷ International Federation of Denturists – International Baseline Competencies and Examination Criteria for the Education & Training of Denturists www.international-denturist.org/images/competencies/baselineCompetenciesEnglish.pdf

⁸ Rosentein, Empey, Chiodo and Phillips. - The Effects of Denturism on Denture Prices. American Journal of Public Health, 75 (1985). www.ncbi.nlm.nih.gov/pmc/articles/PMC1646208/

⁹ The Competition Authority Report: Competition in Professional Services - Dentists/ Executive Summary. Dublin, Ireland. December 2005 www.tca.ie/

Geriatric Care

The elderly is the most prevalent group, requiring removable oral prostheses. Institutionalized and frail patients are burdened with a transportation barrier and often battle to deal with physical and cooperation challenges. Once they have lost all their natural teeth, such edentulous patients need prosthetic services. Due to their flexibility and mobility, Denturists are often the only denture service available for any hospitalized patient, those in Retirement facilities¹⁰ and also frail Geriatrics¹¹.

All Oral Health professionals serving this category, should be aware of the presentation of dental and oral diseases and disorders in elderly patients, and the range of psychological and social factors involved. The limitations of working in a non-ideal environment, lack of experience when treating geriatric problems and the potential lack of informed consent and of family members or residential facility staff members with negative attitudes, are all contributing factors that make this a challenging category that requires an exceptionally dedicated service provider. By virtue of their training, Denturists are able to distinguish between normal and abnormal consequences of ageing, and taught to avoid stereotyping elderly patients¹². Qualified Denturists doesn't need special skills to diagnose that the elderly who has lost all their teeth needs a denture to rehabilitate their speech, mastication and oral health functioning. In fact, it is the dedicated calling of Denturists.

Education and Continuous Professional Development (CPD)

Denturism practice is a subset of the practice of Dentistry, and parallels with the approved education, training and competence. It involves the Scope of Practice for Dental Technicians, plus the fitting of removable oral appliances, also in a cooperative spirit with Dentists and other members of the OHCT.

- **About the Educational Program**

In most countries it is a general prerequisite that only Dental Technicians with 4 years practical experience qualify to enrol for Denturist studies. After gaining the prescribed experience at the workbench in a dental laboratory in the procedures of the manufacture of dentures for a variety of different Clinicians, student Denturists are further equipped with the knowledge, skills, attitude and objectives as set out in the Baseline Competency Profile standardized by the IFD. Student Denturists study for a minimum of two years, focusing on the clinical and laboratory skills necessary to provide removable oral prostheses. In Canada aspiring Denturists don't have to be a Dental Technician first, as they acquire sufficient laboratory experience after qualification.

- **Aim and Objectives of the Baseline Competency Profile**

Denturists will have previously fulfilled those objectives related to their education as Dental Technicians in the knowledge and dexterity skills of making dentures and related appliances. The aim of the additional clinical specialization of the Denturist curriculum is:

- To produce a caring, knowledgeable, competent and skilful individual;
- who is capable of unsupervised evidence-based practice within Oral Health Care Teams;
- who is able to accept professional responsibility for the effective and safe care of patients;
- who appreciates the need for Continuing Professional Development (CPD);
- who is able to utilize advances in relevant knowledge and techniques and
- who understands the role of the patient in decision-making.

¹⁰ British Columbia Dental Association. Position statements. - Taking care of the oral health of BC's elders. www.bcdental.org/position_statement.htm/

¹¹ Dr Michael MacEntee. - Missing Links in Oral Health Care for Frail Elderly People. Journal of the Canadian Dental Association 2006. www.cda-adc.ca/jcda/vol-72/issue-5/421.pdf

¹² International Federation of Denturists – International Baseline Competencies and Examination Criteria for the Education & Training of Denturists – Gerodontology www.international-denturist.org/images/competencies/baselineCompetenciesEnglish.pdf

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- **Denture-dedicated Specialized training**

What is unique about Denturism compared to General Dentistry, is the specialty focus in its training and practice. Unlike Dentistry, the main focus of the curricula in schools of Denturism is on ensuring that Denturist students acquire the requisite knowledge, attitudes and skills to provide high-quality removable prosthodontic services to fully and partially edentulous patients¹³.

During the past decades a worldwide trend emerged for Dentists' training to focus on Implantology, CAD/CAM and Oral surgery. As doctors of the mouth, Dentists specialize in a vast spectrum of disciplines. Denturists focus on only one discipline of Dentistry, which is Removable Prosthetics, where they become very familiar and experienced within their field and this expertise presents advantages for the denture-wearing consumer. Denturists have established themselves firmly as expert complementary denture providers¹⁴.

Due to the evolution of international base-line competencies and the development of first-rate retraining and upgrading opportunities, Denturism has matured. With a tradition of first-rate patient care and technical proficiency built upon internationally approved and accepted standards, Denturists demonstrate a history of performance and achievement unique among emerging professions. In fact, the provision of dentures by Denturists is so effective, that Dental Schools in some countries are now giving consideration to discontinue denture training all together for occupational Dentistry students.

Differentiating between categories

Dental technicians, working in *Dental Laboratories*, are trained to manufacture a range of dental appliances on prescription for Dentists. Making dentures is one of the dedicated fields. They collect and deliver work to and from the Dental Surgery, during the various stages of making appliances. They have specialised technical competence to design and make oral appliances and medical devices, but have neither the clinical training nor the legislated mandate to work directly with patients. Dental Technicians manufacture dentures on sub-contract for Dentists' Patients, limited to interpretation of instructions from the Dental Surgery, and are restricted from communicating with patients. They make the appliance in isolation from the patient, without the opportunity to assess first-hand the denture wearer's oral dimensions, personal needs, preferences or any direct contact.

Making a denture without access to the consumer/patient, solely on the instructions of a go-between is inefficient and frustrating to all concerned and the Patient is often the ultimate loser. It is comparable to an Artist trying to capture someone's portrait on canvas, without meeting the subject personally. Society is much deprived without the direct denture services of Denturists!

Denturists, working in *Denture Clinics*, often start off as Dental Technicians, but are retrained to become specialized public denture practitioners, by expanding their education, skillset and experience. They do all the clinical procedures, from the primary impressions, through all the required stages, to the construction of the appliance and throughout consults directly with the end-user (the denture-wearing patient). Denturists¹⁵ are not Dentists, they are *Dental Practitioners* focussed on their unique skillset of direct prosthetic services, defined as Denturism.

¹³ Dr Christine Way, - The Profession of Denturism: Education, Competencies and Scope of Practice - Canadian Denturism Journal - Spring 2015.
www.kelmanonline.com/httpdocs/files/DAC/denturismspring2015/index.html/

¹⁴ Prof Risto Tuominen, - Clinical quality of removable dentures provided by Dentists, Denturists and Dental Laboratory Technicians. Department of Public Health, University of Helsinki, Helsinki, Finland. April 2003.
www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12020122&dopt=Abstract/

¹⁵ National Competency Profile for Denturists - Approved by College of Denturists of British Columbia, December 2013.
[www.cdbc.in1touch.org/uploaded/web/pdf/National%20Competency%20Profile%20-%20Approved%20by%20CDBC.pdf./](http://www.cdbc.in1touch.org/uploaded/web/pdf/National%20Competency%20Profile%20-%20Approved%20by%20CDBC.pdf/)

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Dentists, working in *Dental Surgeries*, are qualified and mandated to provide the whole range of dental services that relates to a patient's oral health. Their work is mainly concerned with the science of prevention, diagnosis, and treatment of conditions, diseases, and disorders of the oral cavity, the maxillofacial region, and its associated structures. Dentists also educate and advise patients. While the work of Dentists is often surgical in nature, they also treat many diseases of the oral cavity and the face chemotherapeutically and spend much of their time on the physical rehabilitation of damaged dentition. In order to ensure that they effectively execute their responsibilities, Dentists may refer patients to a range of OH specialists, or other independent health professionals, or employ Dental Technicians, Dental Chairside-Assistants, Dental Therapists and Oral Hygienists, and utilize the services of Dental Technicians in commercial dental laboratories. Dentists are go-between brokers who do not make dentures, but order them from dental laboratories, where skilled Dental Technicians construct them.

“Dentists work on natural teeth, Denturists work on artificial teeth!”

Benefits of Specialization in Denture supply

The public is provided with the freedom of a wider choice of service providers when the denture manufacturer is given access to clinical training, to qualify for direct access and communication with the end-user, so as to register and practice as a **Denturist**. That puts a stop to all-round frustrations, often experienced due to the alternate clumsy procedure, associated with the fragmented go-between system where Organized Dentistry have monopolized the supply of dentures. By the removal of the prescribed communication barrier and other unjustified restrictions¹⁶, allows consumers to benefit from personalised-aesthetics services and allowing market forces to come into play.

Denturists' scope of practice includes clinical work, but clearly outlines and draws distinctions between provision of oral appliances and the adjustment or alteration to natural teeth/tissues of the mouth. Denturists don't perform invasive procedures, but as Prosthetists, work entirely with constructed or prosthetic (artificial replacement) devices¹⁷.

By providing this supplementary service, Denturists frees up the hands of Dentists for their primary objective; to combat oral disease more efficiently and to deliver more advanced clinical services, which affirms the importance and diversity of the OHCT. Patients requiring services beyond the Scope of Practice and expertise of a Denturist are referred to the appropriate oral healthcare professional.

Denturists have moved beyond the point of arguing for a role in contributing to community health¹⁸. Instead, with the support of our stakeholders (patients, consumers, professional associations, taxpayers, and politicians¹⁹) Denturists are announcing with pride that we are taking our place beside other internationally recognized and respected professionals²⁰. Beyond being regulated by 40 statutes globally²¹, Denturists take ethical responsibility towards their denture-wearing Patients and likewise accept accountability towards the communities they serve, their colleagues and the rest of the OHCT!

¹⁶ Federal Trade Commission. - The Sale of Complete Dentures: Effects of Present & Alternative Regulations. 1980.

¹⁷ The College of Denturists of Ontario (2013) - Essential Competencies

www.cdo.in1touch.org/document/1158/National%20Competency%20Profile%20%20Approved%20by%20Council.pdf/

¹⁸ The 2003 Office of Fair Trading Report into the private Dentistry market in the United Kingdom

www.oft.gov.uk/Market+investigations/Investigations/dentistry.htm/

¹⁹ Clement A MP, - Celebrating 35 great years- 1971-2006. Special Greetings by the Health Minister. The Journal of Canadian Denturism. Fall 2006

²⁰ International Federation of Denturists - Relationship Between Dentists And Denturists

www.international-denturists.org/index.php/en/denturists-worldwide/denturism-an-overview?showall=&start=3/

²¹ International Federation of Denturists – Schedule of Denturist laws

www.international-denturists.org/index.php/en/denturists-worldwide/denturism-an-overview?showall=&start=2#schedule/

Redefining Relationships

As with other allied health professions, where the relationship between those with a historically defined role and those with an emerging role, collides over concerns about standards, patient care, and control; Dentists and Denturists have been subject to inter-professional rivalries and struggles for mutual respect and understanding.

We have a dream that Dentists will one day stop seeing Denturism as professional encroachment²², and refer the bulk of prosthetic work to these expert Prosthetists and in return accept the referrals from them for oral examinations, fillings, occlusal rest preps and extractions, which more than offsets the potential loss of income from seeing less denture patients. Legislated recognition of Denturism practice is not about taking work away from Dentists, but rather about collaborated teamwork; to allow patients the freedom of choice of additional access to OH service providers and improved oral health status!

Population demographics by the United Nations²³ predicts that 21% of the world population will be older than 60 by 2050 (1 in 5 people on the planet). The rising life expectancy within the older population translates to a huge future demand for dentures and sufficient numbers of OH personnel to serve them. A degree in Dentistry is not the only qualification-criteria for assessment of competency to provide oral health services, because several non-Dentist categories have sufficient skills, knowledge and the professional attitude to efficiently serve public oral health needs. Dental services have evolved into a highly specialized team of professional experts working co-operatively to best serve all the oral health needs of the community. It is refreshing to see the harmony within the increasing trend of Group-practices, where colleagues within the OHCT, including Dentists, Denturists, Dental Therapists, Oral Health Therapists, Oral/Dental Hygienists, and various other OH specialists, refer patients to one-another's recognised expertise, to best serve the needs of the dental patient/consumer. Indeed, the Australian Dental Council²⁴ registers all clinician categories within the OHCT, as *Dental Practitioners*, each category committed to their own expert subset of Dentistry, all sharing the same Code of Ethics²⁵ and all committed to the practice of **Patient-centred Dentistry**.

The IFD work towards redefining relationships with other Oral Health Care professions and addressing issues like legislated monopolies, to broaden the service-choices of dental patient and consumers. We share a dream of a Team of Oral Health Care experts serving the patient jointly and purposefully, with inter-professional referral protocols when required, to achieve the noble goals of good Oral Health and General Health, by restoring the patient's self-esteem and ability to eat, talk and smile with confidence!²⁶

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²² Rosenstein, Joseph, Mackenzie and Wyden, - Professional Encroachment: A Comparison of the Emergence of Denturists in Canada and Oregon. American Journal of Public Health, 70:6 (1980). www.ncbi.nlm.nih.gov/pmc/articles/PMC1619448/

²³ United Nations, World Population Prospects: The 2010 Revision. Available at: <http://esa.un.org/unpd/wpp/>

²⁴ Australian Dental Council (September 2014) - Professional Attributes and Competencies of the newly qualified Dental Prosthetist www.adc.org.au/documents/Attributes&Competencies_Dental_Prosthetist_final.pdf/

²⁵ Dental Board of Australia (March 2014) - Code Of Conduct for registered Health Practitioners www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Code-of-conduct.aspx/

²⁶ IFD Current Newsletter (Feb 2016) Editorial - I have a dream

www.international-denturists.org/index.php/en/denturists-worldwide/denturism-an-overview?showall=&start=2#schedule/