

Going Beyond Dental Assisting to Prevention

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In Alberta, dental assisting became a regulated profession in 2006 under the *Health Professions Act*.¹ By this act and its accompanying regulations, dental assistants registered by the College of Alberta Dental Assistants (CADA) and certified with additional training (Preventive Dentistry Module) were permitted to provide scaling procedures to patients with pockets up to 4 mm under the direction of a dentist or dental hygienist.

Although not all reactions to this decision were positive, dentists, specifically those in rural areas, were pleased because it meant they would have qualified professionals to help provide preventive care to patients. The shortage of dental hygienists in Alberta is particularly acute in rural areas; dental assistants could provide an extra hand to dentists who found it difficult to attract hygienists to these areas. Dentists and dental assistants felt that having dental assistants perform this service would address care issues related to efficiency, effectiveness, demand and costs. Having the right provider provide preventive services to the appropriate patients within a suitable time frame met the goal of efficient oral health care.

New Responsibilities for Dental Assistants

There is interesting history regarding the issue of dental assistants scaling patients' teeth. In a 1976 Ontario program at George Brown College, a 16-week scaling module for dental assistants was implemented; all students in that program failed the practical examina-

tion conducted by the Royal College of Dental Surgeons. (The reason given in the press was that the training had been too short.²) In Saskatchewan, the Dental Assistants' Association released a statement that scaling is not an appropriate duty for dental assistants.³ The College of Registered Dental Hygienists of Alberta opposed proposed legislative changes to the province's *Health Professions Act* that would increase dental assistants' scope of practice (even with additional training and registration) because they were concerned that there would be inadequate instruction and insufficient practical training to ensure safe practice by dental assistants performing scaling procedures on patients with pockets of 4 mm.⁴ Although tensions exist among the oral health professions in Alberta, key leaders in the province profess a desire to reduce these tensions over this issue to benefit the public.

In 2006, a Preventive Dentistry Module curriculum designed by the CADA and the Alberta Dental Association and College was provided to an urban polytechnic institution (SAIT Polytechnic) for delivery as a pilot project.^{5,6} The module had 4 components: self-study, preclinical, clinical and practicum. Using the process detailed in the curriculum, 17 of 18 students successfully completed the module. Since then, the curriculum has been delivered by the 2 public schools in the province, with excellent results. One private dental assisting program has also been approved to offer the curriculum, although no sessions have been delivered to date.

What is the impetus for dental assistants to undertake this additional training? Graduates wanted to expand their skill set, contribute

more effectively and efficiently as a team member in their practices and increase their remuneration. Other motives included seeking to rejuvenate their interest in the profession, fulfillment and variety in their careers; wanting the challenge of learning; increasing employment opportunities; and improving the status of the profession within the range of oral health care providers and with the public.

Prevention and Access to Care

Research has provided extensive evidence of the role that periodontal disease plays in diabetes, cardiovascular disease, gastrointestinal disease and other conditions.⁷ Although periodontal disease is widespread, because it is not accompanied by pain, people do not seek care; hence, it is underdiagnosed and underreported, resulting in a poor epidemiologic picture.

Lyons and McNally⁸ contend that oral health has been overlooked as an essential component of overall health and quality of life and call for innovative mechanisms for service delivery. Still, the dental professions have tended to take a conservative view of innovation and role expansion. The ongoing challenges attributable to territoriality and “turf tension” serve only to maintain the status quo at a time when oral health is on the decline and diseases that are exacerbated by periodontal disease are on the rise. A growing proportion of Canadians cannot afford regular preventive oral health care at a time when the economy is affecting employment and benefits.

To improve access to preventive oral health care, more dental professionals are needed who are trained to provide preventive services, such as scaling teeth in patients without existing periodontal disease. Alberta dental assistants who are registered with the Preventive Dentistry Module are able to provide preventive care and counseling safely, effectively and efficiently in collaboration with dentists and dental hygienists.

This model could be expanded across the country to improve the oral health status of Canadians. However, there must be collaboration among the dental professions⁹ and a reduction in the tension that exists if the end goal is the public good. ♦

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Further Reading

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