



Taskforce on Dental Therapists – Final Report

Committee members

Kelli Swanson Jaecks, USA, Co-Chair

Diane Rochford, UK, Co-Chair

Manon Van Splunter-Schneider, Netherlands

Mary Mowbray, New Zealand

Amedah Soh, Singapore

Janelle Foo, Singapore

Dates the committee met:

The committee met via Zoom on:

July 14, 2020

Present: Kelli Swanson Jaecks, Diane Rochford, Amedah Soh, Manon Van Splunter

September 5, 2020

Present: Diane Rochford, Janelle Foo, Mary Mowbray, Amedah Soh, Manon VanSplunter

October 17, 2020

Present: Kelli Swanson Jaecks, Diane Rochford, Janelle Foo, Mary Mowbray, Amedah Soh, Manon Van Splunter and Amdy Ong, Past President of IOHA to attend at the invitation of Janelle Foo.

July 31, 2021

Present: Kelli Swanson Jaecks, Diane Rochford, Janelle Foo, Amedah Soh, Manon Van Splunter. Mary Mowbray had sent her apologies.

November 20, 2021

Present: Kelli Swanson Jaecks, Diane Rochford, Mary Mowbray, Amedah Soh, Manon Van Splunter. Janelle Foo had sent her apologies.

February 5, 2022

Present: Kelli Swanson Jaecks, Diane Rochford, Janelle Foo, Mary Mowbray, Amedah Soh.

Our Charge:

This group will investigate and discuss the benefits and ramifications for a new association membership category to be developed for national dental therapists' associations to be called *Dental Therapist Association Member*.

Introduction:

Dental therapists are not new member of the dental team, reflecting on the history of the profession from the representative countries that form this task force, the first *dental nurse* occupation was established as early as 1921 in New Zealand, changing the name to *dental therapist* in 1990, whilst in Singapore and the UK dental therapists have been training since the early 1960's and to date in the United States over 20 states have authorized dental therapy, by law, with new programs, pilots and legislation being introduced each year, dental therapy is a growing profession. The Netherlands continues to use the one title of *dental hygienist*, although their scope of practice and training has restorative elements, indicative of dental therapist in other countries globally.

The profession has evolved overtime extending the scope of practice to meet the oral health needs of the public and to help manage the acute shortage of dentists in some countries, such as Singapore.

The settings dental therapists are permitted to work in also varies, in Singapore they continue to work only in the public sector, unlike the UK, when in 2002 dental therapists were eligible to work in dental practice, both private and those providing treatment on the National Health Service (NHS), they could establish their own practice and employ dentists, to date they can provide care direct to patients without the need for a dentist's prescription in private practice, but not in NHS practice.

Training dental therapists has also changed to reflect the scope of practice, and educational standard required by the dental profession, with many of the early dental therapists gaining certificates or diplomas and now in New Zealand, the UK and the USA programs are commonly three-year degrees, some combined dental hygiene and dental therapy, whilst Singapore has a Diploma in Oral Health Therapy.

Professional representation of dental therapist in some member countries such as New Zealand and the UK demonstrates the need to ensure dental therapists as a growing profession are recognized and supported, in New Zealand the NZDHA and the NZDTA have now combined to form the NZ Oral Health Professionals. In the UK, the British Dental Hygienists Association (BDHA) changed their name in 2006 to the British Society of Dental Hygiene and Therapy (BSDHT) reflecting the educational changes, there is still a separate organization representing *dental therapists*, the British Association of Dental Therapists (BADT)

In New Zealand, by combining the two associations, they have forged greater working relationships between the two professions, combine conferences and offer broader subjects to

both professions. In the UK, BSDHT and BADT collaborate on pertinent issues concerning both professions to strengthen their position within the wider dental profession.

As more dental therapists are trained around the world each year in response to the oral health challenges faced by many countries and access to dental care, dental therapists are a key member of the dental team who deserve recognition and support throughout their careers not only within their own countries, but internationally. The task group are aware that the recently formed *International Oral Health Association (IOHA)* serves as main representative body for Oral Health Therapy professions (a profession that encompasses dental therapy, dental hygiene, and orthodontic therapy) and have taken this into consideration during our discussions to form this report for the IFDH board.

Concerning a new dental therapist association membership category, we were tasked with investigating the benefits and ramifications of this new membership category.

The task group concludes that the IFDH board consider a new membership category to reflect the changes within the dental and oral health care profession to include dental therapists. An additional category aligns with member countries that have made changes to their constitutions and provide equal representation of both dental hygienists and dental therapists within their organizations.

Benefits:

- Inclusive of global movement of combining dental hygienists with dental therapists' examples: UK, Singapore, New Zealand
- Increased membership \$\$ for IFDH
- Possible increased sponsorship opportunities for the IFDH, with members having increased scope and patient base
- Interactions between DH and DTs to increase knowledge and professional understanding
- Greater opportunities for collaboration in lecturing, presenting, networking, and research

Ramifications:

- Relationship between the IFDH and IOHA. How will this new membership category be perceived by the IOHA?
- Division of the two professions, unable to take advantage of benefits of each profession
- Continued segregation of these two professions.
- Negative perception of IFDH, as a dinosaur and not forward thinking
- Current members of IFDH may not agree with this move, and IFDH may lose membership

- If the committee's recommendation is ratified to create a new membership category for DT associations, the IFDH's name, mission and vision will have to be revisited and revised.

What is the Value to the DT member to join the IFDH?

- Access to the member benefits of the current member countries representing dental hygienists
- Educational opportunities
- Belong to an international organization that will support them

Recommendations of the Committee:

1. Create a new membership category to be called *Dental Therapist Association member*
2. Consider changes to the name of the IFDH to include the dental therapists/dental therapy.
3. Will IFDH represent dental hygienists and dental therapists or dental hygiene and dental therapy? Consider the current language reflected in under and post graduate education of *dental hygiene* and *dental therapy*
4. Look at the Mission and Vision of the IFDH to include dental therapists/dental therapy
5. Look at the constitution/bylaws to allow for equal representation of all members both dental hygienists and dental therapists
6. Assessment of educational standards may need to be considered when accepting dental therapist associations.

Additional tasks:

Assisted in arranging a meeting with Corrie Jongbloed-Zoet, IFDH President and Arish Naresh, IOHA President

Editing the joint statement from IFDH and IOHA

Respectfully submitted-

Diane Rochford, UK, Co-Chair

Kelli Swanson Jaecks, USA, Co-Chair