

DENTAL THERAPY 2000
TOWARDS ASSURANCE OF QUALITY, COMPETENCE AND ACCOUNTABILITY

Gordon Trueblood
Specialist, Health Education/
Human Resources Development
Medical Services Branch
Health and Welfare Canada

**Professional Recognition of Dental Therapists
Assurance of Quality, Competence and Accountability**

Background

Down through the years vast differences have existed in the levels of health of the Indian and Inuit population and that of the general Canadian population. Widely dispersed population, often living on difficult terrain in small isolated and semi-isolated communities, cultural patterns, changing and changed dietary and lifestyle patterns created direct threats to dental health. Indications are that the dental treatment requirements of this client group are more than four times that on the average for all Canadians.

Although the provision of health services in Canada is a provincial responsibility, Medical Services Branch, Department of National Health and Welfare, is responsible for health services, including dental care, to status Indians and Inuit people in Canada's provinces and for the total population of the Yukon Territory. In the past efforts were consistently made to recruit Canadian dentists to provide treatment to this segment of the population. Very little response was received as service demands in urban areas were more than sufficient to maintain heavy practice loads for the dental practitioner. When dentists could be available, it was only for a short time for emergency treatment only consisting mostly of extractions.

The chronic disparity between rising dental health care needs of Indian and northern communities and the limited resources available for coping with them spurred the development of the Dental Therapy Program. The Dental Therapy Program was established in 1972 when Medical Services Branch of the Department of National Health and Welfare, opened the School of Dental Therapy at Fort Smith in the Northwest Territories in order to train dental therapists in basic

dentistry including, but not limited to, dental health education.

The Situation

The federal government has for many years, assumed the responsibility for delivering health services to status Indian people and Inuit. The 1979 Indian Health Policy confirmed the government's commitment to increase the level of Indian control in the delivery of health services with the intent of improving the health status of Indian people. Transfer is a key aspect of this policy. The decision to accept the transfer of health services will be made by each Indian community.

Since 1986 Health and Welfare Canada has undertaken extensive consultation with Indian communities and northern territories for the transfer of health services to local control. Under the transfer agreement communities may choose to take control of a full range of services at the outset, or may develop a phased plan where health program control is assumed gradually over a period of years.

The transfer of health services for the total population of the Northwest Territories was transferred to the Government of the Northwest Territories in April, 1988. Meanwhile, Indian communities south of 60 have been working at varying degrees on the transfer issue. By August, 1991, thirteen transfer agreements had been signed with Indian Bands in Quebec, Manitoba, Saskatchewan, and Pacific Regions.

With the exception of Saskatchewan and Manitoba, Dental Therapists cannot operate legally as Band employees. Therefore, in order to facilitate the integration of dental therapists into the local health team of transferred commun-

ities, the Interchange Canada Program of the Public Service Commission has agreed to a "special interchange arrangement" for the Department of National Health and Welfare, for a period of three years, in support of the Medical Services Branch's program transfer initiative south of 60°. The purpose of this Special Interchange Arrangement is to provide Bands, Tribal Councils or other Indian health employers with a method by which they can direct the day to day work of nurse practitioners and dental therapists while they remain public servants. However, (the dental therapist) remains an employee of Health and Welfare Canada and will have the same rights and benefits as other public servants including any salary and benefit increase that may become due to the dental therapist under their collective agreement. Dental therapists will also remain under the professional supervision of Medical Services Branch. At the end of three years when the Interchange Arrangement expires, the Arrangement may be renewed.

The range of health services comprising the transfer framework includes dental services. As stated earlier, at the present time Dental Therapists cannot operate legally as band employees with the exception of Saskatchewan and Manitoba. The major obstacles to the transfer of dental therapists to band control are matters related to professional supervision and liability.

Professional supervision and liability coverage are problematic as a direct result of dental therapists not being licensed by any recognized professional body. Most provincial dental practice acts differentiate the duties of dentists and dental auxiliaries. Since dental therapists lack professional recognition by dental associations, there is no provision for them in the provincial dental practice acts. Accordingly, dental therapists may be deemed to be illegal practitioners. A private dental practitioner contracted to provide dental

therapists with treatment plans and to supervise their work may be considered to be performing illegal acts which can cause the potential loss of one's license, fines, or even imprisonment. Should the dentist be involved in a malpractice litigation arising from illegal delegation of duties, there would be no protection under a professional insurance coverage.

Licensed health professionals acting within the recognized scope of their profession, which is to say performing only those duties delineated by the profession, enjoy liability coverage on the basis of their licensure and membership in a professional body. Since dental therapists are not licensed and therefore not recognized by a professional association, they lack the essential backing of a professional body. Accordingly, liability coverage is not obtainable.

Concurrently, dental therapists are increasingly expressing concerns related to (1) lack of professional recognition by the dental profession; (2) lack of job security - related primarily to transfer; (3) lack of a career ladder; and (4) the geographical isolation in which they work. The first three concerns are intrinsically linked, and the last concern would be considerably reduced if there were more employment opportunities, including employment in the private sector.

An Approach

In the context of transfer, supervision, liability coverage, job security, and a career ladder, one hears a great deal about professional acceptance of dental therapists. Within the framework of professional acceptance a variety of terms are used. These terms include "accreditation", "certification", "registration", and "licensure". These terms are critical to any discussion about professional recognition

since each term, in its own way, denotes assurance of quality, competence and accountability. An understanding of these terms is also critical to an understanding of the conceptual framework in which professional recognition of any organized group takes place. It is worthwhile to examine these terms as they relate to the dental therapy program.

Accreditation

Accreditation is defined in the *Dictionary of Education* as: "(1) The type of recognition held by an educational institution, as professional, regional or provincial . . .; (2) the process of accrediting educational institutions." Using this definition of accreditation, the first problem is the definition of the verb "accredit." The *Dictionary of Education* obliges with the following: "To designate an educational institution as meeting required standards of accepted criteria of quality established by a competent agency." The dictionary completes the description with the definition of "accrediting agency" as "an organization that sets up criteria for judging the quality of educational institutions and programs, determines the extent to which institutions and programs meet these criteria, and issues some sort of public announcement concerning the institutions and programs found to be of acceptable quality."

In simpler form, it would appear that accreditation includes six major components:

1. Some form of statement of approval,
2. issued by some predesignated agency or institution,
3. informing interested and/or concerned parties
4. that the program is satisfactory and/or adequate
5. to produce practitioners
6. with certain performance capabilities.

Obviously, the accreditation of the training program for dental therapists must deal with these six components. Certain of these are reasonably self-evident and require no discussion; others deserve careful attention. Which "predesignated agency" is best suited to provide accreditation of the dental therapy training program? The Canadian Dental Association is responsible for the accreditation and on-going evaluation of Canadian dental schools. In what form should the "statement of approval" be issued? How should "interested and/or concerned parties" be informed? These are rather simple concerns.

The more difficult ones lead to the serious problems. By what criteria is the training program judged satisfactory? How do we know that the "satisfactory" program has indeed produced the desired dental therapist? What are the essential performance capabilities of dental therapists and how can we be certain that all graduates possess them? Unfortunately, very little prior body of data about dental therapists in Canada exists to assist in decision-making concerning these issues.

It is obvious that accreditation of the dental therapist training program would depend on data concerning (1) facilities, (2) personnel, (3) learning experiences, and (4) program outcomes. Each of these four factors must be subject of careful examination and very close scrutiny. The problem is not whether the training program can withstand the scrutiny of any accreditation procedure (we believe it can), but that there is no such formalized procedure in place and no professional dental association ready to take on the task.

These issues are raised by way of suggesting that accreditation must take into consideration many factors related to the nature and quality of the training program.

Accreditation is a comprehensive, highly formalized procedure which takes a great deal of time to develop.

Certification

Whereas accreditation is a means of assessing the quality of a training program, certification is a means of assessing the product of the training program. The focus of the certification process is that of assuring, through an examination process, the competence and capability of individuals to perform at a designated level. This is usually achieved by means of a certification examination administered by a non-governmental agency or association. The individual who successfully completes the certification examination is recognized by that agency or association as having met certain predetermined qualifications and is thus deemed "safe to practice."

The certification process makes use of written, oral, or other tests, or other examining processes, to verify the competence of the individual. Some people may ask: "If I have passed all the tests during my training and have graduated from an accredited program, why do I have to take another examination?" A distinction must be made between the examination process designed by teachers to assess educational achievement based on learning objectives, and the certifying examination process which assesses competence and predicts the individual's capability of performing in a health care setting. Although the completion of an accredited education program is often a necessary prerequisite to qualify for the certification examination in many health disciplines, that is not always the case. For example in the United States, dental laboratory technicians can qualify for admission to the certification examination on the basis of five years' experience as a dental laboratory technician. Dental assistants, on the other hand, must have completed an accredited education

program before presenting themselves for certification examination.

In the development of a program for certification of dental therapists, the certifying agency or association will establish a study committee which will undertake a study (often lengthy) directed toward the development of an acceptable definition of a dental therapist, which is then followed by an identification of performance criteria as the basis for the certifying examination. In order to identify the specific competencies expected of dental therapists, the study committee compiles a task inventory consisting of a large number of dental health care tasks. Then each task statement is considered individually to decide whether the task would definitely, probably, probably not, or definitely not be a dental therapist task. The purpose of this process is not to define what a dental therapist ought to be doing. Rather, the purpose of the task inventory would be to define those skills that the dental therapist could be expected to possess.

Once consensus is reached on what skills are appropriately assigned to dental therapists, the committee must also identify the test methods which most accurately and reliably assess the important competencies of dental therapists. Then a certifying examination is drafted. The certifying examination for most health care workers contains questions, problems, and exercises related to three broad areas: knowledge and problem solving; psychomotor skills, and interpersonal skills.

Once there is consensus on what competencies will be assessed and how they will be assessed, the drafted certifying examination must then undergo careful testing and scrutiny to assure its validity, reliability, and feasibility. That is, to test the examination to see if it encompasses a reasonable

and appropriate sample of technical knowledge and clinical skills the dental therapist is expected to have once he/she has successfully completed the training program; to test the examination to see if it will consistently yield the same results; to test the examination to see how practical it is (Is it too long? Is it too short? Does it require too many examiners? Should it be administered over two or three days?

Needless to say, the development of a certifying examination requires a great deal of work. It is not unusual for the developmental efforts to take up to three years. Because of the evolutionary nature of certifying examinations, it is also usual that another year or two is spent in fine tuning the certifying examination once it is implemented. In addition to certification of new graduates, dental therapists in current practice may have to submit themselves for evaluation in order to gain certification. The two factors to keep in mind is that certifying examinations are developed by recognized professional bodies, and that the developmental effort requires an investment of time.

Licensure

Physicians and dentists are licensed practitioners. Licensure has a very specific meaning. It is the process by which an **agency of government** (provincial or territorial) grants permission to an individual who meets predetermined qualifications to use a particular title and practice a profession. Licensure is not a board examination. Successful completion of a board examination may be a prerequisite to applying for licensure as in the case of physicians. Dentists apply for licensure when they have successfully completed dental education in an accredited dental school recognized by the Canadian Dental Association and the province. Foreign graduates can not be licensed until they meet educational certification requirements of the province and certification

requirements of the profession.

Licensure is a legal term based on provincial or territorial legislation which delineates very precisely the appropriate limits to the scope of practice of the professional. It is the opinion of some experts that newly formed health professionals, such as dental therapists, should not initially seek recognition via licensure. Licensure means that a highly detailed piece of legislation must be enacted which will regulate dental therapist activities comprehensively and minutely. Such legislation would effectively "box in" the dental therapist thus blocking further progress of the profession, before it has had a chance to fully mature. It would also outlaw the use of dental therapists except under the provision of the statute.

Licensure is not at all a bad thing. It is the government's way of protecting the public from quacks and from professionals who have become derelict in their duties and responsibilities. However, since dental therapists would work under the direct and indirect supervision of a licensed dental practitioner, there would be no real need to have yet another licensee. Only after the dental therapist concept is fully matured, clearly defined in its own responsibilities, and capable within its own educational and training programs of meeting the reasonable manpower needs in the field, should it consider licensure.

Registration

Registration is discussed last since in most cases it is just another term for certification or licensure. Registration is the process by which qualified individuals are listed on an official roster maintained by a governmental or non-government agency.

In the case of a registered nurse, the nurse must pass board exams and then apply to the province for registration. In this sense, the registration process for nurses is similar to licensure process for physicians. In Ontario a registered dietitian must meet predetermined qualifications set by the professional association and then apply to the professional association for recognition by way of registration with the association. In this sense, the registration process for dietitians in Ontario is similar to certification. In both cases the individual must meet predetermined qualifications through the use of tests or exams. Like licensure, registration is not a board exam but follows after successfully completing board exams. Therefore, a "Registered Dental Therapist" would be an individual who has successfully completed certification requirements and is permitted to practice only after having been listed on an official roster maintained either by the professional association or the government (provincial or territorial).

A registration or licensure fee is required from all individuals seeking registration or licensure. Generally, registration and/or licensure is granted only for a specific period of time after which the individual must pay a relicensure fee or lose the professional designation and support of the professional associations. Physicians, dentists, and nurses, for example, must renew their licensure and registration annually by paying a fee.

Conclusion

The road to professional recognition is long. The effort put into the journey is tenable only if the end-results are deemed by all as worthwhile. The journey is not started until the first step is taken. What can dental therapists do ~~now~~ to get the journey started? In order to obtain professional recognition from others, the most important first step dental

therapists must take is to come together and recognize themselves as health care professionals. The following are five essential steps towards the professionalization of dental therapists:

1. A strong **Canadian Dental Therapists Society** in which all dental therapists are members. The providers of health services are invariably joined together through an association whose main purpose is to represent the interests of its constituency and the public which it serves.
2. A health profession to be a profession is expected to develop a statement or **code of ethics** to which all members subscribe and by which they abide. This is an appropriate task of the Canadian Dental Therapists Society in consultation with the membership.
3. Dental therapists throughout Canada should be joined by a **professional newsletter** in which dental therapists themselves are contributors of original articles. Recognition of the dental therapy program and endorsement of the dental therapy concept is further engendered by inviting articles from prominent professionals in dental and allied health.
4. Descriptions of the dental therapy program, specific projects and activities, should be written up and submitted for **publication in professional journals**. To gain professional recognition, a program must document its activities and successes and publish them for others to see.
5. The most effective kind of information sharing often takes place through **informal networks**. Informal contacts could be established between Canadian Dental Therapist Society and similar organizations in other countries. Their experiences, their successes and even their failures are instructive.