
Dental Pilot Projects Program

DPP #300 - Advisory Committee Meeting

November 14, 2022



Oral Health Program
Public Health Division

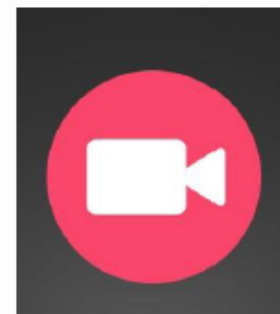
- Agenda Review & Meeting Guidance
- Please turn on your video camera.
- Please use chat function to ask question.



- MUTE yourself.



- Only Committee Members and Invited Guests will actively participate in the meeting.
- Public Meeting: Public Comment Period at End of Meeting
- Meetings are recorded for notetaking only



Dental Pilot Projects Program



Dental Pilot Projects Program



Pacific University

Summary of plans for an Accredited Dental Therapy Program

Preliminary Curriculum

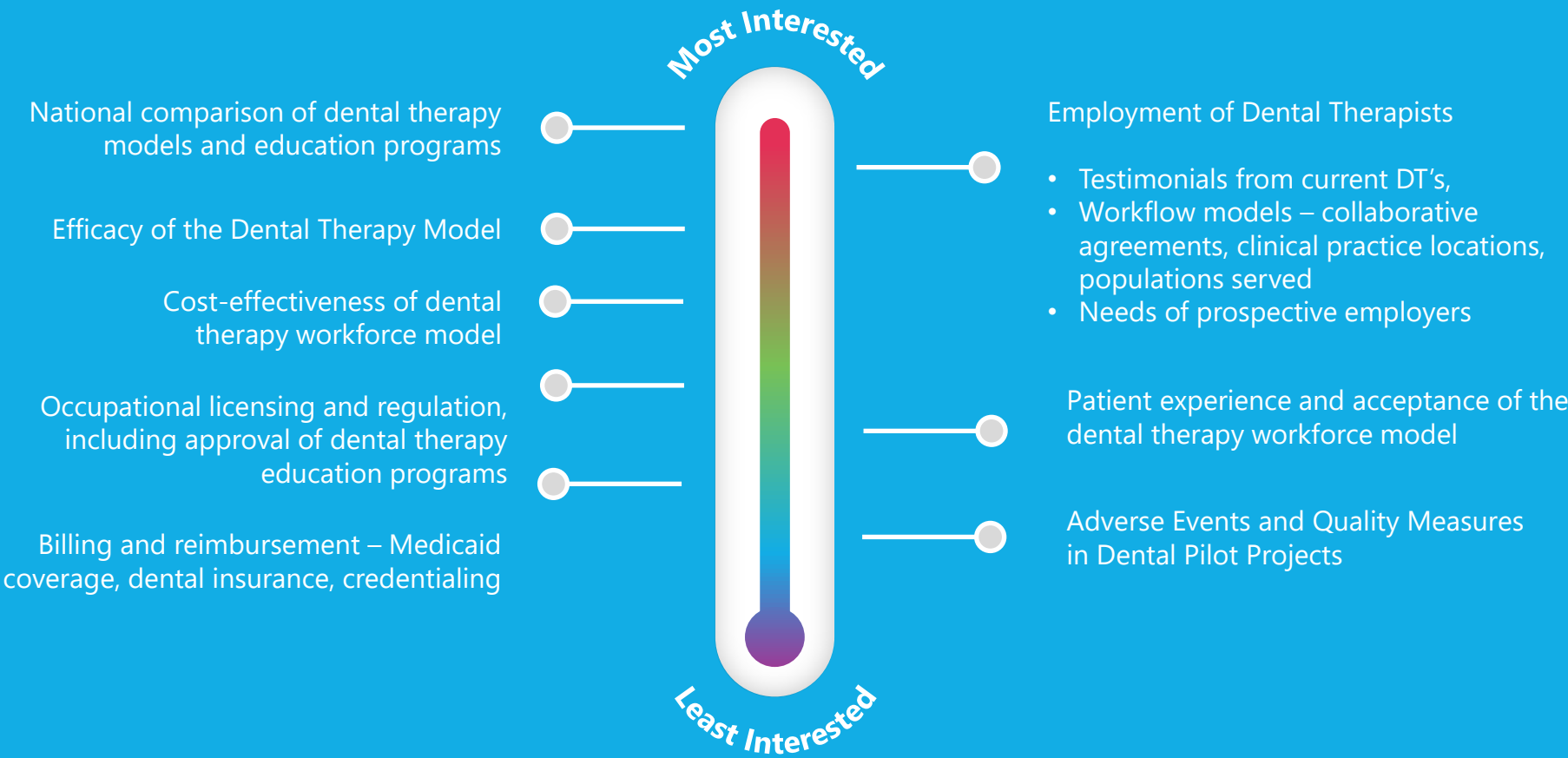
- Dental Therapy Entry-Level Program incorporated into dental hygiene curriculum
- First two cohorts - 6 students, increasing to 12 students by year 5
- Total of 37 additional credits over the course of three years beginning in the fall of the first year.
- BSDH granted after two years
- MSDT granted after three years
- Final year includes 4 – 8 week rotations in public health/rural clinics
- Tuition – Dental Hygiene Tuition plus Additional \$10K for the first two years, third year \$45K

Approval Process/Timeline

- Preliminary Approval to explore full proposal – AY 22/23
- Full proposal Approval process – AY 22/23
- CODA Self-Study Development – AY 23/24 through 24/25
- CODA Site Visit – Spring 2024 or Fall 2025
- Admit first Class of Dental Therapy Students
 - Ambitious: Fall 2024
 - Realistic: Fall 2025
- Graduate first class – May 2027 or most likely May 2028
- Potential to pursue advanced standing program in the future

Dental Pilot Projects Program

Dental Therapy Topics



Results of Post-Meeting Survey

New Zealand
From 1921 to 2022
From School Dental Nurse to
Oral Health Therapist

Dr Lyndie Foster Page
Dental Public Health Specialist
Division Head Dental Public Health OHSU

Where, what and who are we?



New Zealand

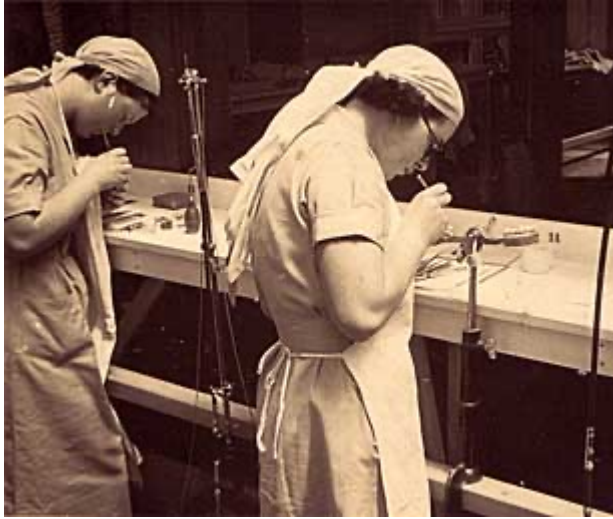
- 5 Million people
- 2 Million in Auckland
- Māori people are the tangata whenua
- Two health professional training sites
 - Dunedin – Dentistry and Oral Health Therapists (OHT)
 - Auckland – OHT



History

- 1905 - New Zealand dentist, wrote a paper 'The Teeth of Our Children'
- Survey showed 90% of NZ's children required dental care
- NZ government noted the appalling state of soldiers teeth in WWI
- Introduced trained women into primary schools to educate children and families on healthy living and nutrition and provide treatment
- World first - 1921 SDS began with "dental nurses" entering the workforce 2 years later

School Dental Nurses



Covered every region of NZ



Service went to all of NZ to the smallest rural communities

Early training



- University of Otago would not agree to a program for dental nurses of any less than four years
- Train the dental nurses in a two-year course in Wellington "...under the eye of the officers of the Health Department"

Changing times

- Two new training schools built in 1950's in Auckland and Christchurch
- End of 1970 there were 1,334 dental nurses in the field
- March 1970 the number of children under the care of dentists had been reduced from 16,949 to 9,159
- Dental nurses restricted to practice only within the Division of Dental Health
- Dental Act in 1963 prevented auxiliaries from being employed in private practice
- Dentists did not want Dental nurses to treat adolescents
- Early 1980's Auckland and Christchurch training schools closed
- Dental nurse training also evolved in the 1990s with **DENTAL THERAPISTS** (as they were now known) being trained at Wellington Polytechnic

Dental Hygienist

- 1974 Army trained hygienists to treat their personnel
- 1982 Workshop on Periodontal Health recommended that dental hygienists be introduced into New Zealand
- 1988 Dental Act was implemented but this Act allowed dental hygienists to "...undertake routine procedures under dentists' direction and supervision"
- 1994 Otago Polytechnic received accreditation to deliver a 2 year dental hygiene education program in hygiene



End of an Era

- Oral health continued to improve with the 1988 WHO oral health survey finding a much-improved level of oral health in New Zealand since the previous surveys

BUT

- Inequalities in oral health between groups of New Zealanders were noted
- Māori and Pacific Islanders, and those of lower socioeconomic status, were more likely to have poor oral health
- Reviews of the SDS in the early 2000s noted that the Service had deteriorated
- 2006 New policy “Good Oral health for all for Life” SDS changed to Community Oral Health Service (COHS)



Two training institutes in NZ

- University of Otago
 - Diploma in Dental Therapy 1999
 - Diploma in Dental Hygiene 2001
 - Bachelor of Health Sciences (Dental Therapy) 2002
 - Bachelor of Oral Health 2007 (Hygiene/Therapy)
- AUT University
 - Bachelor of Health Sciences in Oral Health 2002
 - Bachelor of Health Sciences in Oral Health 2006 (Hygiene/Therapy) intake numbers doubled
 - Adult Scope into degree in future



Professional regulation

- Dental therapy/dental hygiene became registered professions under the Health Practitioners' Competence Assurance (HPCA) Act 2003
- Now new group of professionals termed "Oral Health Therapists" who now register in two scopes to practice
- As a DT they worked with a signed professional agreement with a Dentist
- They worked under two scopes till 2014 when a working group was set up
- November 2017 there was an OHT revised SOP

Professional regulation

- OHT graduates can register in the oral health therapy scope of practice
- Can not carry out restorative treatment for patients over the age of 18 years (unless they complete an additional course)
- OHTs currently have a consultative working relationship with a dentist/s but a written professional agreement is not mandatory
- No training program in NZ for hygiene
- Hygienists still worked under direct supervision for certain aspects of their scope (local anesthetic)

Professional regulation

- 2019 DCNZ consulted to remove the 18-year age limit for restorative activities
- An overwhelming number of submissions received (737), with over half supporting the proposal
- OHTs are now able to provide restorative care for adults provided they undertake a restorative care for adults' course
- Further consultation 2020
 - Written professional agreements for dental hygienists/dental therapists be removed
 - Dental hygienists to remove the requirement for dental hygienists to administer LA under direct supervision
- Independent practice for all oral health practitioners, with the DCNZ's Standards Framework describing and supporting the relationship between practitioners

Safety

- Dental therapists were not registered until 2004
- PDO (dentist) was responsible for standard of care prior to this date
- No cases against PDO's and only one case of a therapist's standard of care has been investigated but not pursued
- Complaints occur with any health professionals – very few with DTs as working in a supportive public health environment
- My time on DCNZ I saw one case – many more dentists

Today

- Workforce - 723 OHTs, 459 DH, 388 DTs, 3191 Dentists and specialists
- OHTs have a wide range of skills and are able to work in all dental sectors
 - public sector (COHS and hospitals),
 - private practice (utilising their full scope or part of it),
 - iwi-based clinics (such as Māori health providers),
 - dental specialist practices (for example, periodontal and orthodontic specialist practices).

History - Language

- OHTs practise oral health therapy
- Public see them as dental nurses still
- Wider dental community do not understand their role
 - OHTs working in private practice (i.e. primarily doing dental hygiene work) are dental hygienists
 - OHTs working primarily in the public sector in the COHS, they are often referred to as dental therapists



What Next?

- Programs on offer providing dental therapists and oral health therapists with the skills to provide restorative treatment for those aged over 18-years- add on scope
- To be included in the Bachelor of Oral Health degree
- This is a prudent direction to serve future community needs and remains

However

- With OHTs, and also dental therapists, being able to work in both the private and public sectors, this has affected the workforce available to the COHS
- Shortages in the COHS throughout the country
- Increase in intake?

Lessons learnt

- While public services may be unable to match the remuneration offered to OHTs in private practice
- Anecdotal evidence suggests
 - Flexibility in allowing part-time work
 - Enabling OHTs to use all their clinical skills
 - Continuity of patient care
 - More autonomy; and
 - Participation in decision-making in the workplace
- May be important factors for this workforce

DT Competencies

5. Mōhiotanga pūtaiao me te haumaruru Scientific and clinical knowledge	
Application of scientific and clinical knowledge	<p>A dental therapist will be able to apply scientific and clinical knowledge relating to:</p> <ul style="list-style-type: none"> 5.1 General anatomy, with emphasis on head and neck, and physiology. 5.2 The aetiology, pathology, diagnosis, prevention and management of oral diseases and disorders. 5.3 General and systemic disease and disorders, including their relevance to oral health and potential impact on patient management. 5.4 Growth, development, and ageing, especially in the orofacial region; and orofacial developmental disorders. 5.5 Normal and abnormal tooth development, tooth eruption and occlusal development of the primary, mixed, and permanent dentition. 5.6 Social and behavioural sciences, and Te Ao Māori and Tikanga Māori, to support patients and whānau or family in achieving oral health and wellbeing. 5.7 Understanding the causes of Māori inequity to access and improve hauora Māori outcomes. 5.8 The core principles of infection prevention and control, including standard precautions, reprocessing of reusable items, performance testing and validation. This includes consideration of Te Ao Māori and Tikanga Māori. 5.9 Pharmacology, with a focus on medicines, rongoā Māori and therapeutic agents relevant to oral health practice. 5.10 The science of dental materials, their risks, benefits and limitations including health, safety and Te Taiao considerations. 5.11 Ionising radiation and methods of imaging relevant to oral health practice, including appropriate selection and safe use of dental radiographic techniques.

Ngā kaiakatanga mō ngā kaihaumanu tiaki niho

Dental therapist competencies



	<p><i>Dental emergencies</i></p> <p>6.31 Manage dental emergencies of the primary and permanent dentition including those of pulpal, periodontal, or traumatic origin, including appropriate referral.</p> <p><i>Application, administering and supplying of prescription medicines</i></p> <p>6.32 Apply, administer and/or supply prescription medicines, for example, antibiotics to manage infection or risk of infection, management of medical emergencies, or high concentration fluoride varnishes and toothpastes, in accordance with legal and regulatory requirements.</p> <p><i>Monitoring</i></p> <p>6.33 Evaluate and monitor the progress of treatment and oral health outcomes, in cooperation with the wider oral health team, whānau, family or kaiāwhina, where appropriate, and at regular intervals when treatment occurs over an extended period.</p>
Safe practice	<p>A dental therapist will be able to:</p> <ul style="list-style-type: none"> 6.34 Establish, manage, and maintain a safe working environment for patients, staff and colleagues; and to protect the public. This includes a culturally safe workplace, the routine and proper use of infection prevention and control measures, and following safe radiation practices. 6.35 Identify and appropriately manage potential hazards (including hazardous materials), and behavioural risks in the place of work. 6.36 Understand the principles and legal obligations of waste management and show awareness of practices used to limit unnecessary waste. 6.37 Produce and maintain accurate, time-bound, and up-to-date patient records which are secure. 6.38 Complete a comprehensive medical history: medical conditions, current rongoā Māori, medications (prescribed and non-prescribed) and allergies. 6.39 Manage a medical emergency appropriately and effectively in their workplace within their prescribed

OHT Competencies

6. Tiaki turoro Patient care

Clinical information gathering

An oral health therapist will be able to effectively gather information relating to:

- 6.1 Patient's presenting complaint/s, concerns, ideas, wishes and expectations, including Te Reo Māori me ona Tikanaga.
- 6.2 Medical, oral health, cultural, and whānau or family histories, and recognise the relationship between hauora Māori and oral health.
- 6.3 Extra-oral and intra-oral examination of the soft and hard tissues of the orofacial region, including intra- and extra-oral radiographic imaging of adequate diagnostic quality and photographic imaging.
- 6.4 The following conditions:
 - a. dental and orofacial pain
 - b. dental and periodontal diseases and conditions
 - c. temporomandibular joint disorders
 - d. oral pathology
 - e. abnormalities of the occlusion, craniofacial disorders, dental and maxillofacial trauma.
- 6.5 Individual risk factors related to caries, periodontal diseases, oral cancer, and injury.

Diagnosis and risk determination

An oral health therapist will be able to:

- 6.6 Perform or request relevant special investigations and diagnostic tests.
- 6.7 Analyse the complete information gathered to:
 - a. Formulate an accurate diagnosis for dental caries and periodontal diseases or seek additional clinical opinion or refer as required.
 - b. Determine the individual patient's risk of oral disease or injuries.

Ngā kaiakatanga mō ngā
kaihaumanu hauora ā-waha

Oral health therapist competencies



Preventive care

- 6.17 Promote periodontal health by providing patients with preventive advice (including smoking cessation) and removal of supra- and subgingival hard and soft deposits from natural teeth and implants.
- 6.18 Provide dietary advice and perform procedures to prevent dental caries, including fissure sealants and applying fluoride.
- 6.19 Recommend or supply non-prescription preventive agents.
- 6.20 Promote the prevention of dental injuries by providing custom-made mouthguards where indicated.

Periodontal management

- 6.21 Manage conditions and diseases of the periodontium and perform appropriate periodontal therapy where indicated.

Dental management

- 6.22 Manage conditions and diseases affecting the teeth, including dental caries, non-carious tooth tissue loss, tooth abnormalities and aesthetic problems (including vital tooth bleaching), and know when operative intervention is required.
- 6.23 Prioritise the use of techniques that conserve tooth structure and preserve pulp vitality.
- 6.24 Provide direct restorations that are appropriate for the nature and extent of tooth tissue loss and in the best interests of the patient, considering immediate and long-term outcomes of care, including placing stainless steel crowns on primary teeth.
- 6.25 Manage pulp and periapical disease in primary teeth, including acute management and vital pulp therapy (pulpotomy on primary teeth).

Extractions

- 6.26 Extract erupted primary teeth.

Thank you

Any questions



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Questions?

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Updates

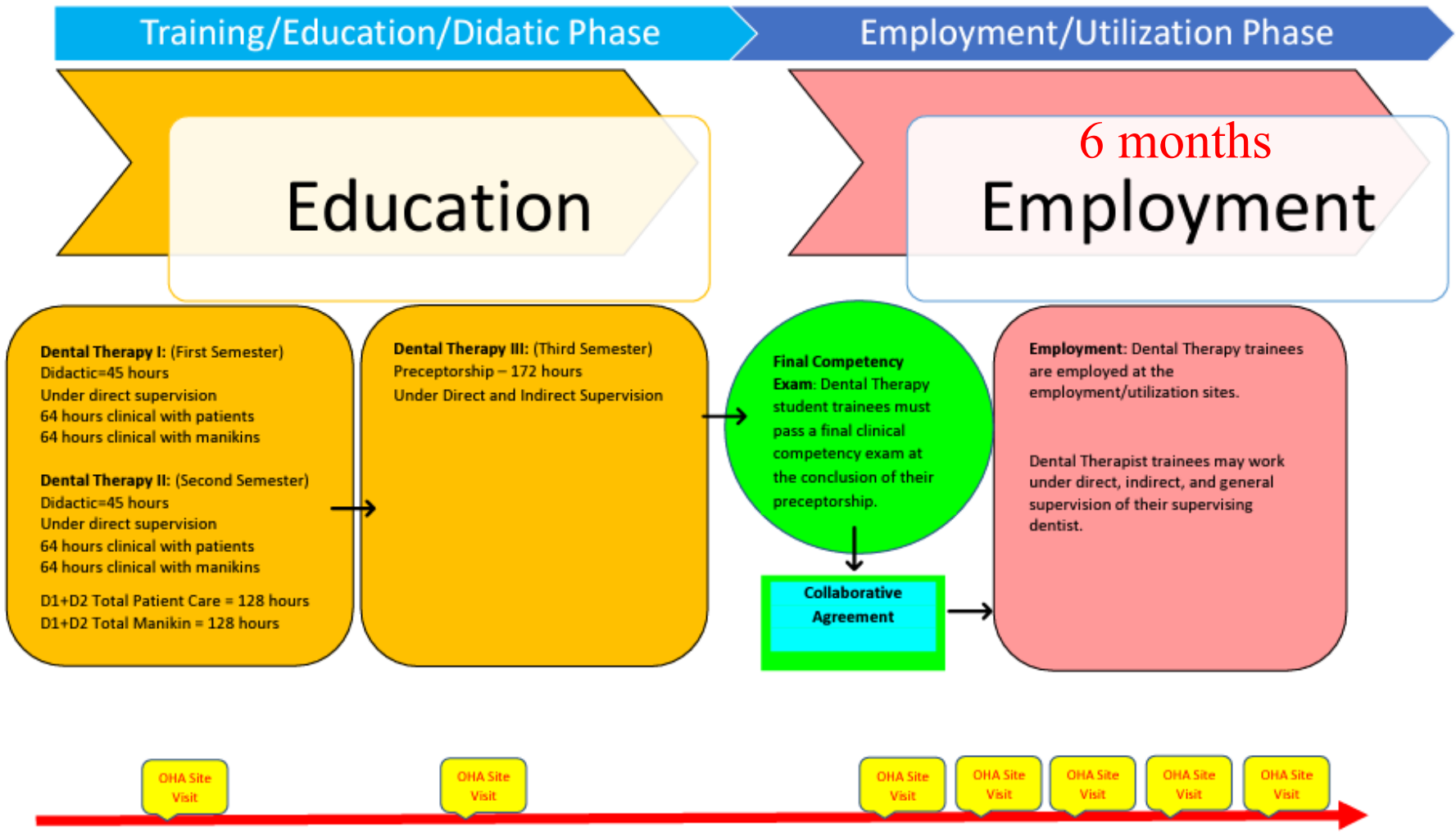
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Oregon Board of Dentistry Updates

- Dental Therapists are now being licensed in Oregon
 - 1st Dental Therapist license issued on 11/01/2022

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Dental Pilot Project #300
Visual Timeline of Education and Utilization Activities

	February 2020- February 2021*	February 2021- February 2022	February 2022- February 2023	February 2023- February 2024	February 2024- January 2025
Cohort One 8 to 10 Trainees	Education	Utilization	Utilization	Utilization	Utilization
Cohort Two 6 to 10 Trainees		Education	Utilization	Utilization	Utilization
Cohort Three 0 to 8 Trainees*			Education	Utilization	Utilization
Total	8 to 10	14 to 20	14 to 28	14 to 28	14 to 28

* Timelines are estimated and subject to change
** Cohort Three is optional, dependent upon funding

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Site-Visit

July 21, 2022

Salem, Oregon & Portland, Oregon

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Employment/Utilization Phase

Supervising Dentist

Monthly, Supervising Dentists will perform a 10% random chart audit for their Dental Therapy Trainee's irreversible procedures.

External Evaluator Dentist

Quarterly, 10% of all charts from irreversible procedures will be sent to the external evaluator.

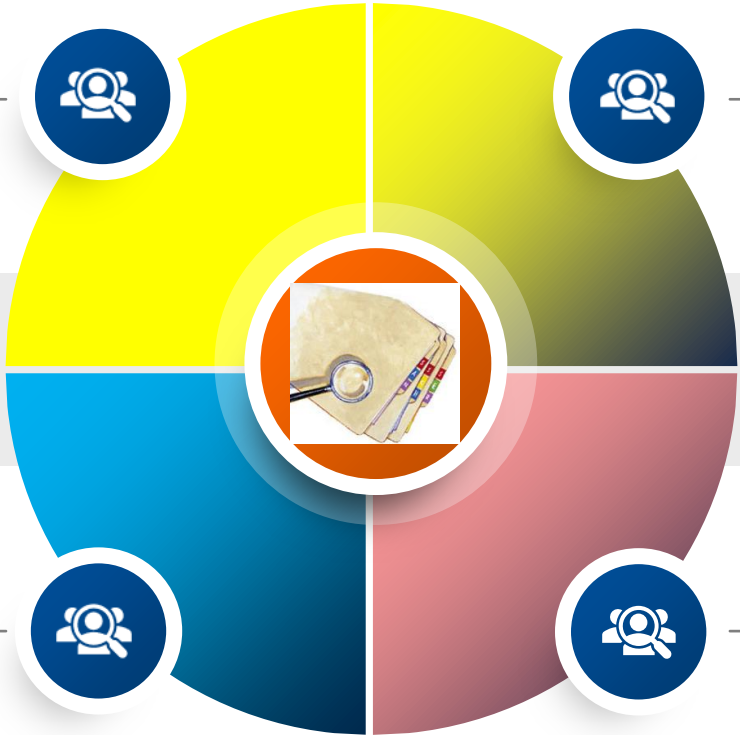
Project Director Dentist

Monthly, the Dental Director will audit 10 random charts that were audited by the Supervising Dentists

OHA Chart Review Dentists

Chart Audit is a component of a site visit.

- Advisory Committee Dentists
- OHA Contracted Dentist
- OHA Dental Director



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- Site visits are conducted with the primary purpose of health and safety monitoring and surveillance and to determine compliance with administrative rules.
- Site visits are conducted using both qualitative and quantitative methodological approaches. They primarily consist of participant interviews and clinical record reviews.

Objectives of the Site Visit:	Methodology:
<ol style="list-style-type: none">1. Determination that adequate patient safeguards are being utilized.2. Validation that the project is complying with the approved or amended application3. Compliance with OARs 333-010-0820 – 333-010-0700.	<ol style="list-style-type: none">1. Interviews with project participants2. Clinical records review

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Clinical Records Review:

The purpose of the chart review is to allow Advisory Committee members who are subject-matter experts the opportunity to review and make assessments and determinations of the quality of care provided by the Dental Therapy trainee within the constraints and limitations of a chart auditing review.

Clinical records are selected from quarterly reporting data using a random sampling scheme to ensure that all irreversible procedure categories are included.

Each procedure will be reviewed by a minimum of three licensed dentists.

The full panel of reviewers, which is comprised of a collaboration between the Advisory Committee, an external contracted expert from the OHSU-School of Dentistry, and the Oregon Board of Dentistry, are required to attend a chart review training and calibration session before reviewing charts.

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Oregon Board of Dentistry Updates

- The proposed Dental Therapy Rules are out for open comment and have been since April 1.
- The Board will have a second public rulemaking hearing on Wed., May 18th at 12 pm to be conducted via Zoom.
- The comment period will close on June 3.
- The Board will meet June 17th and vote on the proposed rules.

Public comment on the proposed rules is welcomed and encouraged and should be submitted to the board at information@obd.oregon.gov

Dental Pilot Projects Program



Dental
Therapy
Education
Programs

- 01** Iñisaġvik College
Located: Utqiagvik (Barrow) Alaska
Status: CODA Accredited
- 02** Skagit Valley College
Located: Mount Vernon, Washington
Status: CODA Accreditation
- 03** University of Minnesota
Located: Minneapolis, Minnesota
Status: Applied for CODA Accreditation
- 04** Metropolitan State University
Located: St. Paul, Minnesota
Status: CODA Unknown, Accredited by Minnesota Board of Dentistry
- 05** Minnesota State University
Located: Mankato, Minnesota
Status: CODA Unknown, Accredited by Minnesota Board of Dentistry

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PUBLIC COMMENT

- If you want to provide public comment, please:
 - Click on the “raise hand” icon under the reactions tab or
 - Type in the chat box that you would like to provide public comment
- Individuals are limited to 1.5 - 2 minutes
- E-mail: oral.health@state.or.us