BRIEF COMMUNICATION

Recommended standards for dental therapy education programs in the United States: a summary of critical issues

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Abstract

Dental therapy is an accepted component of the dental profession in the Alaska Native Tribal Health Consortium and in the state of Minnesota. There are also several states working to enact legislation to permit the practice of dental therapy. However, in the absence of nationally recognized educational standards, concerns have been raised relating to the lack of uniformity in dental therapy education. In 2010, a panel of academicians met and prepared a report on the principles, competencies, and curriculum for educating dental therapists. Still, there remained questions in regard to what the minimal educational standards should be for institutions that wish to sponsor dental therapy programs. A second panel was convened to address education standards. This paper describes the Panel's deliberations on three critical issues in developing the report: the length of the program and degree to be awarded; credentials of the program director; and the nature of supervision.

Introduction

Currently, dental therapy is an accepted component of the dental profession in the Alaska Native Tribal Health Consortium and in the state of Minnesota. Additionally, there are several states that have consumer groups working to enact legislation to permit the practice of dental therapy as a component of the dental team. However, in the absence of nationally recognized educational standards, concerns have been raised that as dental therapy initiatives move forward, a patchwork of dental therapists at different skill levels will emerge, rather than a uniform vision of dental therapy practice. While there is always a case for flexibility in education and special types of practitioners within a given field, it is important that the basic education for that field be well defined. Therefore, in 2010 a panel of academicians met under the auspices of the American Association of Public Health Dentistry (AAPHD) and prepared a report on the principles, competencies, and curriculum for educating dental therapists. The panel's report, laying the foundation for the type of educational experience that all dental therapists should possess, was published in a special issue of the *Journal of Public Health Dentistry* (1).

The question now arises regarding what the minimal standards should be for educational institutions that wish to sponsor dental therapy programs. To address this question and to follow up on the work of the first AAPHD panel concerning curriculum, a second panel was convened to address education standards. The second panel was convened under the auspices of Community Catalyst, an organization working with consumer groups in five states regarding dental therapy.

In establishing the Education Standards Panel, it was recognized that there were already three different sponsors of dental therapy educational programs in the United States: one in a dental school, another a collaboration between a health system and a university, and a third in a university-community college setting containing an established dental hygiene program. While each of these programs differ in certain aspects of their curricula, they share a common understanding of the central issues in defining an institution's commitment for sponsoring dental therapy programs. Additionally, the leaders of these programs are considered

pioneers in the establishment of their programs, with the passion needed at the beginning of a new category of dental provider within the US profession of dentistry, albeit not new worldwide. Representatives of each of these programs were invited to participate on the Panel. The Panel also included an experienced dental therapist from Canada and dental academicians.

The purpose of this article is to describe the Panel's deliberations on three critical issues in developing the report, *Recommended Standards for Dental Therapy Education Programs in the United States* (2). They are: the length of the program and degree to be awarded; credentials of the program director; and the nature of supervision. The full Report can be accessed at http://www.communitycatalyst.org/doc-store/publications/dental-therapy-education-standards.pdf

Program length and degree

Regarding the length of the program and degree to be awarded, Panel members from the three existing programs each viewed this issue differently, as each of their programs differed in program length and degree awarded. The Alaska Dental Health Aide Therapist program is a postsecondary school program 2 years in length and awards a certificate recognized by the Federal government; the Metropolitan State University College of Nursing and Health Sciences offers a Master of Science degree program for licensed dental hygienists who hold a baccalaureate degree; and the University of Minnesota School of Dentistry offers two programs, a 28-month curriculum that requires 1 year of college prerequisite coursework and awards a baccalaureate degree, and a 28-month master of dental therapy for those holding a baccalaureate degree. So, the degrees and lengths of the programs varied among the three existing programs.

The issues raised by Panel members were mostly related to the vision of the type of person that dental therapy should attract to the field and the setting for the program. One point of view was that the program length should be appropriate for educating dental therapists to competence, but not be too long to dissuade applicants that come from underserved communities from applying. It is these types of individuals who would most likely return to serve in those communities. Another point of view was that these practitioners should at least hold a baccalaureate degree to provide confidence in the profession and public's eye for the scope of practice that the law allows. Another issue dealt with the setting for the program. If a baccalaureate degree were requisite, community colleges, the traditional setting for many dental hygiene and dental assisting programs, would be unable to offer dental therapy programs. The Panel's recommendation is as follows:

> The curriculum must include at least two calendar years of full-time instruction or its equivalent at the post-secondary level if the graduates of the program will be prepared for practice only as a dental therapist. In a two-calendar-year curriculum, the graduates of the program must be awarded an associate degree. If the graduates of the program will be prepared for practice in both dental therapy and dental hygiene, the curriculum must include at least three calendar years of full time instruction or its equivalent.

While there was not uniform consensus among the panelists on this point, the Panel recommended a 2-year program and an associate degree based on the idea that these are *minimum* standards that have worldwide evidence of success, community colleges could sponsor programs, and recruitment of students from low-income communities, where oral disease is more prevalent, and would more likely consider dental therapy as a career within their reach. Also, this standard does not preclude an institution from offering longer periods of education and degrees beyond an associate degree.

Program director

The considerations around the credentials for the program director recognized that in the United States the practice of dental therapy is just at its beginning. There is not yet a sufficient cadre of trained dental therapist that have sufficient background and experience to direct a program. The Panel recommended that there must be a licensed dentist as part of the leadership of the program when the program director is someone other than a licensed dentist. The rationale for this is well stated in the Introduction to the Report:

> The Panel recommends that each program must have a director who is generally qualified to administer the program; provided, that if the program director is not a licensed dentist, the program must also have a dental director who is a licensed dentist who supports the program director through continual involvement in the program. As the dental therapy profession grows and matures, a cohort of dental therapy academics will become established and available to educate, mentor and lead students in entering the profession. The recommended standard will allow programs to select such a dental therapist-academic at an appropriate future stage and, in the meantime, allows programs the flexibility to choose either a currently-licensed dentist or other qualified individual, such as a dental hygiene academic or an individual with general program administration qualifications, with support from a dentist.

Nature of supervision

The Panel recognized that each state that passes legislation would establish the type of supervision required in their state.

The Panel's recommendations are based on the premise that the dental therapist would work under the supervision of a dentist but wished to highlight the importance of the collaborative nature of that relationship. The Introduction of the Report states the concerns expressed by the Panel members regarding this issue:

> The recommended standards are not intended to prepare a dental therapist for independent practice. The competencies included in the standards are to be practiced by the dental therapist under the supervision of a licensed dentist as part of a collaborative oral health team. Collaborative practice occurs when oral health care providers from different professional backgrounds pursue shared goals and outcomes and work together with patients and their families to deliver the highest quality of care. The type and definition of supervision and/or collaboration required will vary among states and tribes. The standards are intended to provide the dental therapist with the knowledge, skills and values to work toward shared goals with the dentist and other team members within a range of practice settings, supervisory structures and collaborative practice arrangements.

For dental therapists practicing under general supervision where the dentist and therapists are in different locations, collaborative practice becomes essential for good patient care. This statement and the actual standard recognize the importance of the relation between the dentist and the therapist.

Value of the recommended standards

The purpose of preparing these Standards for Dental Therapy Education Programs is to make available to states and others a consensus of what is necessary to sponsor a dental therapy program. The strength of these recommended standards is that they were written with the direct input of the existing dental therapy programs and an experienced dental therapist. The fact that the program leadership of the existing programs, which all differ from each other, could come together and agree upon these minimum standards should assure that the recommendations are sound and take into account the best information from the field.

At the time the Panel began this endeavor, there was no guidance for institutions that wished to begin education programs. Subsequently, the Commission on Dental Accreditation (CODA), based on the request from the University of Minnesota, School of Dentistry, prepared a draft set of standards for the accreditation of dental therapy programs at the baccalaureate program (3). While many of the standards in the CODA draft standards and those recommended by this Panel are similar, they differ in at least two ways. First, CODA proposes a program length of 3 years with a baccalaureate degree as a minimum standard. As explained previously, this Panel recommends a minimum standard as 2 years with an associate degree. It is not apparent why CODA's draft suggests a longer period of education and a baccalaureate degree. A second difference revolves around a competence in assessment and judgment. This Panel recommends that dental therapists be competent and have specific knowledge and judgment to identify oral conditions, and be able to create and monitor healthcare protocols in consultation with a collaborating dentist (see Appendix for the assessment and judgment competencies). The Minnesota Board of Dentistry notes "an oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist" as a competency only for Advanced Dental Therapists (4). However, it seems prudent to provide the necessary education for all dental therapists in the area of patient assessment as a prerequisite for them to fulfill their scope of practice. The CODA draft standards seem to imply that only the dentist can provide assessment. It states:

> The system of patient care in which the dental therapist provides care to address the patient's oral condition or needs under the supervision of a licensed dentist who will be responsible for assessment of the implications of the patient's medical condition, diagnosis risk assessment prognosis and treatment planning.

Because the major reasons to add a new provider to the profession is to address the needs of the underserved, and this may happen in school-based systems or in community-based locations where the dentist and dental therapists may be in different locations, it seems important that the educational system provide dental therapists with the ability to perform assessments under the supervision of the dentist.

In summary, this Panel has proposed these standards to assist institutions that wish to educate dental therapists as a means to provide dental services in communities that lack access to care. CODA should review and consider these educational standards as they move from draft accrediting standards to those that will be implemented in the future.

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Appendix

Note: The intent of this Section is to establish a minimum standard of competency but allow each education program the flexibility to determine which specific competencies to include in its program based on what is included in the scope of practice established by the applicable regulatory authority. These standards should not be interpreted to expect education programs to be educating and training students to perform services that are prohibited under the law of their jurisdiction. The proposed standards are minimum standards, but the intent is that each education program will educate and train students to the full scope of practice that is authorized in its jurisdiction.

Competencies

Graduates must be competent in providing oral health care within the scope of dental therapy to patients across the lifespan, to include care for the child, adolescent, adult, special needs, and geriatric patient. The program curriculum must support the following competencies within the scope of dental therapy practice:

1. Assessment and judgment
   - 1.1. Identify conditions requiring consultation and treatment that the dental therapist is competent to provide.
   - 1.2. Identify conditions requiring treatment by dentists, physicians, other healthcare providers, and manage referrals.
   - 1.3. Document existing oral conditions and the care that is provided (record keeping).
   - 1.4. Perform and document information from commonly used tests and procedures such as radiographs, pulp vitality tests, dental impressions, and caries and periodontal disease risk assessments.
   - 1.5. Evaluate patients' oral health knowledge and access to healthcare professionals, and identify personal, family, economic, geographic, and other barriers to seeking and using care.
   - 1.6. Inform patients and recommend comprehensive oral care.
   - 1.7. Create and monitor comprehensive, customized long-term oral healthcare protocols for patients, in consultation with a collaborating dentist.
   - 1.8. Identify and use the full range of available dental, medical, and other healthcare resources available in the community.
   - 1.9. Provide treatment within the dental therapist's scope of practice and referrals, based on assessment of individuals' general and dental health and social and personal circumstances.
   - 1.10. Provide treatment and referral based on previously approved clinical protocols, taking into consideration a patient's social and personal circumstances.
   - 1.11. Apply ethical, legal and regulatory practices and principles to the provision of oral health care to patients.
   - 1.12. Apply critical thinking and problem solving during the provision of evidence-based patient care.

