

The Federal Dental Therapist

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SCHOOL OF DENTAL THERAPY

The School of Dental Therapy was established by the Medical Services Branch of the Department of National Health and Welfare for very specific purposes. The Canadian Government is responsible for health care of approximately 300,000 people living in the Territories and on reserve or crown lands. Many, particularly residing close to urban areas, receive dental care. The receptive population on which the dental therapist programme focuses is estimated to be about 120,000 - 130,000 native people, most of whom live in remote and isolated areas. The dental therapist concept was designed to meet a demand and provide primary dental care to this specific group of people. This continues to be the sole objective for this programme.

The dental therapy concept is a system which embraces two components. One is to train dental therapists and the other is to ensure that graduates operate as trained and to the standards established during their training. It is through a contractual arrangement between the Canadian Government and the University of Toronto that the professional input for training is obtained and a quality service maintained. Staff of the School of Dental Therapy monitor the service component of the programme to ensure that professional standards are upheld for these specific procedures that dental therapists are trained to carry out.

PROGRAMME STRUCTURE

Problems of transportation, communication and isolation were factors to be faced when the dental therapist concept was forged. Professional control, nurtured in an attitude of respect between the dental therapists and their supervising dentists, was essential to ensure that a quality service was delivered effectively and economically to the specified communities. The total concept was developed to provide not only treatment but also an organized dental preventive programme.

Problem-solving begins at the School of Dental Therapy, where virtually all teaching is carried out, by qualified dentists and the professional staff ratio is one instructor to every five students. The duties therapists are trained to provide are carefully delineated and strict standardization established as to what dental procedures are performed, how they are to be carried out, and to what standard. The standardization theme prevails throughout the training programme and is adhered to after graduation with the School's staff assisting the government dentists in monitoring the professional execution of the service in the field. Dental therapists are not trained to examine or diagnose a dental condition. This is the responsibility of the supervising dentist who may be a staff dentist from the School, a government dental officer or a private practitioner who agrees to accept the standards and criteria of the concept. Dental

therapists are expected to carry out the instructions laid down for them by the examining dentist in a written treatment plan which may be carried out in the absence of the dentist. Procedures beyond the expertise of the therapist are either completed by the examining dentist or referred to the private practitioner.

Portable equipment has been designed and standardized for all dental therapists, and the School of Dental Therapy is also the supply depot for all instruments for graduates. The equipment and instrumentation used during training is identical to that used in the field programme enabling clinics to be totally transportable to remote regions.

The administration of the field clinics, the organization of the preventive programme in each community, and the documentation of records in this national programme is a model of the training format. Graduates are expected to spend at least 20% of their time in an active preventive and recall programme. Their work productivity is accurately logged and computed to ensure an effective service.

PROFILE OF GRADUATES

The training course has been designed to graduate up to ten students a year and 63 have graduated in the first seven classes, two-thirds of which are female. Forty-four graduates are still working for Medical Services. The programme has been designed to encour-

CROSS CULTURAL PROFILE — DENTAL THERAPY CONCEPT — OCTOBER 1980

(n = 95)	Graduates and Students		
	Totals	Native	Other
Graduates 1974 - 1980	63	17 (27%)	46
Students II Yr.	13	7	6
Students I Yr.*	19	9 (50%)	10
Totals (n)	95	33 (35%)	62

* 6 students have already withdrawn from course and are not included in charts. 5 were native, one of which failed to show. Most of remainder appear to have potential to succeed.

# Graduates	Graduates Working October 1980		
	Total	Native	Other
63	44 (70%)	14 (32%)**	30 (68%)

**82% of natives still working
65% of non-natives still working

17% better survival rate for native people than for non-native people.

Recruitment Distribution (n = 95) Grads and Students		
Location	Total	Native
N.W.T.	21	6
Y.T.	19	4
B.C.	18	9
Prairies	20	8

Ont. Que.	12	3
Maritimes	5	3

Total	95	33

West
82%

East
18%

age northern and native students or those applicants particularly interested in working on reserves or in isolated communities. As of now, 32% of working therapists are native people, whereas about 50% of those presently in training are native. This reflects a steady increase of native people in the development of this concept. The basic programme is two years of intensive training and only about 50% of the students are successful in passing into second year. However, the programme is highly tailored to the individual differences that exist in a programme that accepts students from very diverse social, cultural, educational, and economical backgrounds, and students with promise are allowed to take longer than the two years to complete the course. About one-third of the graduates are native students which presents a high profile of native people in this disciplined and demanding programme. Of the 44 dental therapists still working, 14 are native. Most of the native students come from reserves in the provinces, with only a small native representation from the Territories. It is expected that a relocation of the School will encourage even more native people into this programme and hopefully more from the Territorial regions.

DUTIES OF THE DENTAL THERAPIST

Dental therapists are not trained to examine or diagnose dental conditions

for patients, but when instructed by a dentist, gather patient data for the purpose of completing the dental case history record and patient charting. They expose and develop dental radiographs to assist the examining dentists in examining patients. Infiltration and mandibular nerve block local anaesthetic techniques are taught, and under the routine utilization of the rubber dam, dental therapists make cavity preparations of teeth and place silver amalgam and composite resin restorations for both adults and children. If necessary, dental restorations may be reinforced with pins and stainless steel crowns may be placed on deciduous molar teeth, particularly after performing vital pulpotomy techniques for deciduous teeth when necessary. Periodontal service is provided by charting periodontal pockets, performing supra and subgingival scaling, polishing teeth and treating periodontal emergencies according to specific guidelines. A minimum of 20% of a dental therapist's time is spent in conducting a preventive dental health programme through various means of education and by treatment involving prophylaxis application of topical fluoride solutions and the self-prophy fluoride application programme with school children. Under a standardized clinical administration programme, a referral service is maintained for the transfer of patients to the dental profession in all areas of dentistry beyond the scope of training of dental therapists.

LOCATION OF GRADUATES

All graduates become employees of the Federal Government and only treat patients who come under a Federal responsibility on reserve or crown lands. Graduates do not work in competition with dentists; in fact, even in the Northwest Territories, therapists have not been placed in the two large areas that are currently being served by private practitioners. Now, in many locations, dental therapists have increased the interest in dentistry and frequently patients, after being treated and educated by a dental therapist, seek comprehensive dental treatment which is beyond the expertise of the dental therapist. This increases the demand for dental care from dentists by patients who otherwise would not have sought professional dental treatment.

The dental therapist is not trained as a "fill in" person in a crisis situation, but is to function as a member of a team of dental therapists organized into a service delivery programme of dental treatment, education, and prevention to a specified population group.

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