

## DEVELOPMENTS IN TRAINING OF DENTAL PERSONNEL

by GEORGE E. CAMILLERI

THE training of dental surgeons at the Royal University of Malta is closely based on the British system and with minor modifications has proved suitable to local requirements. The first course started in 1933 under the aegis of the Faculty of Medicine and Surgery. In 1951 the Faculty of Dental Surgery was established and the duration of the course increased from two to four years, leading to a Bachelor's degree in Dental Surgery. This professional course attempts to give an academic and clinical training hopefully including the intangible characteristics of a university education. The format of the course has evolved over the years without any drastic modifications. Although the number of dental surgeons is not enough, the type of dental surgeon has proved adequate to the nation's need.

The dental surgeon, in order to function efficiently, requires a trained auxiliaries, together forming the dental health team. The number and type of auxiliaries vary considerably in different countries, being influenced by the needs of the individual countries as well as the policies of the Government Health authorities and the professional associations. The dental health team consists of the dental surgeon and some or all of the auxiliary personnel such as the chairside assistant (also known in Malta as the dental nurse), the dental laboratory technician (or mechanic), the dental hygienist and the school dental nurses (also known as the New Zealand nurses, where they were first introduced and have been used with success for over 50 years). The latter two types, the dental hygienist and the school dental nurse are permitted to perform certain clinical procedures on patients under the supervision of a dental surgeon and are classified as Operating Dental Auxiliaries.

### DEVELOPMENTS IN THE TRAINING OF DENTAL PERSONNEL

The main function of the dental technician is the fabrication of appliances according to the prescription and under the supervision of the dental surgeon. He does not have direct contact with the

patient and is classified as a non-operating auxiliary. The training of the dental technician in Malta is on the apprenticeship basis although a few have successfully followed formal courses in the United Kingdom. It is unfortunate that, by tradition, the dental technician attends a Polytechnic or similar institute rather than the dental school itself for his training. Possibly, the attempt to keep the dental surgeon and dental technician apart as well as the unwillingness of Universities to participate in non-professional courses may have been the basis for this dichotomy in teaching. This has led to a number of problems and many dental schools have started courses for the training of dental technicians within the school itself. In this way, the training takes place in its proper milieu which is the Dental School and where the trainee technician is in contact with the dental students. In Malta, both the Government and the University have appraised the problem and an expert from the University of Manchester Dental School studied the local situation and submitted a report outlining the feasibility and requirements of such a scheme. The report although still largely applicable has now been overtaken by time and a fresh look at the problem is required before any active steps are taken. Formal training of dental technicians does not exist in Malta.

The chairside assistant is essential to the proper functioning of the dental surgeon. She is a non-operating auxiliary but when trained and efficient is an inestimable help in improving the efficiency of the whole dental health team. The great majority of dental surgeons in Malta have chairside assistants who have usually been trained by the dental surgeons themselves, a time-wasting and sometimes exasperating experience. There is a correspondence course, officially sponsored by the British Dental Association which a few Maltese girls have successfully followed. This is an unsatisfactory alternative to a formal training programme which is as yet unavailable in Malta.

It is now generally agreed that the major diseases that affect the teeth and their supporting structures, dental caries and periodontal disease, are largely preventable diseases by the procedure of preventing dental plaque formation. The role of preventive dentistry both at the individual and community level is therefore assuming larger proportions of the teaching programme of the dental student as well as in the allocation of resources by health authorities. It has also brought to the forefront another member of the dental health team, the dental hygienist. The main functions of the dental hygienist are the removal of plaque and calculus, the cleaning and

polishing of teeth, individual and group instruction in oral hygiene and dental health education, and the topical application of fluorides or other prophylactic solution or fissure sealants. The first dental hygienist course was started in the U.S.A. in 1913 and such courses now exist in most developed countries.

The present course of dental surgery admits six students each course with a new course starting every second year, so that the total number of dental students at any one time is usually twelve. The cost of training a dental student is high, possibly the most expensive in the University. A range of suitably qualified teachers is required to teach the various aspects of dental surgery whilst the size of the population and the capital expenditure involved does not permit any dramatic increases in the dental student population. Training of auxiliaries and dental surgeons together using the same staff and facilities has the advantage of applied teaching of the team concept as well as better utilisation of available resources.

A scheme has been proposed to train dental auxiliaries, chair-side assistants and dental hygienists within the Department of Dental Surgery. Although a final decision has not yet been reached, it is likely that initially a combined training programme of chair-side assistants and dental hygienists will be followed. This would have the advantage of flexibility and possibly produce an auxiliary of greater value to the general dental practitioner. The Government and University authorities have supported this training scheme with the University providing facilities and staff, whilst the students auxiliaries having the same status as pupil or student nurses at St. Luke's Hospital. It is proposed that the course of study will lead to certification by the Department of Health and formal registration with the Medical Council. Legislation will have to be enacted to establish a register for dental hygienists as well as defining their duties in the Maltese Islands.

The increase in the number of students (dental students and student auxiliaries) will allow for a measure of increase in the departmental staffing but the chief gain will be the possibility of training the future dental surgeon and his auxiliaries together. This will enable the dental student to learn how to work with and appreciate the value of assistance during the various operative procedures. It is also of value that the dental auxiliary, for some of her training period, works alongside the dental surgery. In this way she will appreciate more the requirements of the dental surgeon as well as appreciate her role in the dental health team concept.

In Malta, there is presently a national effort to modernise and

rehabilitate the training and education of the technician grade. In dental surgery, the professional and technical personnel are in practice very closely so related that extension of this symbiosis during their training period is a logical but adventurous step. Its outcome is awaited with interest and may offer guidelines to similar programmes elsewhere.