

Oral Health Practitioner Legislation

Did you know...

1. The author of the only published article on the dental health aide therapist experiment¹ in Alaska:
 - a. never examined a patient or visited a clinic – it was a chart review;
 - b. said there were not enough charts reviewed to control for relevant clinical variables; and
 - c. warned readers that his was a “pilot study and should not be interpreted as a true outcomes study.”
2. The University of Minnesota School of Dentistry sent 6 faculty to site visit three dental therapy programs last year – Prince Albert, Canada, Dunedin, New Zealand and Sheffield, England.²
 - a. Their delegation included an education specialist, a general dental educator, the director of the dental hygiene program, a restorative dental instructor, a pediatric dentistry faculty member, and the Dean.
 - b. They reviewed classroom and clinic curriculum; interviewed students, faculty, and patients; and toured schools and clinics.
 - c. With the information gained, they created a dental therapy curriculum based on “best practices from around the world.”
3. Research on the utilization of mid-level dental providers in general dental practices shows that is dependent on how well the public and profession accepts them as members of the dental team.³
 - a. It is recommended that mid-level dental provider training should be “integrated with that of dental undergraduates in order that their true value is understood from an early state.”
 - b. It is reported that therapists are not cost effective, “unless all members of the dental team understand the roles and responsibilities of colleagues.”
 - c. What does this say
4. It is the license and not a collaborative agreement that determines the level of education a mid-level dental provider must receive.
 - a. If the license permits an oral hygiene practitioner to extract adult teeth, the training must include instruction on removing all adult teeth, including wisdom teeth, and teeth in medically compromised nursing home patients.
 - b. If the license permits drilling and pulling teeth without a dentist on site, then the training must include instruction on dealing with the common treatment complications – broken tooth roots, excessive bleeding, exposed nerve endings, etc.
 - c. If the license authorizes the prescribing of antibiotics, analgesics and anti-inflammatory medications, the curriculum must include instruction on how to manage life threatening allergic reactions (e.g., anaphylactic shock).
5. The average annual salary for a dental hygienist in the Twin Cities is \$70,000.⁴
 - a. What salary do you think a dental hygienist will expect after an additional two years of education to be an Oral Health Practitioner?
 - b. How do you see that helping reduce the cost of dental care?

1. Bolin K. Assessment of treatment provided by dental health aide therapists in Alaska. *Journal of the American Dental Association*. November 2008. 1530 – 35.
2. Traveling the World: A report on the visits to Dental Therapy Programs in Canada, New Zealand, and England . *Northwest Dentistry Journal* 29 – 32.
3. Jones G. Devalia R. and Hunter L. Attitudes of general practitioners in Wales towards employing dental –hygienist-therapists. *British Dental Journal*. 2007. 1-4.
4. [Careeronestop.org](http://careeronestop.org)

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