

Dental Therapists in Canada 1990

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Introduction

Dental therapists (in Manitoba they are still referred to as Dental Nurses) have developed a role similar to physician assistants, midwives, nurse practitioners, para-medics, paralegals, and draftsmen in their respective professions, and have met with the same resistance by organized physicians, lawyers, engineers, and in their case dentists. Despite this, they continue to play an important role, providing the people of their community with quality care.

In Canada, as of February 1990, there were 250 employed dental therapists. There are 129 employed by three government programs and 121 employed by private practitioners (1,2,3). The utilization of the group working for private practices is not well understood. Some, we know, carry out the full range of duties: local injections, cutting of decayed teeth, placing of restorations, performing pulpotomies, and placing stainless steel crowns, others we know function as dental assistants (4).

Historical

In the summer and fall of 1972, two quite different dental therapy programs started in Canada. It was the culmination of years of planning, pushing and prodding by many visionary-type people, but Drs. Davey and Curry were in fact, the real initiators of the two programs.

Dr. Davey convinced the Federal Government that a dental therapist program, similar to the New Zealand model, could be utilized in the neglected far northern communities of Canada. A school was organized at Fort Smith in the North West Territories and they took on their first students in 1972 (5).

Meanwhile, Dr. Curry convinced the Saskatchewan Provincial Government, the same government which had been responsible for showing the nation how a tax based medical health system could work, could just as well demonstrate how a universal dental program for school children of the province, could improve their dental health. The Provincial Government agreed to it by importing Dr. Keenan, of New Zealand, to start the training and placed Dr. Curry in charge of the school based delivery system, similar to the program in New Zealand. Later, Dr. Michael Lewis took over Dr. Curry's position (6).

There wasn't a timid soul among this group, which may explain why these programs co-ordinate very little to this day. Then again, it just might be "The Canadian Way". It should also be mentioned that dental therapists from Australia, New Zealand, Great Britain, and Kentucky were involved in this training and the first field experiences, along with dentists from the U.S. and Canada. However, in the Federal program the personnel were primarily Canadian.

To complicate the picture, the Province of Manitoba not to be out "socialized" (that's never been a dirty word in Canada) by its neighbour, began a similar school based dental program, except for the two urban communities, (namely Brandon and Winnipeg). They found Dr. James Leake to direct their program, with Dr. Clifford McCormick assisting and used Saskatchewan's training facility, Wascana Institute (directed by the now famous Dr. Keenan) (7).

All of these individuals are still involved with dental therapists in one way or another except for Dr. McCormick and Dr. Curry who have both passed away. All but Dr. Davey have had to shift positions, mostly for political reasons.

Highlights from 1972 to 1990

Both provinces replaced their left leaning governments with right leaning governments, and federally the voters selected a Right Wing Conservative Government to replace the Centralist Liberal Government of Prime Minister Trudeau.

1. Manitobans gave half of their school children's dental program over to private practice dental clinics in small communities. The other half remained the responsibility of the school based dental therapist team. To accomplish this, the Manitoba Dental Association agreed to make it legal to use dental therapists in their private clinics (8). 1978
2. The Federal Government moved the National School of Dental Therapy from Fort Smith, Northwest Territories, to Prince Albert, Saskatchewan, due to the fact that Fort Smith was too small to provide an adequate patient load (9). 1982

3. The Saskatchewan Government released 150 dental therapist teams, consisting of a therapist and a certified dental assistant, along with their supervising dentist and supporting staff. The entire program was given over to private practice clinics, except for a few communities in the more remote North (10). 1987
4. Manitoba secured an agreement with Wascana Institute to train two therapists every two years for the next six years (8). 1989
5. Federal dental therapists in the Northwest Territories were transferred from a Federal position to one that is paid and controlled by the Northwest Territorial Government (10). 1989
6. Two dental therapists and a certified dental assistant took the Government of Saskatchewan and the College of Dental Surgeons of Saskatchewan, (the equivalent of a provincial dental association), to court. Winning one of four charges against the association. The charges against the Provincial Government were dropped due to the fact the auxiliaries had not taken their case through the labour relations commission first. The jury awarded them \$23,500.00 because of the Association's interference in the negotiations going on between the Government and the therapists (11,12). 1990

During the peak years of 1980-1981, there were 386 people employed as dental therapists in Canada. They were all working in the government programs with the exception of a few, (8 or 9), working in private practice. Out of the 386 dental therapists, 284 worked for the Government of Saskatchewan (3).

For a comparison of the government programs, we can only look at the Manitoban and Federal programs, since the Saskatchewan program has only a few remaining dental therapists.

FEDERAL (10)

PROVINCIAL MANITOBA (8)

Target Population

- First priority is school children, other members of the community are cared for outside of school hours, (except for emergencies).
- School children only - ages six through fourteen.

Community Served

- Remote communities where most have no roads leading to them, and many are only accessible by airplane or in some cases by boat or ship.
- Aboriginal communities, either Indian or Inuit (the designation of Eskimo is no longer acceptable for the aboriginal people of the North).
- Primarily small rural communities accessible by road.

Clinic Environment

- Mobile equipment capable of being packed into an airplane. The therapist is trained to repair and "trouble shoot" this equipment.
- Permanent equipment, Adec portable unit is transported from school to school.
- Clinic was either in a school or nursing station.
- A few remote communities are still served with portable equipment.
- No assistants available.
- Clinic is located in a school or motorhome.
- Certified dental assistant is an essential part of the team.

Supervision

- Supervising dentist is available by phone, and visits once or twice annually for examination of patients and evaluation of all dental therapists in all phases of their job description.
- Many visits by supervising dentist, usually available within a few hours.
- Faculty from the National School of Dental Therapy often serve as supervising and evaluating dentists.

Patient Evaluation (recall)

- Due to lack of supervising dentists available, many patients will be examined every other year, and recall exams by therapists the intervening years.
- Annual exams are done by supervising dentist. Recall exams are also done by dentist when time permits.

Recruitment

- Inuit and Indian students are given preference.
- Twelfth grade or its equivalent, or mature student status.
- Twelfth grade pass, class ranking and science courses can be considered in selection.
- GATBY testing.
- Interview.

Wages

- \$39,000 Canadian (\$33,150 U.S.)
- Plus housing and isolation allowances.
- \$31,000 Canadian (\$26,350 U.S.)

Concerning the lawsuit by the dental therapists: The appeal by the College of Dental Surgeons will probably be heard this fall, (1990). At issue is the use of lobbying when the government is negotiating with its employees. There is also great concern over the remaining 291 dental therapists and assistants filing for similar compensation (12).

It should be noted that because the "felt needs" of the community (fillings and extractions) are being met, the preventive programs are more rapidly accepted, such as school brushing, classroom education, and fluoride tablets or rinse. Concerning community programs, several have been successful at helping them obtain fluoridation of water supply as well as being a part of pre and post natal programs (10).

Another aspect concerning dental therapist training in Canada, is that 3 classes of dental therapists from Mozambique were sent to Prince Albert for 10 months of advanced study and experience, under a joint agreement with the two Federal Governments. Dr. Murray Dickson was the principal facilitator in this Mozambique program.

However, other countries overseas have shown interest in sending students to participate in the full 2 year training program and have been requesting positions at the School. This fall, of the 40 students registered in the first and second year course, 14 will be from the countries of Anguilla, Cameroon, Dominica, Grenada, Jamaica, Philippines, Swaziland, Zaire, and Nepal (13).

Conclusion:

Dental therapists continue to be opposed by many members of private practitioner organizations, despite their wide spread use and supervision by licensed dentists. They are to be found in every territory and province in Canada except two, Ontario and Quebec. They serve the communities that dentists have chosen to ignore; namely, the remote rural communities, with a special commitment to the Inuit and Indian people.

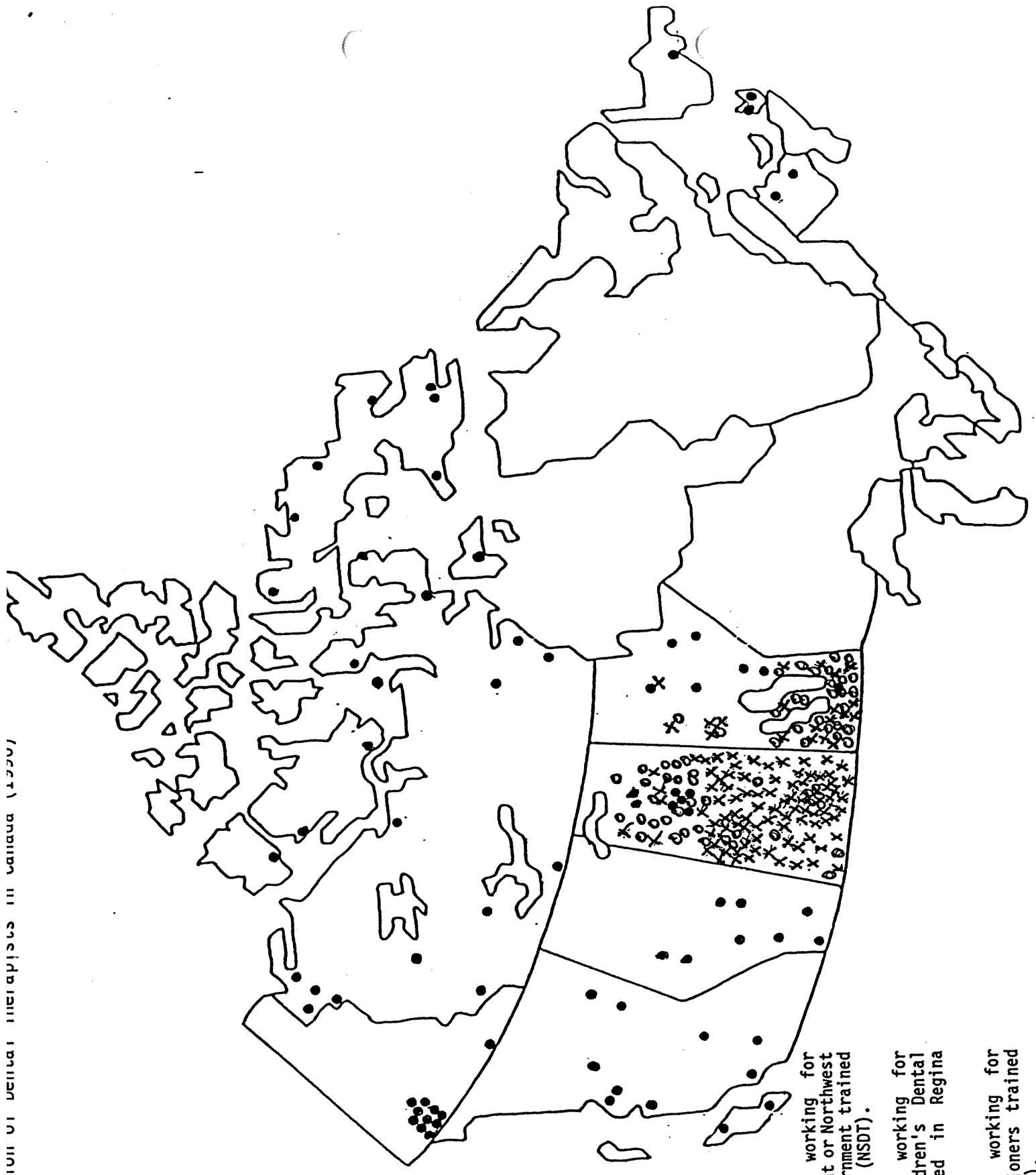
They provide these communities with routine restorations, simple extractions, and the full range of preventive services both community and school based.

There are two distinct groups of therapists:

1. Those trained for the Federal Government, and trained by The National School of Dental Therapy which is associated with the University of Toronto - Faculty of Dentistry.
2. Those trained for Provincial Children's Dental Programs in Saskatchewan and Manitoba at Wascana Institute, which is part of the Saskatchewan Institute for Applied Science and Technology (SIAST).

Both training institutes continue to function, although Wascana is currently training only two, and The National School of Dental Therapy trains 40, (one-third of these are from developing countries).

There are 245 therapists who continue to function in Canada with 130 in government programs, and the rest in private practice. Those functioning in private practice, although legal, have not been studied; we are only aware that there is great variation in their utilization.



Legend

- = Therapists working for Federal Government or Northwest Territorial Government trained in Prince Albert (NSDT).
- = Therapists working for Provincial Children's Dental Programs, trained in Regina (SIAST).
- x = Therapists working for private practitioners trained in Regina (SIAST).

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