

Fair Work Commission**Four Yearly Review of Modern Awards*****Health Professional and Support Services Award*****Matter No: AM2016/31****STATEMENT OF ANASTASIA STAIKOPOULOS**

1. I am currently employed as a Dental Prosthetist and Lab Project Coordinator at Link Health and Community, Clayton in a permanent part-time role, 22.5 hours per week.
2. I am covered by the *Victorian Stand Alone Community Health Centres Allied Health Professionals Enterprise Agreement 2017 – 2021*, as a dental prosthetist, level 3.
3. I completed a four year apprenticeship as a dental technician between 1992 and 1996. A dental technician qualification is a prerequisite to qualifying as a dental prosthetist.
4. After finishing my apprenticeship in 1996, I worked for 2 years in a private denture clinic as a junior dental technician. I was the sole staff member working for a dental prosthetist in his private practice. My work involved processing dentures, which included fabricating special trays (used to take an impression of the mouth), fabricating registration rims (these are dentures that in the wax stage that go in the mouth to be fitted) and the processing and finishing of dentures to acrylic (this is the final stage when the wax registration rims are converted to the finished product to be inserted in patient's mouth). I left that role because of the low pay.
5. In 1998 I started an Associate Diploma in Applied Science (Dental Prosthetics). This was a part-time evening study course at the Royal Melbourne Institute of Technology (RMIT).
6. While studying I worked in customer service at a computer hardware company. I then found a job as a sales representative selling dental implants for Zimmer Dental. I worked there from 2000 until 2003.
7. In 1999 I finished my dental prosthetics course and was qualified to work as a dental prosthetist.
8. In 2003 I opened a solo practice as a dental prosthetist. I ran my denture clinic from a dental surgery, where I rented a room from a dentist. I never employed anyone while operating my practice. I would sometimes refer patients to the dentist I shared the surgery with, and vice versa. But we operated separate businesses.

9. My work as a dental prosthetist in my own practice included clinical and technical work, as well as administration and bookkeeping.
10. The clinical work involved seeing patients who came in to get their dentures repaired, or to make upper or lower dentures for patients. Each patient usually requires approximately six appointments, which involve making first and second impressions of their mouth, consulting with patients about the colour and shape of the teeth, trying on the dentures in their wax form, before converting the denture to its final acrylic form.
11. In my solo practice, I also performed all the laboratory work between each appointment, making special trays, registration rims, and the final acrylic denture, which is the same work I performed as a dental technician.
12. In 2006 I moved my business to my home, setting up a clinic and laboratory at home so I could work from home while my kids were young. I ran my business from home from about 2006 to 2012. My work was the same as it had been in my private practice at the surgery.
13. In 2011 started at Link Health and Community, which was called Monash Link Community Health Service at the time. I initially worked there only one day a week, but later closed my private clinic in 2012 after moving house, and increased my hours of work to those I currently work.
14. In 2014 I moved to Bendigo and took up a role as lead prosthetist with Bendigo Health. This is also a community health service, but a bigger provider with 31 chairs compared to 11 at Link Health and Community. I worked in a team with three other prosthetists and one dental technician. I worked together with dental therapists, oral health therapists and general dentists.
15. I later moved back to Melbourne and started working for Inner South Community Health (now Star Health) as a dental prosthetist, in a similar clinical role to my previous roles, from around 2016 until 2019, although I did not perform any mentoring as part of my role. I recommenced working for Link Health and Community in late 2018, first one day a week, and then increased my hours after leaving Star Health.
16. In my current role, I am the only senior prosthetist in the clinic. My duties include anything from mentoring and training the junior prosthetist and junior dental technician, to performing clinical work, chair-side and assisting dentists with denture treatment planning. I see patients of all ages to fit their removeable partial or full dentures.
17. The clinical work I perform is the same as the work I performed in private practice, however I no longer do the technical and laboratory work involved in fabricating the

dentures. Annexed hereto and marked **AS-1** is a copy of a guide I prepared for dental assistants in the course of the performance of my current role with Link Health and Community. It details the stages in the process of dealing with patients.

18. One of the differences between private and public or community health is the number of patients I see per day. I will often see 14 to 15 patients a day. Occasionally I have seen up to 18 or 20. In my own private practice I would have seen approximately 8 patients per day.
19. I work in the same clinic as dental therapists, oral health therapists, dental hygienists, general dentists and dental specialists. We have a specialist department at Link Health and Community that does endodontic work. This is what I like about working in the community health sector, that you have the support of a team. Working on your own you are more isolated.
20. While I don't usually work with a dentist, having a dentist in the clinic is helpful. For example, if I have patient in the chair for whom I am about to make partial denture, but I notice they have a tooth that is slightly mobile or they are complaining about pain, I might be able to bring a dentist in to have a look and ask for advice. The dentist may book the patient in to take an x-ray, before they come back to us to start the denture process. Vica versa, the dentists may also come in and ask advice from me, for example, to get a second opinion about whether they should remove teeth of a patient who is going to have a denture made.
21. In the community health sector we frequently work alongside dental therapists and dentists. Dental therapists will check a patient's general oral health and provide them with an oral hygiene treatment plan. Once the whole oral health team is satisfied with the patient's oral care and their general treatment is completed by the dentist, they will come and see the dental prosthetist for their denture treatment, fit of prosthesis and any follow up adjustments. Dental prosthetists working in their own practices don't tend to have dental therapists or dentists working alongside them in the clinic, however, some private denture clinics work in the same premises with dentists and other oral health providers.
22. Dental prosthetists are health professionals because we have a unique role in treating a patient's oral health. If someone doesn't have their teeth their ability to eat will be affected, their diet may be limited and/or poor, they will likely have low self-esteem, and their overall health may not be great. As a health practitioner we are necessary to improve the overall health of our patients. The work that we do making and fitting someone's dentures is something that no other health professional can do.

23. I used to be a member of the Australian Dental Prosthetist Association ('ADPA') when I had my own practice. The ADPA ran a lot of Continuing Professional Development (CPD) events which were useful. I left the ADPA once my kids came along and I moved into public health. The fees were high and I felt like there wasn't a lot of support or benefit from being a member of the Association once I started working as an employee in the community health sector.
24. We are health professionals, so I support being covered by the Award. Like other health professionals we are treating patients to improve oral health and patient wellbeing, and we are registered as dental practitioners like dental therapists are. If dental therapists are included in the Award we should be too; we all work as a team.
25. I know of dental technicians who are only able to get work during busy periods, and who have to work for two or more laboratories to make up enough hours because of the lack of consistent work.
26. I am concerned that if dental prosthetists are not covered by the Award, we will lose the protection of the award wage rates. I am concerned that if dental prosthetists do not have award protection, this might discourage people from becoming dental prosthetists, but also dental technicians, because progress to work as a dental prosthetist is a common career progression for dental technicians.

Anastasia Staikopoulos

9 April 2020

A GUIDE TO DENTAL ASSISTING IN REMOVABLE PROSTHETICS

Clinical Stages in Denture Fabrication

Dental Assisting in Removable Prosthetics and Clinic Layout

This manual has been created to support new employees, trainees and existing Dental Assistants to use as a learning guide or reference to assist the Dental Prosthetist in providing treatment and care for our patients.

When you are assisting in Removable Prosthetics, the yellow tub is where you will find most of the consumables, forms that are required for the Clinical Stages in Denture Fabrication. This tub is in the Link storeroom in aisle 4.

The photos below show the layout of how the clinic should be set up in the morning for Removable Prosthetics.

Clinic layout for Removable Prosthetics



Removable
Prosthetics tub

Primary or 1st Impression stage

This appointment involves a consultation and taking impressions. We use an Alginate impression material to take moulds of the mouth. Sometimes a secondary impression is necessary, as every mouth is different. Secondary Impression stage is explained below.

1st Impression Stage



Equipment and consumables required for 1st Impression/s is as follows:

- Patient is wearing a bib, protective glasses, head rest correctly positioned, and patient is comfortable
- The Prosthetist will let you know what trays size is required
 - ❖ Edentulous patient, (patient has no natural teeth) - green trays
 - ❖ Dentate patient, (patient has some natural teeth) - grey trays
- Alginate Impression material
 - ❖ 2 scoops of powder for a small tray – grey or green tray
 - ❖ 2 to 3 scoops for a medium or large tray – grey or green tray
 - ❖ Please refer to instructions below, on how to mix Alginate material.
- Alginate mixer, mixer cups, water doser bottle, spatula
- Mouth mirror
- Periphery wax or green stick for tray extension
- Alginate adhesive spray
- Green bowl for soaking impressions
- Disinfectant (NeutraDet) for disinfecting all impressions for 10 minutes
- Once impression is removed from the mouth, impression is placed into NeutraDet detergent
- Patient's face to be wiped or offer patient wet towel to clean their face. Ask patient if they would like a cup of water
- After soaking impression/s, impression is removed and rinsed under cold water
- Wrap each impression in damp paper towel and place into zip lock bag
- Once the laboratory prescription form is completed by Prosthetist, the prescription form can be placed into the pocket of the zip lock bag or the patient's laboratory box
- Enter lab work information into the lab log notes form- which then will be transferred into the lab log book situated in the Link Dental Laboratory
- Completed laboratory work going to the external Dental Technician is placed at reception at the end of the day for pick up.
- Internal laboratory work is sent to the Dental Laboratory at Link.

A GUIDE TO DENTAL ASSISTING IN REMOVABLE PROSTHETICS

Forms

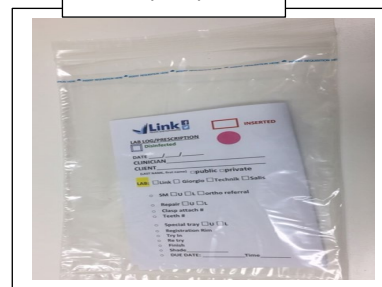
Lab log note form

DATE LOGGED DDMMYY	TYPE OF WORK	NAME OF PATIENT	CLINICIAN	LAB	DATE WORK DUE
PLEASE TRANSFER ALL ITEMS TO THE LAB LOG					

Link prescription lab form- Internal lab

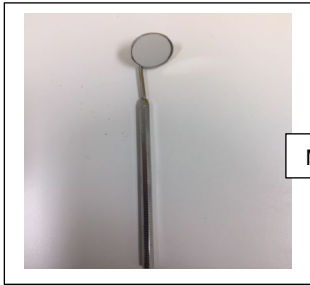
Technik prescription lab form – External lab

Zip lock bag with lab script in pocket



A GUIDE TO DENTAL ASSISTING IN REMOVABLE PROSTHETICS

Equipment and consumables required for 1st impressions are:



Mouth mirror



Grey Dentate trays

Green Edentulous trays



Fix adhesive spray



Periphery wax

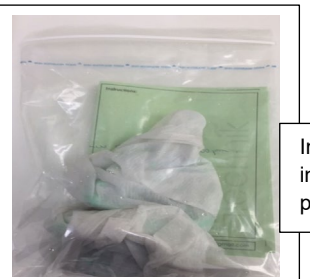


Green Stick



NeutraDet detergent

Disinfecting bowl



Impressions in damp paper towel



Motion Alginate Mixer & accessories

How to mix Alginate material using the Motion Alginate Mixer

Fluff Alginate powder before dispensing, by shaking the closed container

The number of recommended scoops depends on the procedure and size of the tray

- ❖ 2 scoops of powder for a small tray – grey or green tray
- ❖ 2 to 3 scoops for a medium or large tray – grey or green tray

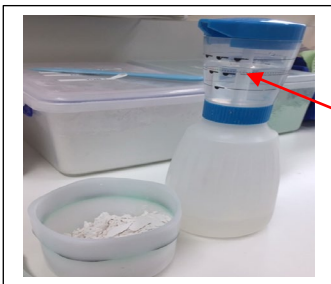


1. Fill 2 scoops of Alginate powder, tap side with spatula then level off and place in the mixer cup.



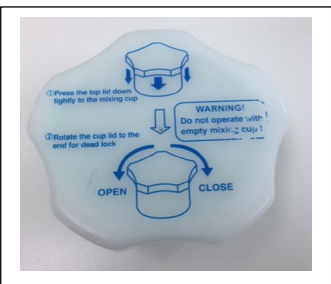
Mixer cup
& lid

- ❖ Do not pack powder too tightly in scoop, you will have too much powder to water ratio for mix
- ❖ The higher the water temperature the faster the impression material will set
- ❖ Use cooler water to allow more working time

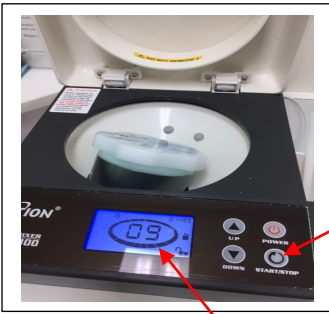


2. Pour measured amount of water into the mixer cup, using the water doser bottle

Water level
for 2 scoops

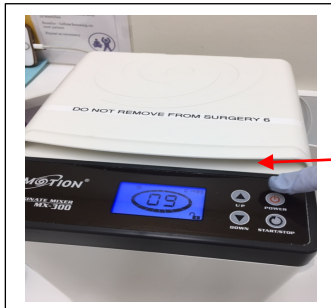


3. Place lid onto mixer cup and turn clockwise to lock



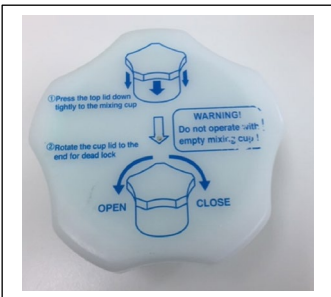
4. Place mixer cup into Motion Alginate Mixer holder and close the cover. Press the START button to begin mixing

❖ The display indicates the time the material is mixed for. The time can be adjusted by using the UP and DOWN arrows to adjust the mixing time of the material.



5. Once mixing is complete, the Alginate Mixer will stop. The Alginate Mixer will beep once and then you can lift the cover to remove the mixer cup

Cover



6. Open the mixer cup lid anticlockwise to open. With the spatula scoop the mixed alginate and load onto a tray

Secondary or 2nd Impression stage

Custom impression trays are made by the Dental Technician for the secondary impression stage

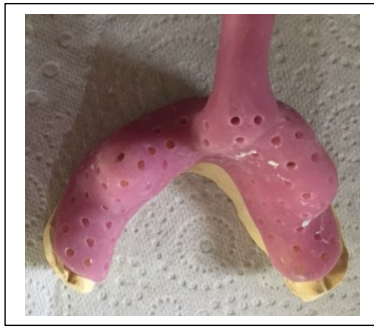
The special tray/s for a patient will be in the Dental Laboratory at Link

Please follow primary impression instructions for this stage

In some cases, different impression material might be used, so the Dental Prosthetist will let you know.

- Custom trays can be soaked in NeutraDet detergent for 5 minutes prior to patient arriving

Custom impression trays or Special trays



Registration or Bite Stage

This appointment we insert bite blocks in the patients mouth that are made from wax. This enables us to locate the relationship and determine how the lower teeth will meet with the upper teeth. At this stage we also select the colour of the teeth, which patient is also involved in.

Bite blocks are made by the Dental Technician for the registration stage

The bite block/s for a patient will be in the Dental Laboratory at Link

Bite block/s or rims



Equipment and consumables required for the registration stage is as follows:

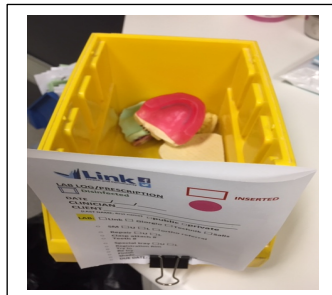
Wax knife, flat large spatula, red bite wax, shade guide, mini flame torch, bite registration material, gun dispenser and tip, green bowl, kettle to boil water, Neutraset detergent, face mirror for patient

❖ Instructions on how to operate the micro torch is shown below

Wax knife, flat spatula, red bite wax, shade guide, micro torch, Willis gauge, face mirror

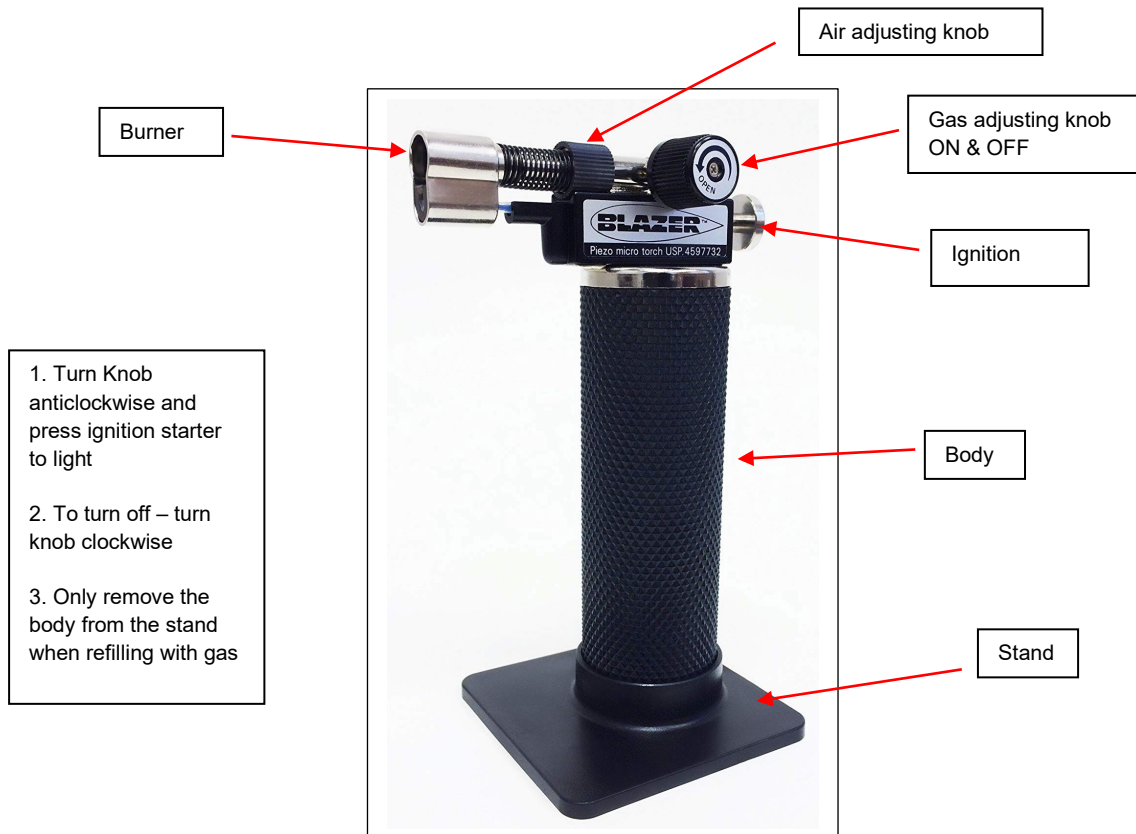


Gun dispenser and bite registration material, tip



Equipment and consumables required for the registration stage is as follows:

- Green bowl for soaking bite blocks in NeutraDet detergent
- Bite blocks (registration rims) are removed from models and soaked in NeutraDet detergent for 5 minutes prior to patient arriving
- Please ask for Prosthetist assistance if you need help to remove bite blocks from models
- After registration is taken, bite blocks (registration rims) can be soaked in NeutraDet detergent for 10 minutes and then rinsed under cold water
- Bite blocks (registration rims) to be placed back on plaster cast models.
- Once the laboratory prescription form is completed by the Prosthetist, the prescription form can be placed into the patient's laboratory box.
- Enter lab work information into the lab log notes form- which then will be transferred into the lab log book situated in the Link Dental Laboratory.
- Completed laboratory work going to the external Dental Technician is placed at reception at the end of the day for pick up.
- Internal laboratory work is sent to the Dental Laboratory at Link.

Operating the micro torch

When the micro torch is lit, never leave it unattended.

Never operate the micro torch without the stand.

Fire blanket is in the Removable Prosthetics yellow tub

How to use a micro torch link below:

<https://www.youtube.com/watch?v=0OVU5BOqp9A>



Try In Stage

This appointment the denture teeth are set up in the wax bite blocks, (the patients' dentures in wax), which we insert in the patient's mouth. The Prosthetist will check the bite and make sure that it is correct. The patient will also be given a mirror to view their teeth in the wax stage. If any changes need to be made, this is the stage that alterations can be made. Once the dentures are converted to acrylic, no change to the appearance can be made.

The wax dentures are made by the Dental Technician for the Try In stage.

The Try In denture/s for a patient will be in the Dental Laboratory at Link

Try In stage- wax denture/s



Equipment and consumables required for the Try In stage is as follows:

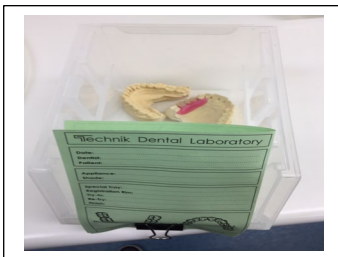
Wax knife, red bite wax, shade guide, micro torch, face mirror, green bowl, Willis gauge, NeutraDet detergent, gun dispenser and bite registration material and tip

- Waxed dentures to be removed from models and soak in NeutraDet detergent for 5 minutes, prior to patient arriving
- Please ask for Prosthetist assistance if you need help to remove bite blocks from models.
- After Try In stage is completed, wax denture/s can be soaked in disinfectant for 10 minutes and then rinsed under cold water.
- Wax denture/s to be placed back on plaster cast models.
- Once the laboratory prescription form is completed by prosthetist, place into the patient's laboratory box.
- Enter lab work information into the lab log notes- which then will be transferred into the lab log book situated in the Link Dental Laboratory.
- Completed laboratory work going to the external Dental Technician is placed at reception at the end of the day for pick up.
- Internal laboratory work is sent to the Dental Laboratory at Link.

Wax knife, flat spatula, red bite wax, shade guide, micro torch, Willis gauge, mirror



Gun dispenser and bite registration material, tip



Insert Stage

This appointment the denture/s are finished to acrylic and ready for insert. Minor adjustments might be made at this visit.

The acrylic dentures are made by the Dental Technician for the insert stage.

The finished denture/s for a patient will be in the Dental Laboratory at Link

Acrylic finished denture/s



Equipment and consumables required for the Insert stage is as follows:

Straight handpiece, face mirror, green bowl, articulating paper, Neutradet detergent, trimming burs, Dr. Thompson's transfer applicators, pressure indicating paste

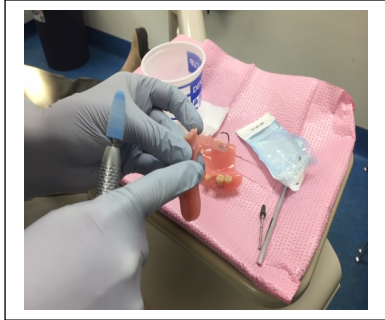


- Green bowl for soaking finished denture/s
- Acrylic denture/s to be removed from sealed bag and soak in NeutraDet detergent for 5 minutes prior to patient arriving
- After 5 minutes of soaking, denture/s is removed and rinsed under cold water
- Dentures can be placed on the bracket table ready for insert
- If patient has existing dentures, they can be placed in a denture cup for them to take home as their spare set
- Invoices to be given to Prosthetist to sign, they approve completed laboratory work, and then place into the in-tray of the Clinical Support Oral Wellbeing Manager to process
- Laboratory prescription forms are placed in the clinic filing area for collection by the Client Services Officer team for scanning

Adjustment Stage

New denture/s or an existing denture sometimes may rub and create ulcers and/ or sore spots in the mouth. A patient might return to the clinic for an adjustment to their denture/s.

Denture Adjustment

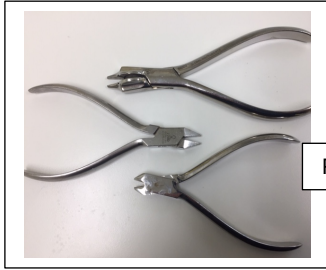


Equipment and consumables required for the Adjustment stage is as follows:

Straight handpiece, articulating paper, pliers for adjusting clasps, trimming burs, Dr. Thompson's transfer applicators, Polident, Pressure indicating paste



Straight handpiece



Pliers



Trimming & polishing burs



Pressure indicating paste (PIP)



Articulating paper



Applicator tips



Polident

Reline

A denture reline is best defined as a resurfacing of the side of the denture that contacts the soft tissues within the mouth. The purpose of a denture reline is to ensure the denture fits securely and comfortably. Denture relines are necessary as the mouth changes shape due to bone shrinkage and age.

Equipment and consumables required for a reline is as follows:

Straight handpiece, alginate impression material, light body impression material, trimming burs, tray adhesive, fix adhesive spray, cotton tips

- ❖ Grey dentate trays are only required for a partial denture reline- this is used for a pickup impression using alginate impression material.
- ❖ Please refer to instructions, on how to mix Alginate material.



Straight handpiece

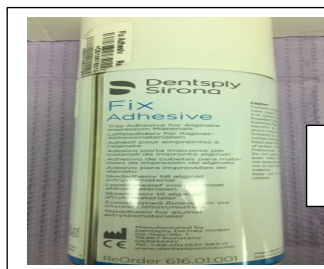


Trimming & polishing burs

Gun dispenser, light body material, cotton tip, tray adhesive, and tip



Items required for a reline



Tray fix adhesive



Grey Dentate trays for partial reline



Alginate impression material

Reline

Temporary Soft Denture Liner – Visco-gel

The temporary Soft-liner material is used as a tissue conditioner and a temporary reline when denture bearing soft tissues have been distorted by an ill-fitting denture.

