



Creating Standards for Consistent, High-Quality Dental Therapy Education in the United States

As more than 20 states and tribal nations across the country actively pursue or explore expanding access to dental care by adding a mid-level dental provider, often called a dental therapist, there is a need for a core set of national standards for dental therapy education to ensure quality and promote consistency.

Currently, no formal accreditation standards exist for dental therapy education programs. However, in 2010, the American Association of Public Health Dentistry (AAPHD) published curriculum and competency guidelines for dental therapy education. In addition, the American Dental Association's Commission on Dental Accreditation (CODA) has released proposed accreditation standards for public comment; comments are due December 1, 2013.

Expert-Driven, Evidence-Based Standards

In December 2012, Community Catalyst convened a panel of academic and program experts comprising representatives from all three of the existing U.S. educational programs for dental therapists, as well as experts in dental therapy practice in the U.S. and Canada and educational standards experts. Over a two-year period, the panel met, and, building on the AAPHD guidelines, created dental therapy education standards that will guide states, tribes, policymakers, educational institutions and other stakeholders interested in dental therapy education.

The Panel agreed on a number of core principles to guide their work, including:

- Basing the recommendations on scientific evidence that will prepare dental therapists to provide safe, competent and appropriate care.
- Ensuring that dental therapy education will be accessible to students from underserved communities and will prepare dental therapists to practice in their home communities or other underserved areas.
- Creating minimum standards that will ensure quality without limiting the ability of local communities to develop programs that meet their needs.

Key Recommendations

The Panel researched accreditation models, standards and competencies for existing health professions to address critical issues such as curricula, faculty credentials, basic program length and the level of financial support and type of setting needed to offer quality education programs.

Their key recommendations include:

- Dental therapists should be trained to practice under the supervision of a dentist and to work collaboratively as part of a dental care team.

- Dental therapy curricula must include at least two calendar years of full-time instruction or its equivalent at the post-secondary level, and graduates must receive an associate degree. If a student is to be jointly trained in dental therapy and dental hygiene, the curriculum must include at least three years of full-time instruction or its equivalent.
- Graduates from dental therapy programs must be able to competently provide care within a scope of practice that includes assessing patients' oral health needs, providing preventive care and treatment for basic oral health problems and recognizing and managing complications, while adhering to all recognized community and professional standards.
- Dental therapy education program leaders must be qualified to administer the program, but do not need to be dentists. However, if a program is not dentist-led it must employ a dental director—a licensed dentist who is continually involved in the program.

Next Steps

It is the panel's hope that those seeking to expand access to oral health care by pursuing mid-level providers for their communities will use these recommendations and core principles to inform their efforts to develop dental therapy education programs.

For More Information:

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