Editorial

Dental Therapy Programs

Robert J. Isaacson

People ask me, "What's going on up there in Minnesota? I heard that you are going to allow restorations and extractions to be performed by non-dentist personnel." The fact is that the Minnesota legislature did address this question in 2008. A proposal to expand dental hygienist education for certain hygienists was replaced by a bill to create a new level of dental care provider, the oral health practitioner. The details of the final bill can be seen at http://www.health.state.mn.us/healthreform/legislation/sf2942.pdf.

In 2009, the University of Minnesota School of Dentistry created an educational program for dental therapists. Students enter the University of Minnesota Bachelor of Science in Dental Therapy Program after completing one year of prerequisite college coursework. The year-round program allows students to complete a Bachelor of Science degree in 40 months. There is also a 28-month year-round Master of Dental Therapy Program.

Dean Patrick Lloyd of the Dental School at Minnesota told me how The School of Dentistry was part of a 12-member delegation of Minnesota dental educators, dental professionals and regulatory agency representatives that traveled to New Zealand to visit the dental therapist training program at the University of Otago. This visit was part of a series of site visits to recognized dental therapist training programs at First Nations University in Prince Albert, Canada, the Eastman Dental Hospital in London and the School of Clinical Dentistry at the University of Sheffield.

In generic terms, a dental therapist is a licensed oral health provider who provides educational, clinical and therapeutic services under supervision of a dentist. While dental therapists are intended to work primarily in dental offices and in community settings that serve low-income and underserved patients, they also provide basic preventive and restorative treatment to children and adults. There are precedents for this approach.

In Alaska there are 11 dental therapists practicing basic dental surgical procedures under the supervision of dentists. These therapists went to New Zealand to receive their training, but I understand that now the University of Washington is now offering a two year program.

In the UK a dental therapist provides children and adults with direct restorations, periodontal and oral hygiene treatment, pre-formed stainless steel crowns and the extraction of deciduous teeth. Therapists trained in the UK work in the National Health System or privately in hospital and community services. In Canada dental therapists deliver basic dental surgical procedures under the supervision of a dentist. In Australia and New Zealand, therapists mainly work for state government (public clinics) and school dental programs restoring teeth in children.

The buzz these days is about the presumed efficiency and cost savings inherent in the transfer of many patient care duties to lesser-trained personnel. This arises from the concept of a transfer of the medical nurse practitioner concept to dentistry. This concept is tantamount to saying that a portion of dental care can be properly and more economically delivered by someone with less education and training than the traditional dentist. The debate is largely focused on capturing the economy of such a shift versus the need to guarantee the quality of patient services.

Orthodontics was an early adopter and the question of expanded duties in orthodontic practice was addressed positively decades ago in many states. Prior to that, in some states only a dentist was allowed to put their hands in a patients' mouth. In fact, I remember getting a grant to permit generating legitimate data to prove the efficacy and goodness of expanded duties—this in spite of the fact that some offices were already practicing some variations of this approach.

What will the practice of dentistry look like in the United States as the health care delivery systems change? This question makes two pretty certain assumptions. First health care systems are going to evolve. Technology alone allows automated waxing of crowns and crown formation procedures with a gain in quality. It is hard not to see the wave of improvements in the technology sector. Secondly, some of the very significant changes in total heath care currently under discussion must ultimately impact dentistry.

Orthodontics is populated with many of the finest minds in dentistry and we need to use rational thought and guidance on the best changes in direction for dental and orthodontic patients. Stay in touch—this will clearly affect all of us.

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