Application for the Regulation of Maxillofacial Prosthetists & Technologists (MPTs) by the Health Professions Council

Summary Document

Application made to The Health Professions Council by

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on behalf of - The Institute of Maxillofacial Prosthetists & Technologists (IMPT)

Suggested title - Maxillofacial Prosthetist & Technologist (MPT)

IMPT > HPC Application – Part A: Statement of Eligibility for Statutory Registration

Maxillofacial Prosthetists and Technologists (MPTs) are responsible for restoring function and appearance to patients after cancer surgery, trauma or congenital abnormality. They work with exposed, delicate structures of the human body and must have the knowledge and skill to assess, design, prepare, apply, fit, modify and maintain implants, splints and prostheses around brain, dura, airways, blood vessels, orbital socket, teeth, oral mucosa and tongue.

The majority of referrals to a maxillofacial prosthetics laboratory are head & neck related but MPTs are also called upon to design, manufacture and, as required, apply devices to other parts of the body, i.e. custom made breast prostheses, deep buried silicone elastomer chest implants, and hand splints for dystrophic epidermolysis bullosa or burns patients.

Working as a part of the head and neck team, MPTs are required to have a thorough knowledge of the progress of disease such as cancer and relevant surgical procedures to remove malignant tissue or correct abnormality. They receive referrals from various medical specialties including maxillofacial surgery, ENT, burns, neurosurgery and plastic surgery. Except for a small amount carried out in the armed services, all maxillofacial prosthetics and technology is carried out in NHS hospitals. The MPT will provide advice and guidance to surgical colleagues regarding the use and application of biomaterials such as those used for deep-buried implants, and relevant componentry such as bone>implant attachments.

An autonomous practitioner, invariably working unsupervised unless a chaperone is indicated, the MPT's skills will include dexterity, sensitivity, spatial acuity, co-ordination and accuracy. Practise includes direct physical contact with the patient; this involves palpitating delicate, often dynamic, margins of a defect, handling implant components, and gross positioning of a patient's body (who maybe conscious, sedated or under general anaesthetic).

The majority of an MPT's caseload consists of patients who are invariably in some pain, discomfort and are extremely anxious as their disability and disfigurement is literally on show to all society. An MPT will have contact with patients in the clinic, operating theatre, on a ward or in a hospice or home setting. The MPT's communication and management skills must also encompass dealing with the patient and their carers and/or relatives during lengthy and numerous clinical episodes.

A vital frontline healthcare scientists, the work of an MPT includes:

- ***Physical examination of the patient:*** after receiving a referral an MPT will examine the patient, consider their medical history, ongoing treatments and cross infection issues such as MRSA for burns patients.

- ***Development of rehabilitation and restoration plan:*** clinical impressions are taken of delicate and damaged structures of head and neck, such as areas that may have been skin grafted following severe burn injuries or where diseased tissue has been removed.

- ***Design and manufacture of device in laboratory:*** splinting systems for the treatment of facial trauma the provision of realistic artificial facial and body parts, i.e. eyes, ears, noses, fingers and prostheses that cover large parts of the face. Large facial defects require complex multi-sectional prostheses to restore speech, eating and drinking.

- ***Trial and fitting of device:*** introduction of patient, carers and relatives to application and maintenance of a medical device, and thereafter review and maintenance. This requires an MPT to demonstrate a degree of communication and motivational skills.

An autonomous professional, the work of an MPT encompasses all of the following –

- Carry out invasive type procedures, in the clinic or operating theatre, that include placing materials or components into a patient's body, i.e. a cavity created after a malignant tumour has been surgically removed.

- Provide advice to patients, carers, relatives and other healthcare professionals. Exercising judgments that can substantially impact upon an individual's health and welfare.

- Exercise clinical intervention with the potential for harm, i.e. taking clinical impressions of a patient with severe head & neck burn injury.

Case Study 1:

Following a domestic incident, a four year old female with full and partial thickness burns to 40% of her body, including both hands, mouth, head and neck, was referred to the maxillofacial prosthetics department. Management and treatment included; discussing with parents and carers the postburn splinting and rehabilitative programme – taking clinical impressions, over scar tissue, healing tissues and freshly skin grafted areas, in the operating theatre with the patient under a general anaesthetic - fitting and activating facial and neck splints on the burns unit - constant and regular clinical review to adjust/re-activate splint devices – an informed decision to halt splint therapy at the critical point where perceived benefits of continuing splint therapy would be outweighed by potential impact devices will have on skull/jaw growth.

Case Study 2:

A forty eight year old male was referred to the maxillofacial prosthetics department before surgery to remove a malignant tumour from the upper jaw and eye area. This left a large oro-facial defect, the patient losing half of the upper jaw, eye and sections of his face. Management included; discussing with the patient, and his family, the prosthetic rehabilitative and restorative programme prior to surgery – provision of splint(s) used during surgery to remove the tumour – taking intra-oral and facial impressions in the operating theatre and clinic – fitting (obturating) prostheses in the operating theatre- use of a therapeutic device to control *Trismus* (restricted mouth opening) - ongoing review and reapplication of new devices as the defect site heals, changes shape and settles down – taking facial and intra-oral impressions in the clinic - design and construction of facial prostheses that the patient and his family are happy with.

Often working unsupervised and with the capacity to do harm to the patient, it is expected and assumed that the MPT is a practitioner registered by the state. In the interests of patient safety it is the aim of this application to the Health Professions Council to correct this deficiency.

The occupation must cover a discrete area of activity displaying some homogeneity

There are currently 114 on-site maxillofacial prosthetics laboratory services in the NHS receiving referrals from a range of medical specialties. A survey of 23 maxillofacial prosthetic services concluded that –

- **65%** of referrals came from other specialties such as plastic surgery, ENT, ophthalmic, neurosurgery, burns, dermatology, GPs and general surgery.
- **35%** of referrals came from Oral & Maxillofacial Surgery

It must also be noted that MPTs receive referrals from Oral & Maxillofacial Surgeons that require extra-oral devices, such as prosthetic ears and noses, orbital-facial prostheses, and ear splints.

Except for a small amount of work carried out in the armed services, all maxillofacial prosthetics & technology is carried out in NHS hospital units.

MPTs are required to work in both laboratory and clinical environments. Approximately 45% of time will be spent working directly on a patient in the clinic, operating theatre, ward or domiciliary (hospice). Sample job descriptions from nine UK maxillofacial units are included within the main application document.

Since January 2001, The Institute of Maxillofacial Prosthetists & Technologists (IMPT) has worked with the Department of Health and the Chief Scientific Officer to produce national occupational standards (NOS) for Maxillofacial Prosthetics & Technology. A NOS descriptive title for the MPT's role has been defined as: "*Provide scientific and advisory services to patients for their rehabilitation by restoration, using implants, splints and prosthesis*".

Historical Perspective

There are individual examples from antiquity describing the manufacture and application of facial and body prostheses. However, following WWI many serviceman of all nationalities returned home with severe head and neck injuries. Throughout Europe Dental Mechanics, Dental Surgeons, Artists, Opticians and other craftsmen and women combined their skills to rehabilitate many young men and women with facial disfigurement. Maxillofacial Prosthetics *en-masse* evolved quickly because of an overwhelming need to restore these individuals to society.

As WWII approached the British government made preparation for head and neck casualties. Specialist surgical units, or EMS (Emergency Medical Services), were set up around the UK. Dental Technicians were trained and employed as *Specialist Surgical Technicians*, often within the armed services; there to support maxillofacial, plastic and ENT colleagues, supporting the surgical teams in civilian hospitals or military units.

After WWII, a working group of technicians and surgeons came together to establish training and qualifications for the profession and in 1954 the first formal training programme was started in London.

Since WWII the *Specialist Surgical Technician* has evolved into the Maxillofacial Prosthetist & Technologist: a clinical-technical specialist that executes their practise in the laboratory, clinic or operating theatre to restore function and appearance to those patients that have an abnormality of the skull, face, jaws or body.

Scope of Practise

The broad roles and duties of an MPT are now defined as a part of the healthcare science national occupational standards (NOS) for maxillofacial prosthetics & technology. However, the duties and role of the modern MPT includes the following considerations –

- Assessment of a referral, with the information available, which may include verbal or written instructions, x-rays, scans, diagnostic models, computer generated images (3D), photographs and cephalometric tracings.

- Prioritisation of a referral or request for technical support. The very nature of work requires the MPT to encompass trauma, head & neck cancer, outpatient episodes and planned surgery. Such requests are invariably categorised as immediate, urgent or elective. With limited resources the MPT must prioritise his/her caseload and make careful plans for effective use of laboratory time, materials, components and clinical time.

- An MPT will physically examine and observe the patient; this includes palpitation and manipulation of defect margins and the remaining hard and soft tissues. Such patients are invariably in pain and discomfort and extremely anxious about their disability and disfigurement. Biomaterials and components will also be positioned in and about a patient's body by the MPT. The MPT must also consider a patient's medical history, ongoing treatments (such as radiotherapy), psychological state, physical ability/dexterity and cross infection issues, such as MRSA for burns patients.

- Non-clinical dynamics such as occupation, lifestyle and geography will also have a bearing on optimal restorative and rehabilitative outcome and will be taken into consideration by the MPT.

- A restorative and rehabilitative plan, including clinical-technical management and ongoing review if required, will be developed by the MPT with the most efficient and effective use of all resources, biomaterials and components available to the MPT.

- The MPT will communicate, and ensure understanding, with the patient, carers, family members (particularly parents) and other healthcare professionals. Such contact will cover restorative and rehabilitative plans in the short, medium and long terms. Dialogue may also include pre-operative preparations, the post-operative phase, immediate prostheses, splint therapies and/or therapeutic devices, transitional devices, and ongoing review.

- The MPT will take clinical impressions to produce diagnostic and working models. Impressions maybe taken of the head, face, body, limbs or intra-orally and maybe taken in the clinic, operating theatre or on the ward. Such impressions are invariably taken over delicate and damaged structures of the head & neck, mouth and body; areas that may have been skin grafted or surgical sites where diseased tissue has been resected, i.e. following severe burn injury or surgery to remove a tumour.

- An implant, splint or prosthetic device will be designed and manufactured by the MPT taking into consideration: type and size of defect, properties of all biomaterials and components available, diagnostic and working analogues (such as rapid prototyping, computer and CAD-CAM technologies), and availability of resources such as time and laboratory processing technologies. The MPT must then consider all additional information available prior to designing an implant, splint or prosthesis. Such information will include CT/MRI scans, x-rays, computer generated images, photographs and diagnostic models/analogues as well as written and verbal information.

- The MPT will trial fit a pattern onto/into a patient's defect. A pattern or prototype of a device, or section of a complex device, will be applied to a defect. This trial application acts as an introduction for the patient and their carers/relatives while allowing modification. From this prototype a definitive device is produced.

- Initial application and fitting of a device will be carried out by the MPT. The patient, and their carers/relatives, will be introduced to the use, application and maintenance of their device. At this stage the MPT will adjust or modify a device for comfort, function, fit and appearance. Fitting of a splint device may require the appliance be 'activated': appliances such as postburn facial pressure splints or Microstomia devices.

- The MPT will apply/fit/attach a definitive device, manufactured in the laboratory, onto or into a defect area about the patient, i.e. ocular prosthesis into an eye socket, adhere a facial prosthesis using tissue adhesive, affix an external prosthesis onto bone-implants using mechanical clips or clips magnetic components, or place a section of artificial jaw and associated intra-oral prosthesis (obturator) into the mouth.

- Patient care, relevant to maxillofacial prosthetics and technology, will be managed, timetabled and co-ordinated by the MPT. This will include advising a patient and their family/carers, devising an ongoing plan of restoration and rehabilitation, and long term review of the patient and their device(s). Such care may include referring a patient back/onto another healthcare professional such as a Speech and Language Therapist, Head and Neck Nurse or a patient support group. The patient may also be referred back to the referring consultant surgeon for further/pre-prosthetic surgery or fitment of osseointegrated implants.

- If necessary, the MPT will provide ongoing support for as long as is required. This support is essential during the immediate post-operative phase where an *immediate* splint-prosthesis has been fitted peri-operatively, or when an active splint-appliance has been applied to the head & neck area. Ongoing support will include regular review, reactivation, adjustment and remanufacture as required to ensure the safety and efficiency of the device applied.

Further Extent of Practise

The service provided by the MPT is unique and is not supplied by any other healthcare group or profession in the UK. Some aspects of an MPT's practise may overlap other professions, such as the artificial eye fitting service and some of Occupational Therapy practise. However, the role of the MPT remains unique in that s/he uses and applies a wide range of biomaterials and, from the outset, will manufacture devices (to levels of accuracy and tolerance measured in microns) that restore specific function and appearance to invariably complex and dynamic areas of the human body.

The MPT will also provide technical support to their surgical colleagues; producing devices that will be used/applied/fitted by a surgeon in the clinic or operating theatre. Such devices include cranioplasty implants, splints to position jaws during (orthognathic) surgery and intra-oral appliances fitted by dentally qualified practitioners. However, the MPT will often attend to advise or modify a device as required particularly when a technically complex case is being carried out.

The occupation must apply a defined body of knowledge.

Since WWII the *Specialist Surgical Technician* has evolved into the Maxillofacial Prosthetist & Technologist: a clinical-technical specialist that executes their practise in the laboratory, clinic or operating theatre to restore function and appearance to those patients with abnormality of the head and neck.

Expert in the processing and application of materials and components to rehabilitate patients with an abnormality of the skull, face, body, mouth or jaws, the skills of the MPT have an initial historical foundation in dentistry. Such a foundation is coincident with education and training for Oral & Maxillofacial Surgeons who (at present) initially train as dentists. However, from a dental background the trainee MPT is then required to acquire a range of skills and knowledge that encompass the wide range of biomaterials and laboratory processing technologies used today, along with necessary clinical skills.

There is one training programme available in the UK carried out at Manchester Metropolitan University (MMU). The maxillofacial prosthetic and technology modules of the MMU course are detailed in the main application document. However, distinct and broad areas of knowledge that encompass an MPT's practise currently include;

- *Deep buried implants*: cranioplasty implants (skull plates) or silicone chest implants.
- *Facial prosthetics*: artificial ears, noses and sections of the face that may include the eye (orbital-facial).
- *Splint therapies:* for burn injury or skin conditions such as Chondrodermatitis.
- *Maxillofacial trauma*: splints to stabilise fractures of the jaws and teeth.
- *Craniofacial deformity*: splints to align jaws during and following surgery and devices used to reshape a the skull.
- *Ocular prosthetics*: to replace lost eyeball, structures and tissues of the eye socket.
- *Body prosthetics (somatics):* finger, hand, limb stent, breast and nipple prostheses.
- *Intra-oral prosthetics*: to replace teeth, bone, sections of the jaws and obturate oral defects.
- *Biomaterials science*: biocompatibility, durability and mechanical properties of all materials: biomaterials and processing materials, such as refactory materials.
- *Anatomy & physiology*: relevant to maxillofacial prosthetics & technology.
- *Laboratory technologies*: lasers, inert gas metal casting systems, colour technologies and advanced biomaterial processing technologies.
- *Human disease*: pathology aetiology and progression of disease such as cancer.

- *Biomedical sciences & biology*: biocompatibility of materials and wound healing processes.
- *Communication skills*: to impart and ensure understanding of patients, carers, families and other healthcare professionals.
- *Infection control*: aseptic technique and practise. Hazards such as MRSA, HIV and hepatitis.
- *Ethics & professionalism*: patient confidentiality, data protection and record keeping.
- *Health & safety*: for chemistry, clinical equipment and devices used in the maxillofacial laboratory such as lasers.

Since the beginning of the twentieth century, Maxillofacial Prosthetics and technology has evolved from a craft based profession, with it's key roles embedded in dentistry, to a comprehensive head and body service that uses state of the art biomaterials and processing technologies to rehabilitate and treat patients.

Advance and change of current practise may dictate that, in the future, a singular dedicated training programme will allow individuals to train as MPT's from the outset of their career. Such a programme will incorporate aforementioned knowledge and skills combined with only relevant dental modules.

The occupation must practise on evidence based of efficacy.

Historical Perspective

Started in 1951, to develop a formal training programme and ensure practitioners are kept informed of advances in practise by The Institute of Maxillofacial Prosthetics and Technology (IMPT). An international group, the IMPT has continually organised and supported meetings, scientific congresses, publications, workshops and training courses for over forty years. The IMPT has also produced educational publications (and videos) that are sent to all members and other associated healthcare professionals.

Every two years The IMPT organise a Biennial Scientific Congress. These meetings are attended by MPTs and other healthcare professionals from all over the world. Each year the IMPT also organise one day seminars, hosted at maxillofacial units around the UK, with a programme of clinical and scientific lectures and trade displays. The IMPT journal is published annually and distributed, internationally, to all IMPT members, professional groups and libraries as requested.

Over the last 50 years IMPT members have also published articles, as sole or co-authors, in journals accepted as learned by the health sciences community. Publications such as; British Journal of Plastic Surgery, British Journal of Oral and Maxillofacial Surgery, Journal of Neurosurgery, British Journal of Oral Surgery, Journal of Clinical Otolaryngology, Facial Plastic Surgery, Gerodontology, European Journal of Ophthalmology, and Eye.

Efficacy In Practice.

An autonomous practitioner, the MPT is presented with a patient and the efficacy of their input is, at the first level, almost immediately patent. Having designed, manufactured and, as required, applied a suitable device the MPT is able to experience, at first hand, whether or not the implant, splint, prosthesis –

- is an accurate fit
- is comfortable in-situ and in use
- restores function, i.e. swallowing, speech, mastication
- is therapeutic as required, i.e. an *active* device for eye socket expansion, postburn scar maturation, microstomia, trismus
- restores form and tissue support, i.e. cranial implant to protect the brain, reduce intra-cranial pressure and restore contour
- is an aesthetic result, i.e. a facial prosthesis
- in accord with non-clinical dynamics, i.e. occupation and lifestyle
- can be applied by the patient/carers
- is acceptable to the patient and their family

If a device is supplied to another healthcare professional, the MPT is invariably on hand or present to receive feedback (or assist if required) when the device is fitted, i.e. fitting a large or complex cranioplasty implant in the operating theatre.

MPTs often work in isolation or small groups within hospital units. The nature of the work requires a unique and flexible approach to meet clinical need and technical challenges associated with each case. Invariably, the only opportunity an MPT has for feedback, peer review, or updating knowledge and skill, is via the IMPT.

Research and development carried out by MPTs is assessed through formal meetings, workshops, conferences, publications and awards organised by the IMPT. Following peer review, positive developments in practise are added to the pool of knowledge associated with the profession; this is carried out by three main elements –

1) Changes in *Fitness to Practise* guidelines, published by the IMPT and sent to all members.

2) Organising short courses and workshops for IMPT members.

3) Incorporating changes in practise into the Manchester training programme. The course being externally assessed and examined by a practising MPT and advised by the IMPT educational sub-committee.

Recent examples of the above include 2 day IMPT workshops covering orthognathic planning and articulator systems – introduction of medical device legislation incorporated into *Fitness to Practise* guidelines - and changes in terminology/definitions+ as applied to the MMU teaching modules covering maxillofacial defects.

Local research into the effectiveness of practise is carried out by MPTs, results published, audit carried out if applicable, and positive benefits incorporated into accepted practise. A recent example of this process is the design, manufacture ands use of Chondrodermatitis Nodularis ear splint cushions.

Associated Considerations: Efficacy and Quality Assurance

As an adjunct to Directives 65/65/EEC, 75/318/EEC and 90/385/EEC, The Council of the European Communities published Directive 93/42/EEC on 14th June 1993. This Directive directly concerns prescription of, design, manufacture and supply of medical devices in EU member states. Implemented in the United Kingdom in 1994, by the Medical Device Regulations 1994 (SI 1994 No 3017), Directive 93/42/EEC came into force on 1st January 1995. Following the Transitional Period, which ended on 14/07/97. Directive 93/42/EEC requires maxillofacial prosthetic laboratory services and MPTs comply with essential requirements of the directive as defined nationally by the Competent Authority.

The Competent Authority has the duty to enforce national regulations under Directive 93/42/EEC and, if necessary, the power to prosecute under the safety regulations of the Consumer Protection Act 1987. The UK Competent Authority is the Medicines and Healthcare

Products Regulatory Agency (MHRA. Bulletins and updates regarding devices, materials and components, from the MHRA, must be followed and complied with by UK MPTs.

Except for those MPTs serving in the armed forces, all UK MPTs are employed within the NHS. As with all NHS clinical staff, MPTs have a requirement to observe and comply with Clinical Governance in the modern NHS. This includes a commitment to professional regulation, lifelong learning, observing directives made by the National Institute for Clinical Excellence (NICE) and, at local organisational level, carrying out requirements and recommendations made by the *Healthcare Commission* (formally the Commission for Health Improvement).

The occupation must have at least one established professional body that accounts for a significant proportion of that occupational group.

Currently, of the 201 individuals practising in the UK 94% (189) are voluntarily registered with The Institute of Maxillofacial Prosthetists & Technologists (IMPT) – this includes a small number of MPTs serving in the Armed Forces. In addition, 14 trainee MPTs in the UK recorded as trainees or *Associates* of the IMPT.

During the 1940s an informal communication network evolved amongst maxillofacial laboratory services - both military and civilian - around the UK to share expertise and ideas. In 1951 a list of units and staff was drawn up and the first society of maxillofacial technologists established. The groups first task was to devise a formal programme of training that would enable individuals to study and qualify in maxillofacial technology. The City & Guilds advanced certificate for maxillofacial prosthetics and technology was developed during the early 1950s and the first formal qualification awarded in 1956.

In 1957 the *Association of Maxillofacial Technicians* (AMFT) was established and during 1958 departmental heads of leading UK maxillofacial laboratory services held a meeting in London to define the Association's key objectives and to draft a constitution. It was also agreed that a scientific congress should be arranged biennially, the first being held in 1961.

To reflect the group's aspirations with regard to education and training the AMFT changed it's name to incorporate 'Institute' in the title. *The Institute of Maxillo Facial Technology* (IMFT) was announced at the fourth biennial scientific congress at Wordsley in 1969. To ensure financial efficacy the IMFT became a registered company limited by guarantee in 1989 and, alongside the original constitution established as the Articles of Association to assist in the management and business of the Institute.

During 1996, following a membership wide ballot, The IMFT changed it's title to *The Institute of Maxillofacial Prosthetists & Technologists* (IMPT) to best represent the changing role and practise of it's members working in the modern NHS. In 1997 the IMPT obtained charitable status (Charity Number 1013059) and in 1999 the Institute was granted a Royal Coat of Arms & Crest.

The origins and advances associated with maxillofacial prosthetics & technology have invariably been coincident with that of maxillofacial surgery and the development of The IMPT, as a professional organisation, has reflected that of The British Association of Oral & Maxillofacial Surgeons (BAOMS).

Constitution

The key aims and objectives of the professional group representing maxillofacial and specialist surgical technicians, were drawn up in 1951, and these being -

1) To promote the study of Maxillofacial Prosthetics & Technology thereby improving practicing standards and advancing the knowledge of this technology.

2) To provide a qualifying basis for the Statutory Registration of all Maxillofacial Prosthetists & Technologists.

3) To advise the appropriate bodies as to the conditions required to operate a competent Maxillofacial service.

4) To liase with professional representatives of Oral & Maxillofacial surgery, Medicine, Surgery, and techno-professional organisations.

5) To encourage the interchange of knowledge and professional standards beneficial to the treatment of patients.

A copy of the details of the IMPT constitution are included within the main application document. As a company limited by guarantee, registered with Companies House, a copy of the IMPT *Articles of Association* is also included within the main application document.

Managing Council, Sub-committees and Groups

The managing council of the IMPT is, at present, comprised of 13 officers of Council. A practising MPT, each officer of Council is, after nomination, elected for a period of three years. Election rules and regulations, standing orders for the managing council of the IMPT, and appointment of *co-opted* Council members, are detailed in the company *Articles of Association* included within the main application document.

At present there are five IMPT sub-committees covering, Education, BAOMS Liaison, Scientific Congress, Journal Editorial, Ethical Code, Awards & Grants.

Formal minutes are kept for Council meetings and meetings of IMPT sub-committees. Examples of minutes are included within the main application document.

The occupation must operate a voluntary register.

Started in 1967 by the Honorary Assistant Secretary, the voluntary register of the IMPT is administered by the IMPT Honorary Registrar as a computer database supported by written records (i.e. application documents and letters of reference). The IMPT membership database is routinely updated as information is made available to the Honorary Registrar.

As of 26/05/2004 there are 189 MPTs on the voluntary register plus a further14 trainee MPTs. An annual report regarding IMPT membership is made by the Honorary Registrar at the AGM and published in the IMPT newsletter.

The IMPT also record Overseas members (MPTs) and individuals who are not MPTs but have an interest in the profession, i.e. materials research scientists and company representatives.

The IMPT register is not audited. However, income from annual subscription payments from each individual member, is recorded and independently audited by IMPT Company Accountants Moore Stephens Ltd. To store and control data, concerning it's membership, the IMPT is required, under the terms of the Data Protection Act 1998, to enter upon the National Data Protection Register as administered by the Information Commissioner. To this end the IMPT maintains, and annually renews as required, it's entry upon the national register.

Practitioners not on the IMPT Register

In preparation for the statutory registration the IMPT initially put into place *Transitional Arrangements* for those individuals, practising as MPTs but are not on the IMPT voluntary register. This to establish contact and inform all UK MPTs of potential changes in legislation.

The Director of Human Resources and the Maxillofacial Laboratory Managers, of each of the 48 NHS trust hospital maxillofacial units not *known* to the IMPT, were contacted in writing and asked to provide information regarding on site maxillofacial prosthetic laboratory services. 31 days after this letter was sent, contact was followed up by the IMPT using telephone and e-mail. The position regarding proposed statutory registration of UK MPTs was outlined by the IMPT to all 48 NHS trust hospital units contacted.

Of the trust hospital units contacted by the IMPT, 29 used a maxillofacial prosthetic laboratory service. Of these 19 used services that were situated at another hospital site but were *known* to the IMPT, i.e. practising MPTs are currently on the IMPT register. However, 10 NHS hospital trusts were confirmed in providing a maxillofacial prosthetic laboratory service with individuals practising as MPTs (on-site) who were not on the IMPT register.

The maxillofacial laboratory service heads, or consultant Oral & Maxillofacial Surgeons, of the 10 units *unknown* to the IMPT were contacted by telephone and e-mail to confirm their position and ascertain numbers of those practising as MPTs that were *unknown* to the IMPT.

With regard to the above, the IMPT believes there are 22 individuals in the UK, who are not members of the IMPT, employed in the NHS and practising as MPTs. Two of these individuals are about to retire from the NHS.

A document, outlining proposals for forthcoming statutory registration of MPTs and the benefits of IMPT membership at this time, was sent to each of the maxillofacial prosthetic laboratory heads of service at these 10 units.

It is accepted that there are individuals practising not on the IMPT voluntary register, working alongside IMPT members in a recognised maxillofacial unit. However, it is presumed relevant information, from the IMPT and other sources, will be passed on by IMPT members to their colleagues.

Entry onto The IMPT Voluntary Register

Trainee MPTs are entered onto an IMPT voluntary register as *Associates* (AIMPT).

A qualified, practising MPT will be entered onto the IMPT voluntary register at *Full Membership* (MIMPT) level. To achieve this an individual will;

1) Hold a qualification in maxillofacial prosthetics and technology. This maybe (historically) a City & Guilds Certificate or BTEC HNC/HND, or (currently) the Manchester university professional diploma in maxillofacial prosthetics & technology.

2) Be practising in a maxillofacial unit *recognised by the Council of the IMPT.

3) Have completed and signed the IMPT application documents.

4) Sat an assessment interview - organised by the IMPT and currently held in London each November.

**A recognised unit being one that already has (or has recently had) an IMPT Full Member in-situ.*

If an application is received from an individual working in a non-recognised unit, the application, and the unit are assessed on an individual basis by members of IMPT Council, usually involving the Education Officer and Honorary Registrar with a final decision being voted on by the full Council of the IMPT.

In reality such an assessment rarely occurs (4 times during the last 15 years) as the overriding majority of UK MPTs have, during the last 54 years, held Full Membership of the IMPT.

The occupation must have defined routes of entry to the occupation.

Except for 4 MPTs serving in the armed forces, all UK MPTs are employed within the NHS. There are currently two routes of entry into the profession.

Route 1: Direct Application

To be successful in an application for a position as a Maxillofacial Prosthetist & Technologist (MPT) within the NHS, it is currently accepted that an individual will typically have –

1	BSc dental technology qualification	FT or PT 4-5 years
2	*University diploma in maxillofacial prosthetics (MMU)	PT 2 years
3	period of vocational training in a hospital unit	usually 2 years

*Before 1999/2000 MPTs will have obtained a BTEC HND qualification, or the City & Guilds Advanced Certificate, in maxillofacial prosthetics & technology.

A number of MPT posts, advertised in professional journals, stipulate Full Membership of the IMPT as a prerequisite of employment.

At present the only UK centre offering a qualification in maxillofacial prosthetics and technology is Manchester Metropolitan University (university professional diploma).

Route 2: Grandparenting

In preparation for the statutory registration, the IMPT has put into place *Transitional Arrangements* or *Grandparenting* for those individuals who are successfully practising as MPTs within the NHS, and are seeking Full Membership status of the IMPT and entry onto the voluntary register, but ***do not hold formal qualifications*** in maxillofacial prosthetics.

Current *Grandparenting* Arrangements, for MPTs wishing to obtain Full Membership status, require the applicant –

1. Hold a formal qualification in dental technology
2. Have worked for 8 of the last 10 years as an MPT in a NHS hospital unit
3. Is supported by their employing unit/HR department
4. Complete & sign IMPT application documents
5. Sat an assessment interview - organised by the IMPT and currently held in London each November

Quality Assurance For Maxillofacial Prosthetics and Technology in the UK.

Medical Devices Directive: As an adjunct to Directives 65/65/EEC, 75/318/EEC and 90/385/EEC, The Council of the European Communities published Directive 93/42/EEC on 14th June 1993. This Directive directly concerns prescription of, design, manufacture and supply of medical devices in EU member states. Directive 93/42/EEC requires maxillofacial prosthetic laboratory services and MPTs, placing devices on the market, to comply with the essential requirements of the directive as defined nationally by the Competent Authority.

Clinical Governance: Except for those MPTs serving in the armed forces all UK MPTs are employed within the NHS. As with all NHS clinical staff, MPTs have a requirement to observe and comply with Clinical Governance in the modern NHS. This includes a commitment to professional regulation, lifelong learning, observing directives made by the National Institute for Clinical Excellence (NICE) and, at local organisational level, carrying out requirements and recommendations made by the Healthcare Commission (formally the Commission for Health Improvement [CHI]).

The occupation must independently assessed entry qualifications.

Until the mid-1980s MPTs obtained City & Guilds dental technology and maxillofacial prosthetics qualifications, and were able to study at a number of UK further education (FE) establishments. In 1989 BTEC national diploma (dental technology) and higher national certificate/diploma (HNC/D majoring in maxillofacial prosthetics and technology) qualifications were rolled out. By 1998/9 the majority of FE centres offering the HNC/HND qualification had closed their programmes, the one remaining course at Manchester Metropolitan University remains as a university diploma in professional studies

To obtain Full Membership of The IMPT an individual must obtain a formal qualification (currently a BSc) in dental technology and also hold one of the following;

- City & Guilds Advanced Certificate in Maxillofacial Prosthetics and Technology
- HNC/HND Majoring (4 unit modules) in Maxillofacial Prosthetics and Technology
- Diploma in Professional Studies – Maxillofacial Prosthetics and Technology.

By 2003 the only remaining maxillofacial prosthetics & technology course remains the *Diploma in Professional Studies – Maxillofacial Prosthetics and Technology*, delivered at All Saints Campus, Manchester Metropolitan University (MMU)

Examples of the MMU External Assessor's *Annual Report Proforma* and *Course Specific TQI Report Proforma* are included within the main application document. A statement, regarding quality and the formal *approval* process is published by Manchester Metropolitan University and is also included within the main application document.

The Educational sub-committee of the IMPT holds (minuted) meetings to discuss the MMU course content, performance of trainees in post in the UK, and make recommendations to the MMU course director regarding any developments or changes in practise, i.e. use of osseointegrated implants, terminology and definitions in use.

Adjunct and Historical QA for the Profession: MIMPT

While the 2 year part-time MMU diploma programme concentrates on the technical aspects, materials science, required theoretical knowledge and laboratory practise an MPTs *clinical skills* will be acquired in-post.

Employed within a hospital training post, and following the two course of part time study for the diploma in maxillofacial prosthetics & technology, the trainee MPT will then carry out two years vocational training (VT). In effect the Higher Trainee is *apprenticed* to an experienced MPT, allowed to carry out a specific level of unsupervised work, and supervised as required.

A two year period of vocational or *higher* training has been established to ensure the (Higher) Trainee MPT is –

1 Supervised, in the operating theatre, clinic or on the wards, by a qualified MPT to ensure safe clinical practise.

2 Able to acquire the necessary clinical skills - that includes a range of invasive procedures - not formally taught as a part of the MMU diploma.

3 Exposed to a wide scope of environments, gaining experience in the multifarious elements of maxillofacial prosthetics, working with specialties that may not be available on-site at the trainees home unit, prior to any final assessment – i.e. burns, neurosurgery, ophthalmology.

4 Able to attend relevant short courses, workshops and lectures.

Following a period of VT the Higher Trainee MPT may then apply for IMPT Full Membership status. Full Membership (MIMPT) level is often a prerequisite for employment within an NHS maxillofacial unit.

Included upon the IMPT assessment interview panel, for Full Membership applications, is the *Independent Advocate*. One of three voting panel members, the Independent Advocate is not professionally linked to the specialty of Maxillofacial Prosthetics & Technology. The role of the Independent Advocate is to assess, from a third party perspective, an Applicants suitability. The Independent Advocate will also observe and ensure the process is as fair as conceivably possible.

The occupation must have standards in relation to conduct, performance and ethics.

An individual applying for membership of The IMPT is required to *sign up* to the IMPT code of conduct and is expected to follow IMPT good practise guidelines.

A copy of the IMPT '*Fitness to Practise*' guidelines is included within the main application document.

The IMPT Professional and Ethical Code is included within the '*Fitness to Practise*' document.

A summary of the IMPT code of conduct includes –

I) Care of the patient is your primary concern.

II) Be honest & trustworthy.

III) Treat every patient with consideration: respect their dignity & privacy.

IV) Be prepared to justify actions.

V) Recognise limits of competence. If required, liase with colleagues in the patient's best interest.

VI) Maintain your own health & well-being appropriate to your practise.

VII) Never discriminate against patients or colleagues or let personal beliefs effect patient care.

VIII) Act quickly if you suspect a colleague is failing & patients maybe put at risk.

IX) Safeguard confidential information & record relevant details for patient care and legislative purposes.

X) Provide appropriate information that the patient or their carers can understand.

XI) Continually update professional skills & knowledge.

XII) Do not abuse position as a maxillofacial prosthetist & technologist.

XIII) Provide comprehensive supervision and instruction for less experienced or knowledgeable maxillofacial prosthetists & technologists, with patient care & safety the primary consideration.

The ethical code and fitness to practise guidelines are updated, as necessary, by the Council of the IMPT and placed before the IMPT membership at an annual general meeting.

The occupation must have a disciplinary procedure to enforce those standards.

IMPT disciplinary procedure was updated in May 2003. A copy of IMPT disciplinary procedure is included within the main application document.

IMPT disciplinary procedure is updated with legal guidance, complies with UK and EU legislation, and reflects provisions contained in the ACAS Code (September 2000) for disciplinary and grievance procedure.

Maxillofacial Prosthetics and technology is a small specialty and, to date, there has been no formal disciplinary action taken by the Institute of Maxillofacial Prosthetists & Technologists against any individual.

The occupation must require commitment to Continuous Professional Development (CPD).

As an organisation, The Institute of Maxillofacial Prosthetists & Technologists was originally started in 1951 to develop a training programme and a formal qualification for MPTs . Since 1961 the IMPT has, for the advancement of the specialty, organised and facilitated keynote scientific conferences and meetings.

The IMPT has also organised one day seminars and formal training courses. An example of a recent IMPT training course and practical workshop is included within this document. Since 1957, fundamental to the objectives and developing constitution of The IMPT is the concept of CPD for all MPTs.

During the development and inception of the Higher National Certificate and Diploma qualification (HNC/HND) for MPTs, during the 1970s, The IMPT has appointed an Education Officer who has chaired, by portfolio, the IMPT Education sub-committee.

Coincident with project work that maybe carried out leading to a presentation at a biennial scientific meeting, the IMPT actively encourages MPTs to engage in a programme of research by offering financial support. Current awards are the *Fellows Award* and the *Stanley Brasier Research Award.*

The IMPT also encourages MPTs to apply for advancement to Fellowship status by thesis. To this end the IMPT has produced instruction booklets for MPTs applying for Fellowship by research and examples are included within the main application document. Guidance for practising MPTs is included within the IMPT *Best Practice*, and latterly, *Fitness to Practise* guidelines for IMPT members.

At the Annual General Meeting at York Hospital in May 2001, the membership of The IMPT voted on the implementation of mandatory CPD for all practising members and the change in role for the IMPT Education Officer to the of *Professional Development Officer* (PDO). The PDO being charged with overseeing and recording the CPD of all IMPT members.

Details of the IMPT mandatory CPD initiative are outlined within the main application document and on the IMPT website http://www.impt.org/NEW_PAGE_4.HTM.

Views of others.

Upon preparing the application for statutory registration for UK MPTs, the Council of the Institute of Maxillofacial Prosthetists & Technologists immediately took steps to –

- obtain the views of patient groups
- obtain the views of groups that represent the interests of healthcare professionals who work alongside their MPT colleagues
- keep the membership of the IMPT informed, with all resources available, regarding the application for statutory registration of UK MPTs
- obtain the individual views and comments from each member of the IMPT

There are multifarious local patient groups and many hospital trusts have on-site support groups specifically for patients with cranio-maxillofacial disfigurement and deformity. However, there are two national patient organisations that represent the interests of individuals with facial disfigurement, these are; *Let's face It*, Christine Piff - Founder/ Chief Executive; *Changing Faces*, Dr James Partridge OBE - Founder/ Chief Executive

There is a history of communication and cooperation between the IMPT, *Let's Face It* and *Changing Faces* organisations. Representatives from *Let's Face It* and *Changing Faces* have given presentations and workshops at IMPT meetings and scientific conferences and IMPT members have attended functions and workshops arranged by these two groups. The Founder/Chief Executive of both Let's Face It and Changing Faces were formally approached by representatives from the IMPT and asked for their comments and thoughts regarding the proposal for statutory registration of UK MPTs. Letters of support from Mrs Piff and Dr Partridge are included within the main application document.

Professional groups formally contacted by the IMPT include –

- British Association of Oral & Maxillofacial Surgeons
- British Association of Plastic Surgeons
- British Association of Otorhinolaryngologists Head and Neck Surgeons
- Royal College of Ophthalmologists*

All the above groups are supportive of the professions application to the HPC. Letters of response from the above groups are included within the main application document.

Royal College of Ophthalmologists initially wrote in response, to the letter requesting comment from the IMPT, stating they would consider the matter further and their President has since sent an e-mail message, a copy of which is included in the main document.

The IMPT contacted all of it's NHS/UK practising members and asked each one to provide formal feedback regarding an application to the HPC. In response 81 letters were received representing the views of 114 signatory MPTs from 76 NHS trust hospitals, this being 60% of all UK MPTs recorded on the IMPT voluntary register. Letters of response from IMPT members are included within the main application document.

Issues Raised

Of groups and individuals contacted, regarding the IMPT application to the HPC, the overriding majority are in favour and support the concept that MPTs should obtain statutory registration with the HPC. However, feedback received from patient groups, professional organisations and MPTs, regarding the IMPT application to the HPC, has raised some concerns, these being –

- Will intra-oral (dental) work be included within the legislation? For example: taking intra-oral impressions, in the operating theatre or clinic, for obturation or burns cases.
- Will current arrangements and requirements currently stipulated by the IMPT, regarding CPD/CPE for MPTs, be changed?
- Does the title '*Maxillofacial Prosthetist & Technologist*' accurately reflect the current role of the MPT in the context of statutory registration with a non-dental body?
- How will *unqualified* practitioners be accommodated?

Impact on council's ability to carry out its functions effectively.

Since 1951 the organisation that is the Institute of Maxillofacial Prosthetists & Technologists (IMPT) has maintained a voluntary register of practitioners and acted as a point of communication for those involved with maxillofacial prosthetics and technology.

Working alongside government agencies, educational establishments, professional organisations and individual hospitals, the IMPT has effectively overseen the development of qualifications, practise and relevant advances in patient care.

With current available resources, and a comprehensive network in place, the IMPT anticipates that it will remain as the arbiter for maxillofacial prosthetics and technology for the foreseeable future.

The Institute of Maxillofacial Prosthetists & Technologists is a financially stable organisation and has a reserve of funds to which a proportion can, if necessary, be used to cover expenditure associated with this application. An example of IMPT Financial Report and Financial Statements, from the appointed auditors, Berkely Hall Marshall, are included within the main application document.

In making this application to the HPC the IMPT believe that further advances and developments of the profession are, in the best interests of patient care, supported and underpinned by statutory registration through the offices of the HPC.