Addendum to the Phase 2 Report

On June 27-28, 2018, a National Conference was held at the Rutgers University School of Dental Medicine to discuss the recommendations from the *Phase 2 Analysis and Recommendations* report. Approximately 100 individuals attended the Conference. Five workshops were held, to review and discuss the 20 recommendations for dental schools and 14 recommendations for allied programs. The participants selected one of the five workshops to attend. Conference participants received the Phase 2 Report prior to the meeting. Workshop leaders who were not principal authors of the Phase 2 report conducted the workshops. Each workshop was staffed with two recorders. The workshop leaders summarized the discussions from their groups in a plenary session. What follows are summaries of the discussion from each workshop and the plenary session.

Challenges Facing Allied Dental Health Professions

Pamela Zarkowski, MPH, JD, Provost and Vice President for Academic Affairs at the University of Detroit Mercy, led the Allied Health Workshop group and was assisted by Colleen Brickle, RDH, EdD, Dean of Health Sciences at the Normandale Community College. The 14 recommendations discussed at the workshop covered four allied dental health professions and were as follows:

Recommendations for **RDTs**:

- Require four years of education for all CODA-approved RDT programs.
- Move clinical education to digitally equipped, community-based care settings.

Recommendations for **DAs**:

- Ensure that CODA-approved DA programs impart knowledge and skills that cannot be obtained on-the-job.
- Prepare graduates for tomorrow's work environments.
- Create opportunities for relevant credit transfers.
- Work to create more standardization among state practice acts.

Recommendations for **DHs**:

- Transition to the baccalaureate degree for entry into practice.
- Prepare students for emerging practice environments.
- Develop educational pathways for dual DH/dental therapist degrees.
- Develop additional educational pathways for DHs interested in academics, research, industry, and public health careers.
- Invest in developing diverse faculty for full-time academic careers.
- Increase the DH role in regulating DH education and practice through more representation on state licensing boards and CODA governing bodies.

Recommendations for **DTs**:

- Increase the availability of DT education in four-year DH programs.
- Respect local variation and flexibility in DT education models as the field develops.

There was active discussion, which covered overall themes that emanated from the recommendations from all four fields included in the *Phase 2 Analysis and Recommendations* Report and about each individual field. During the initial discussion a consensus developed that instead of referring to these fields as allied dental health professionals, the preferred title is "oral healthcare providers or professionals or

practitioners (OHPs)." Such language recognizes the professions and their roles and looks to a future of greater integration of practices into intraprofessional team approaches. A second area of discussion that applied to all four fields was to move in a direction where these practitioners should be educated in a "spiral up" educational model permitting advancement from one to another of the professions. Common to all four professions should be a requirement that students should be educated in accredited programs and not on-the-job training.

The group discussed the benefits to be accrued if the recommendations are implemented. Several benefits were identified from improved patient outcomes to an emphasis on prevention, from cost effective quality care to better care for underserved groups, and from strengthening education to greater portability of licensure. In order to implement the changes key stakeholders were discussed along with the need for better representation of OHPs on the Commission on Dental Accreditation and on state boards of dentistry. There was recognition that organized dentistry through its professional groups would influence changes but also that organizations external to dentistry would also play a role including dental service organizations, reimbursement from private and government insurance agencies and the increasing role of improved health literacy by the public. All stakeholders need to be engaged to affect change. Recommendations from each of the OHP fields were discussed.

While the intent of the first recommendation for restorative dental technician education is to become four years of education, the discussion instead focused on encouraging the development of CODA approved RDT programs rather than specifying program length. A recommendation for a four-year education may be counterproductive

especially in a field in which formal programs are not flourishing. It is better to keep pathways to go from one level of education to the next, spiral up, so that careers can progress to a baccalaureate degree and not impede those who may wish to become an RDT. This also applies to the dental assistant field. There was general support for the second recommendation for RDTs, to utilize community-based settings where education in digital methods can be obtained.

The discussion regarding the four recommendations pertaining to dental assisting were thought to strengthen much needed standardization within the scope of the practice of dental assisting, and encourage both quality care and patient safety. The question was raised as why dental assisting should be permitted to be an on-the-job training profession due to the important role DAs play many aspects of delivering patient services including infection control. Having DTs educated in CODA approved programs will lead to clarity in state practice acts, which now are vastly different from one state to another.

The six recommendations for dental hygiene were discussed noting that many state practice acts limit dental hygiene practice with unnecessary supervisory requirements. For the 200 plus community college based dental hygiene programs, articulation agreements with baccalaureate degree colleges will become a necessity for a transition to the baccalaureate degree as entry level for practice. Since most of the associate level programs requires pre-requisites, these two-year associate degree programs actually become three years or more and should lead to a baccalaureate degree. Models currently exist to provide transition from associate degree level to baccalaureate degree. Not to move in that direction is unfair to students and thwarts opportunities for advancement, so there was strong support for this first of the six recommendations.

Dental hygienists are currently employed in large group practices and in alternative settings including pediatric offices, nursing homes and hospitals. Based on employment trends and the variety of practice settings in which oral health services are provided by dental hygienists, recommendations three and four for the development of education pathways including the opportunity for dental therapy training was strongly supported.

There was strong support to change the wording of the first of the two recommendations about dental therapy. The recommendation should not be specifically related to dental hygiene, but instead be stated as "increase the availability of dental therapy programs." It was pointed out that the wording as stated above has unintended consequences which may dissuade recruitment of students from underserved communities as well as others. Education programs that develop should adhere to the CODA standards and support a spiral up education concept. However, it was noted that State-licensing acts for DTs may specify length of educational time or degrees required. Expanding dental therapy programs leading to an expansion of DTs would increase public access and meet the needs of underserved populations as noted during the discussion.

Moving forward on the recommendations will require careful editing and clarification of the current language in the recommendations such as using CODA approved instead of four-year programs in the recommendation for DT. However, as discussed by the group, it is probably better to remove dental hygiene from this specific recommendation because the intent is covered within the DH recommendation to permit DH students to gain such training.

It was evident to the participants that there may be some economic roadblocks to some of the recommendations calling for augmented education for specific professions. Also, using the term “formal” education could lead to disagreement on its meaning. Finally, it was noted that some of the recommendations might lead to resistance from organized dentistry, academicians and practitioners.