

THE CHANGING SCENE OF ORAL HEALTH CARE PROFESSIONS

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February 10, 2009**



'Dental therapists: a global perspective'

Nash D. et al. (2008)

“The Netherlands serves as an example of how countries are coming to realise the importance of adding dental therapists to the workforce. Dental therapists had not previously been a component of the Dutch oral health care delivery system. Recently, Holland adopted a combined curriculum, expanding dental hygiene to include dental therapy **to develop an oral health therapist**, and is **now enrolling 300 a year** in its training programmes. At the same time, the **number of dentists educated is being reduced by 20%**. The Dutch rationale is that in the future significant aspects of basic preventive and restorative care will be provided by these oral health therapists, with dentists performing more complex procedures and treating medically compromised patients. **The new Dutch policy is intended to reduce costs and improve access to care.”**



Statement of Task IOM workshop

- Lack of integration and coordination among the oral health, public health and medical health care systems
- Services should be safe, effective, patient centered, timely, efficient, and equitable
- New roles of providers and stakeholders to improve access to care



ACCESSIBILITY AND SATISFACTION

patient and professional

- **QUALITY OF CARE**
- **SKILLS MIX OF PROFESSIONALS**
- **WORKFORCE**



CONCEPTUAL FRAMEWORK

- **DYNAMICS OF THE PROFESSIONS**
- **DEMOGRAPHICS**
- **SOCIO-CULTURAL ASPECTS**
- **INTERNATIONALISATION**



dynamics of the profession

- evidence based dentistry vs. the art of dentistry
- oral health part of general health
- oral health and quality of life
- changes demand and demography
- technology

new professions ?

- Many reasons for a change
- Team approach
- Cost-effectiveness
- Objectives for the change!?

attention points

- Interrelation between the different professions (education, workforce)
- Professional autonomy (of each)
- Responsibility of the team members
- Communication
- Central regulation intake or the market
- Changes difficult to achieve; leadership



REQUIREMENTS

- **TEAM APPROACH**
- **JOB DESCRIPTION**
- **RESPONSIBILITIES**
- **COMMUNICATION**
- **EDUCATION**
- **LEGISLATION**



NEW TYPES OF:

- **DENTIST**
- **SPECIALIST**
- **DENTAL HYGIENIST**
- **DENTAL ASSISTANT**
- **CLINICAL DENTAL TECNICIAN**

Task-allocation in the new system:

- The main task of the dentist is focused on general diagnosis and the coordination of a patient's care and treatment by him/her and his/her team.
- Treatment performed by dentists is focused on patients with complex problems.
- The tasks of the dental hygienist are focused on prevention (primary, secondary and tertiary), screening and monitoring and basic dental care.
- The tasks of the assistant are focused on primary prevention, on organizing the practice and assisting the dentist and the dental hygienist.
- The tasks of the denturist are in the field of removable prosthodontics.



The Dutch approach

condition: legislation

- Dental hygienist's curriculum (4 years) the focal point for changes influencing the job description of dentists and assistants
- New dental curriculum (6 years)
- Extended courses assistants

Experiences so far

- Gradual evolution of the new professions
- Too many drop-outs from hygienists schools
- New dental curriculum for 'oral physicians'???
- More structured collaboration and larger practice organisations



WORKFORCE

PLANNING

AVAILABILITY OF CARE PROVIDERS
(job satisfaction)

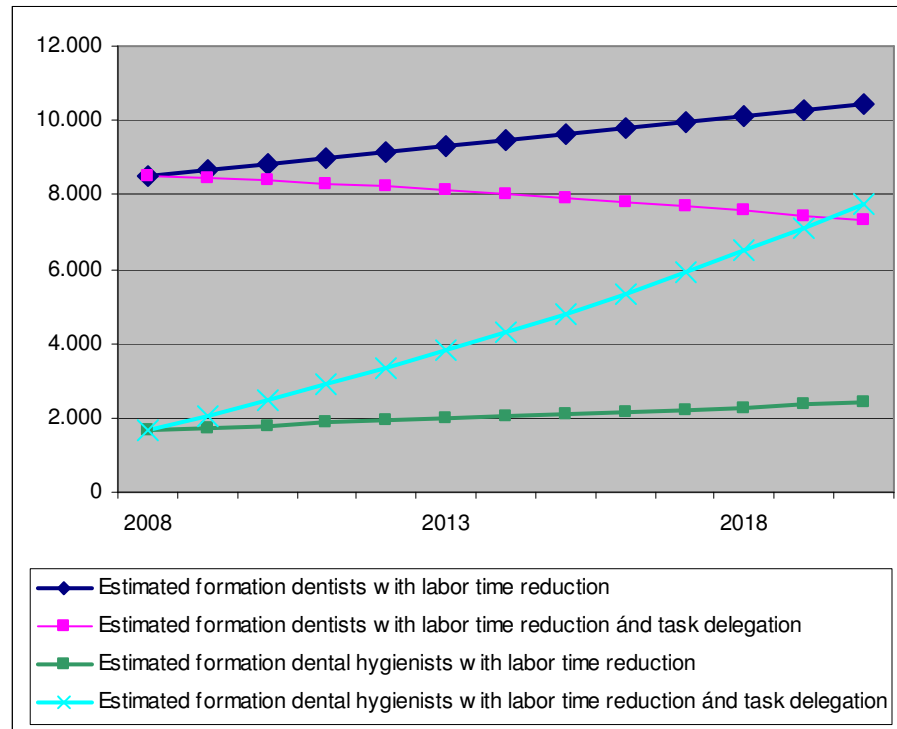
THE NUMBERS GAME

Workforce Oral Care

Future requirements according to the commission 'innovation oral care'

Professionals	Now	Future	change
Dentists (old style/new style)	8,000	4,000	– 4,000
Dental hygienists (old style/new style)	2,300	5,000	+ 2,700
Prevention assistants	1,800	3,500	+ 1,800
Dental assistants	14,600	14,500	– 100
Maxillo-facial surgeons	200	155	– 45
Orthodontists	290	290	0
Total	27,190	27,445	+ 255

estimations workforce oral care





SHORTAGE OR SURPLUS ?

WHO 2006

**“IT CAN BE STATED THAT,
METHODOLOGICALLY, THERE ARE NO
GOLD STANDARDS FOR ASSESSING
SUFFICIENCY OF THE WORKFORCE IN
HEALTH CARE”**



thank you very much

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