



THE CANADIAN DENTAL  
HYGIENISTS ASSOCIATION  
L'ASSOCIATION CANADIENNE  
DES HYGIÉNISTES DENTAIREs

CDHA Position Statement:

# Filling the Gap in Oral Health Care

*Endorsed by CDHA's Board of Directors, July 2017*

## CANADIAN DENTAL HYGIENISTS ASSOCIATION POSITION STATEMENT

Substantial disparities in oral health persist across Canada as a result of complex processes that affect access to care. A multiskilled oral health professional with a deeper background in prevention, public education, and periodontal care, and the ability to alleviate pain is needed to support underserved, marginalized, and vulnerable populations. The Canadian Dental Hygienists Association (CDHA) strongly believes that it is critical to address the oral health and access to care issues through the development of a dually qualified, multiskilled provider.<sup>1</sup>

While various educational models have been explored, a 4-year entry-to-practice dually qualified model, integrating the 3-year dental hygiene diploma and the former 2-year dental therapy diploma, is considered the most cost-effective, accessible, and realistic approach to re-establishing dental therapy abilities in Canadian postsecondary education. This model builds off the current oral health workforce, as it supports degree-completion pathways, and aligns with international trends to combine dental therapy abilities with dental hygiene abilities. The needs of provinces and institutions differ; thus, the model may vary across jurisdictions.

CDHA is committed to finding solutions to Canada's access to care issues. The capacity of the oral health workforce can be enhanced to ensure that the right oral health professional provides the right services in the right place at the right time. Success of this initiative requires collaboration among various groups, decision makers, and all levels of governments.

## BACKGROUND

Oral health is an integral part of physical, social, and mental well-being, and has an impact on quality of life. Oral diseases and conditions are often chronic, painful, and disfiguring, and can disrupt eating, sleep, and growth patterns. While dental decay is a disease that is largely preventable, preventive oral health care services are not readily available to all Canadians. As such, there are growing oral health inequalities; those with the greatest oral health needs often have the greatest difficulty accessing care.

In addition to the needless pain and suffering experienced by those with poor oral health, there are significant costs incurred by the Canadian health care system in treating oral diseases. For example, millions of health care dollars are spent on pediatric day surgeries in hospitals to treat children with dental decay, and on visits to emergency departments and physician offices for dental concerns.<sup>2-5</sup>

<sup>1</sup> The title of the practitioner and registration categories are beyond the scope of this paper and the role of CDHA. Internationally, the professional titles of dually trained providers vary and include, but are not limited to, dental hygienist, dental hygienist-therapist, oral health therapist, dental hygiene practitioner, advanced practice dental hygienist, and advanced dental therapist.

<sup>2</sup> Canadian Institute for Health Information. *Treatment of preventable dental cavities in preschoolers: A focus on day surgery under general anesthesia*. Ottawa: CIHI; 2013.

<sup>3</sup> Quiñonez C, Gibson D, Jokovic A, Locker D. Emergency department visits for dental care of non-traumatic origin in Ontario. *Community Dent Oral Epidemiol*. 2009;37(4):366–71.

<sup>4</sup> Figueiredo R, Fournier K, Levin L. Emergency department visits for dental problems not associated with trauma in Alberta, Canada. *Int Dent J*. 2017 Jun 2, doi:10.1111/idj.12315.

<sup>5</sup> LaPlante NC, Singhal S, Maund J, Quiñonez C. Visits to physicians for oral health-related complaints in Ontario, Canada. *Can J Public Health*. 2015;106(3):e127–31.

## CDHA is particularly concerned that:

- Canada's oral health care system fails our most vulnerable members of society.
- Oral health inequalities persist; people with greatest needs receive the least care.
- Delayed treatment and the progression of disease have both oral and systemic health implications.
- Untreated oral disease results in substantial costs to Canada's health care system—a burden that cannot be sustained.

We have reached the tipping point. There is a call for change in the delivery of oral health services to the underserved. Oral health care delivery models in other countries optimize the abilities of a multiskilled, dually trained oral health professional to relieve pain and suffering while also providing preventive, educational, and periodontal care; yet no education program for such a provider exists in Canada.

Since the closure of the Canadian dental therapy program in Saskatchewan in 2011, there have been increasing discussions among government officials and other stakeholders regarding the re-establishment of a dental therapy program and/or the integration of oral therapy abilities into the scope of practice of dental hygienists, with the goal of supporting cost-effective education opportunities that would improve access to care.

## APPROACH

The Canadian Dental Hygienists Association (CDHA), the national association representing over 28,000 dental hygienists in Canada, is committed to improving access to oral care for Canadians. In support of this goal, CDHA commissioned a research consultant, Omni Educational Group Ltd., for the first stage of this initiative: to explore the development of cost-effective educational pathways for dental therapy abilities that would help to overcome some of the barriers to oral health care in Canada.<sup>6</sup>

National and international key informants with expertise in education, regulation, clinical care, public health, and Indigenous culture and policy were invited to participate in semi-structured interviews. The interviews generated rich data, which were supplemented by an analysis of peer-reviewed literature and policy documents on dental therapy abilities nationally and internationally. Dental therapy programs in Australia, the Netherlands, New Zealand, the United Kingdom, and the United States were also examined. These countries were chosen because they have comparable oral health care providers, including dental hygienists with a similar scope of dental hygiene practice, to those in Canada and a similar educational, regulatory, and government structure.

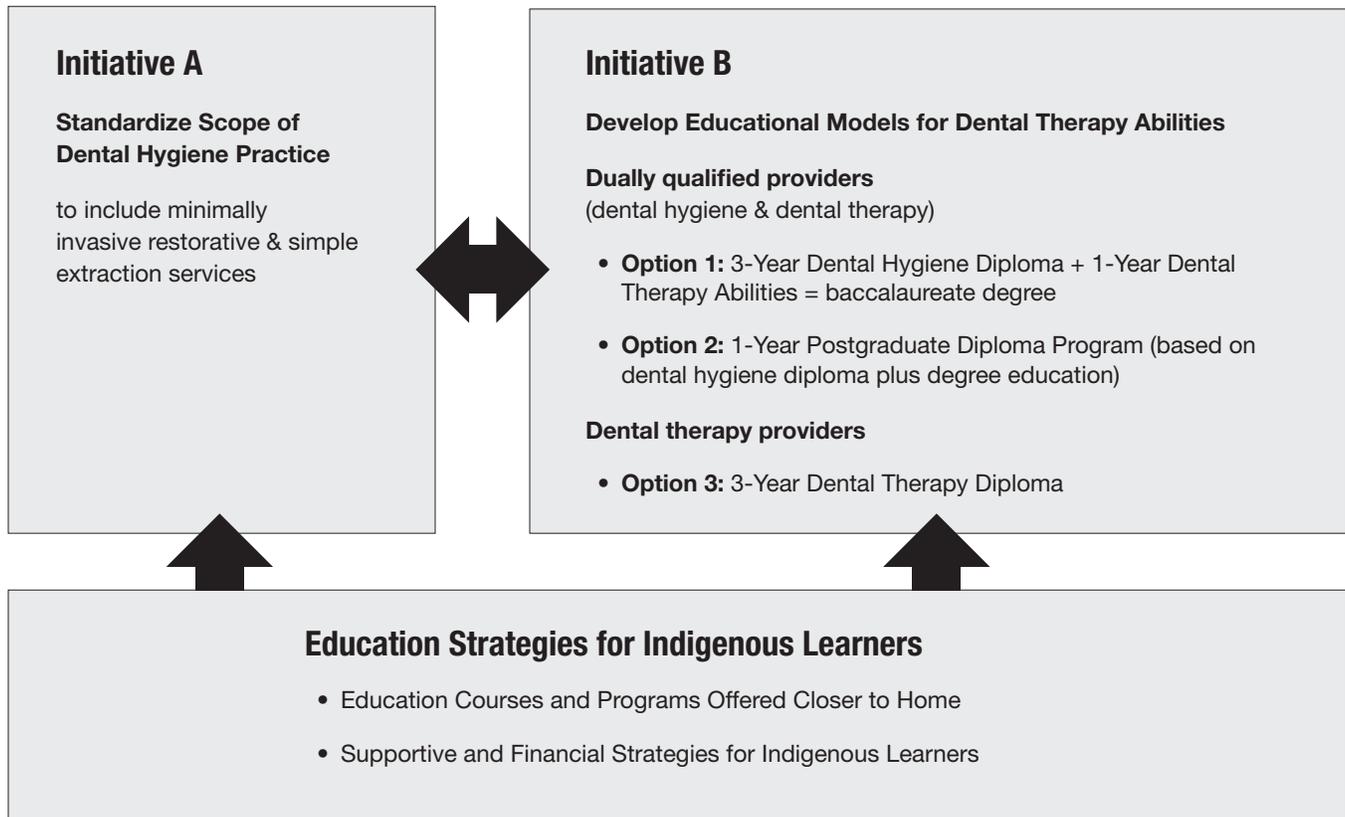
## EDUCATIONAL FRAMEWORK FOR THE INTEGRATION OF DENTAL THERAPY ABILITIES

Based on this diverse data, an educational framework was developed (Figure 1). This framework includes two strategies: the first directs attention to the scope of dental hygiene practice and how it could be more fully utilized to improve access to care (Initiative A); the second identifies options for dental therapy education in Canada (Initiative B).

Canadian dental hygienists currently have many abilities that can be used to increase access to care; however, they are often not able to practise to their full scope of practice due to variations in regulatory parameters. For example, interim stabilization therapy (IST) and atraumatic restorative treatment (ART) are currently within the scope of practice of dental hygienists in some jurisdictions, but not in others. While periodontal care is a focus for many practising dental hygienists, greater emphasis could be given to restorative therapies such as IST and ART.

<sup>6</sup> Manuscript in development

Figure 1: Educational Framework for the Integration of Dental Therapy Abilities



While secondary prevention is a key component of oral health care, increased access to basic restorative therapies is also essential to meet the needs of underserved groups, which leads to Initiative B: the creation of educational pathways incorporating the full scope of dental therapy abilities. The framework includes three educational options (Appendices 1, 2, and 3), two of which prepare a provider with a combination of dental hygiene and dental therapy abilities; the other prepares a provider with dental therapy abilities. A further aspect of the framework identifies strategies for encouraging Indigenous people to pursue careers in oral health (Appendix 4). The options are as follows:

- **Option 1:** Current 3-year diploma dental hygiene education plus an additional year of dental therapy abilities resulting in a baccalaureate degree credential. This option also includes an associated dental therapy completion model for practising dental hygienists (1A) and dental hygiene completion option for dental therapists (1B).
- **Option 2:** Postgraduate diploma credential (dual qualifications)
- **Option 3:** Diploma credential (dental therapy program)

## CDHA RECOMMENDATIONS

CDHA supports the integration of a 3-year dental hygiene diploma and the former 2-year dental therapy model into a 4-year baccalaureate degree option (Figure 2). This option is considered the most cost-effective, accessible, and realistic approach to the re-establishment of dental therapy abilities in Canadian postsecondary education.

Figure 2: 4-Year Entry-to-Practice Baccalaureate Dually Qualified Provider (Option 1)

Academic Year <sup>1</sup>	Educational Program		Strategies for Indigenous Learners	Comments
Year 1	Some programs provide entry into dental hygiene diploma program at 1 <sup>st</sup> year		Could be completed in various geographic locations including community colleges and satellite campuses in the north	This stream reflects Canadian accredited dental hygiene education with options to enter at year 1 or year 2
Year 2	Some programs provide entry into dental hygiene diploma program at the 2 <sup>nd</sup> year based on 1 <sup>st</sup> year university transfer prerequisites		Onsite year in a dental hygiene program	
Year 3	Dental hygiene curriculum meeting CDAC requirements		Onsite in a dental hygiene program with possibilities of clinical rotations to satellite clinics in the north with nursing students	At this stage, learners can graduate with a diploma in dental hygiene and register as a dental hygienist should they choose
Year 4	2-term dental hygiene curriculum based on national dental hygiene baccalaureate competencies, with a health promotion scope of practice	3-term dental therapy curriculum with a dental therapy scope of practice	Two streams of specialization based on candidate interest	
Learners graduate with a 4-year baccalaureate degree and can register as a dental hygiene practitioner. The scope of practice is dependent on the stream selected in year 4.				

<sup>1</sup> An academic year = 2 terms unless otherwise stated.

Currently, dental hygiene education in Canada is delivered by postsecondary institutions with quality assurance protocols and policies in place. Many institutions are already or are becoming degree granting. Consequently, this model could be implemented within the current educational framework and, in some cases, may be viewed as a change to an existing degree rather than the creation of a new degree. The fourth year of dental hygiene baccalaureate education could offer two areas of specialization. Some degree programs would specialize in dental therapy and others would specialize in community health promotion.

This model provides opportunities for entrance to graduate studies for those wishing to pursue further education and aligns with international trends to base dental therapy abilities upon dental hygiene education or to combine the education of the two professions. Further, by having a three-term degree-completion option for practitioners interested in enhancing their abilities, the model builds capacity of the dental hygiene workforce (over 28,000 dental hygienists in Canada) and practising dental therapists.

Because the needs of provinces and institutions differ, the educational model may vary across jurisdictions.

It is essential that mechanisms be in place to support Indigenous learners interested in pursuing careers in oral health. Recommended approaches include offering education close to their communities, developing a flexible course structure (online/blended learning, clinical rotations, practical learning in home communities), placing greater focus on practical learning experiences rather than theoretical learning, providing tutoring and mentorship programs, and offering financial support for tuition and living expenses. These examples are a starting point for discussion with Indigenous people, as the barriers to education faced by this population are complex and numerous, and all interest groups need to participate in building a positive learning environment for these learners.

## NEXT STEPS

To improve access to oral health care for underserved populations, there is a need for a multifaceted approach, including the education and training of providers with a combination of dental hygiene and dental therapy abilities to complement those of dentists.

The education program is, however, only one piece of the puzzle. Other elements need to be in place for any educational component to be relevant and viable; these include the following:

1. Canadian federal and provincial governments must recognize and acknowledge the importance of oral health as a factor in overall health and wellness.
2. Canadian federal and provincial governments must be committed to the creation of sustainable oral health programs and initiatives to support people with socioeconomic disadvantages and vulnerabilities throughout the life cycle.
3. Canadian federal and provincial governments must support the creation of employment opportunities for dually qualified practitioners.
4. Governments with the support of public/private partnerships and Indigenous people should implement scholarship programs and offer other incentives for learners from underserved populations to access such education programs.
5. Representatives from underserved populations must be involved in the development of culturally sensitive educational programs.
6. The development of any educational program must be guided by the expectations of postsecondary education developed by the Council of Ministers of Education, Canada ([www.cicic.ca/docs/cmec/Qa-statement-2007.en.pdf](http://www.cicic.ca/docs/cmec/Qa-statement-2007.en.pdf)) and operationalized by the provinces. The educational pathways need to be recognized pathways in postsecondary education.
7. Governments, regulators, and professional organizations must work together to reduce policy contradictions that create barriers to oral health care.

Decisions about education and health are made by Canada's provinces and territories. However, as the national association for the sixth largest regulated health profession in Canada, CDHA aims to provide leadership and support to improve access to oral health care for underserved groups. This project is the first step in working towards the goal of initiating dialogue with governments, regulators, and educators about this important issue.

For more information, contact us at [advocacy@cdha.ca](mailto:advocacy@cdha.ca)

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## APPENDIX 1

### Option 1: 4-Year Entry-to-Practice Baccalaureate Dually Qualified Provider

Academic Year <sup>1</sup>	Educational Program		Strategies for Indigenous Learners	Comments
Year 1	Some programs provide entry into dental hygiene diploma program at 1 <sup>st</sup> year		Could be completed in various geographic locations including community colleges and satellite campuses in the north	This stream reflects Canadian accredited dental hygiene education with options to enter at year 1 or year 2
Year 2	Some programs provide entry into dental hygiene diploma program at the 2 <sup>nd</sup> year based on 1 <sup>st</sup> year university transfer prerequisites		Onsite year in a dental hygiene program	
Year 3	Dental hygiene curriculum meeting CDAC requirements		Onsite in a dental hygiene program with possibilities of clinical rotations to satellite clinics in the north with nursing students	At this stage, learners can graduate with a diploma in dental hygiene and register as a dental hygienist should they choose
Year 4	2-term dental hygiene curriculum based on national dental hygiene baccalaureate competencies, with a health promotion scope of practice	3-term dental therapy curriculum with a dental therapy scope of practice	Two streams of specialization based on candidate interest	
Learners graduate with a 4-year baccalaureate degree and can register as a dental hygiene practitioner. The scope of practice is dependent on the stream selected in year 4.				

<sup>1</sup> An academic year = 2 terms unless otherwise stated.

## APPENDIX 1

### Option 1: 4-Year Entry-to-Practice Baccalaureate Dually Qualified Provider

#### Advantages

- Dental therapy education would be based on current Commission on Dental Accreditation of Canada (CDAC) recommendations for dental hygiene education, which would support the development of accreditation standards for the dental therapy component.
- Dental therapists and dental hygienists would have common core curriculum.
- This option requires only three terms of curriculum and course development so less development funding is required.
- Education would be delivered by postsecondary organizations with established quality assurance protocols and policies.
- Dental hygienists would have the option to take the dental therapy competencies.
- Registrant categories would align with current regulation and insurance company recognition of providers; dental hygienists currently have a fee guide but dental therapists do not.
- This option could be incorporated into the current educational framework in degree-granting institutions in several provinces; from a program approval perspective, such an option may be viewed as a change to an existing degree rather than a new degree.
- Option 1 provides opportunities for entrance to graduate studies for those who wish to pursue such studies.

#### Limitations/Barriers/Constraints

- People new to the profession would take four years to graduate with dental therapy abilities. However, this timeframe aligns with the education of many health professionals with comparable responsibilities and abilities.

## APPENDIX 1

### Option 1A: Dental Therapy Completion for Graduates of the Dental Hygiene Diploma Program

Academic Year	Educational Program	Comments
Year 1 (3 terms)	Degree completion program at the 4 <sup>th</sup> year university level focusing on dental therapy competencies	<p>Admissions based on:</p> <ul style="list-style-type: none"> <li>3-year block transfer: dental hygiene diploma education (i.e., including 1<sup>st</sup> year UT<sup>1</sup> or equivalent courses)</li> <li>2-year block transfer: dental hygiene diploma education plus one year of UT<sup>1</sup> or equivalent courses in any discipline.</li> </ul> <p>This program would involve onsite courses for the clinical component and could involve online learning for didactic curriculum.</p>
Learners graduate with a 4-year baccalaureate degree and can register as a dental hygiene practitioner (dental hygiene and dental therapy scope of practice)		

<sup>1</sup> University transfer. Current common prerequisite dental hygiene courses include human anatomy and physiology, chemistry, statistics, English technical writing, sociology, psychology, and electives relevant to dental hygiene education at the 100 or higher level.

### Advantages

- Provides diploma dental hygienists with an opportunity to gain dental therapy abilities in three terms.
- Provides opportunities for entrance to graduate studies for those who wish to pursue such studies.
- Allows for the possibility of theoretical courses being delivered online or onsite.
- Provides opportunities for entrance to graduate studies for those who wish to pursue such studies.

### Limitations/Barriers/Constraints

- Requires onsite preclinical and clinical courses. Experiments with part-time clinical courses have not been successful in the United States as learners took longer to gain the fine motor skills required. However, if didactic courses were taken online then there would be opportunities for part-time employment by students while taking the clinical courses.
- Requires a 3-term onsite commitment for completion.

## APPENDIX 1

### Option 1B: Dental Hygiene Completion for Graduates of the Former Dental Therapy Program

Academic Year <sup>1</sup>	Educational Program	Comments
Year 1 (3 terms)	PLAR assessment for (1) dental hygiene clinical abilities including ADPIE elements and (2) knowledge base related to practice (based on cost recovery assessment)	These would be standard dental hygiene focused courses in the 3 <sup>rd</sup> year of the program. PLAR could be used to determine the courses required of each learner.
	Preclinical phase (2 to 4 weeks): theory and practice related to the dental hygiene process of care (ADPIE), and diverse hand and ultrasonic instrumentation	
	Online/onsite courses in dental hygiene theory, periodontology, evidence-based decision making, and community practice including advocacy, health promotion, and education	This phase would introduce the learner to the program protocols with regard to ADPIE and diverse periodontal instruments.
	Two terms of onsite dental hygiene practice experiences including clinical practice and community programs	<p>There are shared abilities within the scope of dental therapy and dental hygiene practice. Overlapping knowledge base also suggests the need for a PLAR assessment.</p> <p>At this stage, learners can graduate with a diploma in dental hygiene and register as a dental hygienist should they choose</p>
Year 2	Fourth-year university courses as in current Canadian dental hygiene degree completion programs; will vary with the institution delivering the program.	
Learners graduate with a 4-year baccalaureate degree and can register as a dental hygiene practitioner (dental hygiene and dental therapy scope of practice)		

<sup>1</sup> An academic year = 2 terms unless otherwise stated.

### Advantages

- Provides diploma dental therapists with an opportunity to gain dental hygiene abilities.
- Provides dental therapists with a prior learning assessment and recognition option to determine their learning needs (PLAR).
- Provides opportunities for entrance to graduate studies for those who wish to pursue such studies.

### Limitations/Barriers/Constraints

- This option requires a 3-term onsite commitment for completion of preclinical and clinical courses.
- Some learners may find the PLAR process time consuming, expensive, and difficult.
- The interest in such a program is not known; given the decreasing number of dental therapists in Canada, the interest may be small.

## APPENDIX 2

### Option 2: 1-Year Postgraduate Diploma for Dental Hygienists with a Baccalaureate Degree—Dually Qualified Provider

Academic Year	Educational Program	Comments
Year 1 (3 terms)	Postgraduate diploma program with dental therapy abilities, with the opportunity of gaining credit towards a master's of public health degree	Admissions based on: <ul style="list-style-type: none"> <li>• 4-year baccalaureate degree in dental hygiene or diploma in dental hygiene with a baccalaureate degree in another discipline</li> </ul>
Learners graduate with a diploma in dental public health or diploma in oral public health and can register as a dental hygiene practitioner (dental hygiene and dental therapy scope of practice)		

#### Advantages

- Provides dental hygiene baccalaureate graduates and dental hygienists with a bachelor's degree in another discipline to acquire dental therapy abilities as well as earning credits for graduate studies.
- Develops potential educators for future dental hygiene/dental therapy programs.

#### Limitations/Barriers/Constraints

- This option requires that applicants be registered as dental hygienists and hold a bachelor's degree in another discipline.
- This option involves an increased time and financial commitment on the part of learners.
- The length of the program may be a barrier to Indigenous people from remote communities.
- The dental therapy courses may not qualify for credit at the graduate level.
- Such a program would likely need to go through provincial and university senate review processes as a new program.
- With more advanced education, graduates may be less likely to work in northern communities.

## APPENDIX 3

### Option 3: 3-Year Entry-to-Practice Dental Therapy Diploma

Academic Year <sup>1</sup>	Educational Program			Strategies for Indigenous Learners	Comments
Year 1	Common courses for both groups  OR  one year of UT <sup>2</sup> courses based on program admissions criteria			Could be completed in various geographic locations including community colleges and satellite campuses in the north	Programs in British Columbia, Alberta, Manitoba, and Nova Scotia currently have programs with a 1 <sup>st</sup> year prerequisite
Year 2 - Term 1	Common courses for dental hygiene and dental therapy			Onsite	
Year 2 - Term 2	Dental hygiene courses	Core courses	Dental therapy courses	Clinical rotations to satellite clinics in the north with nursing students in Term 2 of 3 <sup>rd</sup> year	Combination of shared courses and courses specific to dental hygiene or dental therapy
Year 3					At this stage, learners can graduate with a diploma in dental hygiene or dental therapy, dependent on the stream selected in year 2 and 3
Year 4	2-term curriculum to national dental hygiene baccalaureate competencies (i.e., 4 <sup>th</sup> year curriculum to provide an option for students to access graduate programs)			The designation for the dental therapist group would remain the same unless changed by regulatory organization	
Learners graduate with a 4-year baccalaureate degree and can register as a dental hygiene practitioner (scope of practice dependent on the stream selected in year 2 and 3)					

<sup>1</sup> An academic year = 2 terms.

<sup>2</sup> University transfer. Current common prerequisite dental hygiene courses include human anatomy and physiology, chemistry, statistics, English technical writing, sociology, psychology, and electives relevant to dental hygiene education at the 100 or higher level.

## APPENDIX 3

### Option 3: 3-Year Entry-to-Practice Dental Therapy Diploma

#### Advantages

- Admissions could occur in year 1 or year 2 of the 3-year program depending on the institution.
- This option provides a direct route to dental therapy education.
- This option acknowledges the enhanced transferable abilities of critical thinking, problem solving, application of knowledge, communication, research use, and professional capacity/autonomy abilities inherent in 3-year programs and their importance to increased client safety and better health outcomes.
- Two professions would have opportunities to work collaboratively through common core curriculum.
- Education would align with the newly developed dental therapy standards of the American Commission on Dental Accreditation (CODA).
- This option would allow for possible fluctuations in admission numbers and employment opportunities.
- This option could be implemented within the current educational framework in many postsecondary institutions.

#### Limitations/Barriers/Constraints

- Would require additional scheduling by faculty members in implementing the various courses.
- Recreates the situation we had; many respondents preferred a combined registration model (dental therapy plus dental hygiene scope of practice).

## APPENDIX 4

### Education Strategies for Indigenous Learners

While Options 1 and 3 identify education strategies to support Indigenous learners in pursuing a career as either a dental therapist or a dually qualified provider, there are even more supports that could be considered to encourage Indigenous people with an interest in postsecondary oral health education:

- Identification of role models to stimulate interest in the oral health professions
- Development of an orientation component to support learners with writing and public speaking
- Creation of group learning environments to support collaborative learning
- Tutoring for science curriculum to support the understanding of theoretical constructs
- Mentorship programs to support retention of learners
- A focus on practical learning experiences rather than theoretical learning
- Access to education close to their communities of support
- Financial support for tuition and living expenses

These implementation elements to support Indigenous learners are a starting point for discussions with Indigenous people. As we all appreciate, the barriers to education that they face are complex, making further discussions about these issues with Indigenous peoples and government stakeholders essential. These conversations must be part of a collaborative process among all interest groups.



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