

Guest editorial – introduction to the special issue

A renewed interest in finding ways to improve access to oral health care has emerged in the United States since the publication of the Surgeon General's report on the oral health of the nation in the year 2000. This special issue of the *Journal of Public Health Dentistry* calls upon the reader to consider several pertinent matters in developing educational programs for dental therapists, a well-established provider of oral health care in many countries used to reach underserved populations. While the addition of dental therapists is controversial in the field of dentistry, other types of mid-level providers have been used in providing medical care. For example, currently, there are mid-level nurse practitioners, physician assistants, and certified registered nurse anesthetists. Emergency medical technicians are sometimes included in this classification as well. Mid-level providers can examine patients, diagnose them, and provide some treatments, all of which must be signed off by a supervising licensed physician.

While debate continues in the field of dentistry about the benefits of adding a mid-level provider to the workforce to reach the underserved, dental therapists are being trained and deployed in two states. The Alaska Native Tribal Health Consortium has educated and deployed dental health aide therapists (dental therapists) in several communities in remote areas of Alaska. Legislation in Minnesota permits the education of dental therapists, and models of training have emerged, one at the bachelor's degree level and the other at the master's degree level. Some of the students enrolled in the Minnesota programs will soon graduate and become part of the workforce in that state. In addition, several states have indicated interest in adding dental therapists to the workforce.

The American Association of Public Health Dentistry believes that new alternate providers added to the dental workforce may help meet the well-documented need for improving access to oral health care for underserved populations in the United States. It was necessary in both Alaska and Minnesota to develop educational plans for the training of dental therapists. In the absence of a nationally recognized program of study for dental therapists, other states that decide to include dental therapists in their workforce would be required to develop their own education plan for dental therapists. This could result in a patchwork of responsibilities and varying scopes of practice for dental therapists that could lead to confusion by the public.

Funding from the W. K. Kellogg Foundation and the Josiah Macy Jr. Foundation made it possible to bring together a panel of academicians to think through what should be contained in a basic 2-year education program for dental therapists. This special supplement to the *Journal of Public Health Dentistry* describes the work undertaken by a panel of expert academicians to develop postsecondary curriculum and training for a dental therapist.

The overall goal of the panel was to plan its efforts in such a way that the basic educational approach could be adapted to a variety of educational settings. As a core feature of the educational plan, dental therapists would be expected to provide care under conditions of "general supervision" and would need to be trained accordingly. The purpose of the project described in this issue then was for a select panel to set out goals and the general operating agenda for an educational plan for 2-year postsecondary school dental therapist programs. The panel carried out its charge in three overlapping phases over 14 months as follows:

Phase I: Outlined the general content and approach for a 2-year postsecondary school curriculum and the educational setting for such training.

Phase II: Described the career pathway for dental hygienists and possibly others to follow to expand their training necessary to add therapist duties.

Phase III: Researched program accreditation issues and licensure in relation to state practice acts.

The results of the panel's work are covered in three articles in this issue: The actual curriculum plan and the methods used to arrive at the plan are described in the paper entitled "The Principles, Competencies, and Curriculum for Educating Dental Therapists: A Report of the American Association of Public Health Dentistry Panel." The panel commissioned a subcommittee to discuss how dental hygienists could gain additional dental therapy skills, and its report is entitled: "Navigating Career Pathways – Dental Therapists in the Workforce." The panel decided that it was important that dental therapy programs be accredited. The third article regarding this aspect of their work is included in the paper by Gelmon and Tresidder and is entitled "Accreditation of Emerging Oral Health Professions: Options for Dental Therapy Education Programs."

In considering the work of the panel, it was deemed appropriate to surround these three manuscripts with three other

manuscripts that could facilitate the reader's thought processes. Dr. Burton Edelstein had previously prepared a thorough report for the W.K. Kellogg Foundation (<http://www.wkkf.org/knowledge-center/resources/2010/Training-New-Dental-Health-Providers-in-the-U-S-Full-Report.aspx>) that described the education of mid-level providers throughout the world. We asked Dr. Edelstein to provide the reader with a shortened version of his Kellogg report. It helps to examine what the panel recommends in view of Edelstein's findings. Because there is a paucity of experience in the United States of dentists working in a team approach with a dental therapist, we requested that Dr. Mary Willard prepare a case study of how dentists in Alaska work with their dental therapists. She and her coauthor describe in the paper entitled "Dentists Provide Effective Supervision of Alaska's Dental Health Aide Therapists in a Variety of Settings" the manner in which the dentist-dental therapist work together in a team approach to reach individuals in remote locations. The paper vividly demonstrates the different scope of service and responsibilities for the dentist and the dental therapist. The final paper in the special issue is a summary of the 2010 Dunning Symposium. The symposium explored the practice of dentistry in the 21st century, and it touched on many issues broadly related to a changing education and practice environment that could accommodate new mid-level practitioners, allowing the dentist to take on additional responsibilities in primary health care and the treatment of the more complex dental cases and medically complicated patients.

Conflict of interest

Dr. Evans and Dr. Mascarenhas have no financial or other relationships that might lead to a conflict of interest in the

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