



**Response to the
Report of the
Tennessee Dental Association's
Task Force on Dental Assisting**

January 16, 2006

TNDAA Response to the TDA Task Force on Dental Assisting Contents

Part 1 – Defining the Problems

1. The Shortage of Dental Assistants.....	3
2. Difficulty of the TN RDA Exam	4
3. TDA Creating Courses and Exams for Registration of Dental Assistants.....	4
4. On-the Job Training vs. Formal Education:.....	5
5. Tennessee as Being one of the Most Restrictive States in the Nation.....	5
6. Irrelevant Content in Educational Programs.....	6
7. Access to Care Issues.....	6

Part II – Recommendations

1. Amnesty.....	6
2. Challenge Exam Options.....	6
3. Limited Specialty Licenses.....	7
4. Expanding the Scope of Practice for Practical Dental Assistants.....	7
5. Reducing the Time Required to Complete the Registration Process.....	7

Conclusion.....	8
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Sources.....	8
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Appendix: TNDAA Proposed Career Ladder.....	11
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TNDAA Response to the TDA Task Force on Dental Assisting

Part 1 – Defining the problems

1. The shortage of dental assistants:

The Tennessee Department of Labor has predicted an annual growth rate of 4.6% for jobs in dental assisting between the years of 2002 and 2012.¹ At that growth rate, there should have been 6149 dental assistants in Tennessee at the end of 2005. There are currently 4560 Tennessee RDAs². If the number of PDAs is equal to or greater than the number of RDAs, that would yield a total of at least 9120 dental assistants employed in 2005, exceeding by 2979 the number of jobs for dental assistants estimated by the Department of Labor for 2005. Additionally, several educators report that graduates who are qualified for employment as RDAs are still seeking positions, particularly minority students.³

The TNDAA agrees with DANB with regard to the perceived shortage of dental assistants in Tennessee: “If there is, in fact, a shortage of dental assistants in Tennessee, DANB supports the efforts of the TDA to seek ways to alleviate this shortage, including the exploration of possible regulatory reforms. However, DANB does not believe that empowering dentists to fill vacant dental assistant positions with individuals who are willing but perhaps not able to do the job is a solution to the problem or in the best interests of the public.”⁴

Neither does the TNDAA recommend the elimination of credentialing mechanisms. The ADA/DANB Alliance found that dental assistants who hold a credential (CDA) stay in the work force 31% longer than non-certified dental assistants and stay with the same employer and average of 39% longer than a non-certified dental assistant. It is believed that the benefits gained from credentialing, including recognition by employers, colleagues and patients as demonstrably competent professionals, a greater sense of accomplishment, increased earnings, and improved career mobility – may contribute significantly to retention of highly qualified dental assistants.⁵

The ADA Task Force to Investigate Mandatory Education and Credentialing for dental assistants concluded that “mandatory credentialing is unlikely to create or exacerbate shortages of dental assistants. Rather, statistics suggest that formal training and credentialing tend to reduce turnover rates for dental assistants. Frequent turnover contributes to loss of productivity, decreased quality of care, increased cost of training new employees, increase risk of errors.”⁶

Finally, no discussion of the shortage of dental assistants would be complete without serious consideration of the significant numbers of RDAs whose licenses are administratively revoked each year due to failure to renew. A prudent study of the shortage of dental assistants would include an effort to identify the causes for these failures to renew. Educators stated that discussions with former dental assistants identified the following factors as contributing to dental assistants failing to renew and/or leaving the profession.⁷

- a. The renewal fee itself is often prohibitive for the dental assistant considering the average wage of an RDA (almost \$2.00 less than the average hourly salary for dental assistants in surrounding states).⁸
- b. Dental assistants leave the profession to seek position with fewer occupational risks, higher wages, better benefits, less stress.
- c. Dental assistants leave the profession to seek another career, since there is no real career ladder in dental assisting.
- d. Dental assistants leave the profession because they feel they are not respected and sometimes feel they are treated poorly.
- e. Dental assistants are often forced to decline employment offers with wages sufficient to remove them and their children from the TennCare roles but insufficient to enable the employee to subscribe to private health care insurance for him/herself and dependent children.

The TNDAA recommends further study related to the lack of longevity in the dental assisting profession.

2. Difficulty of the TN RDA Exam:

“DANB believes that the current difficulties that some Tennessee dental assistants are having passing the TNRDA examination are primarily due to inconsistent course coverage. Tennessee courses vary greatly, and are not developed based on a unified group of TN Board-approved learning objectives.”⁹ The TNDAA agrees and encourages the TBD to continue the work of the “School Rules Committee” to work toward standardization of the educational programs.

Another factor to consider when assessing the “difficulty of the exam” is the way the statistical data are reported. The pass rate is reported as the number passed as a percentage of the number of attempts. A distortion is created with this method of reporting. For example, if a program has 10 graduates who take the TN RDA exam and only 5 pass, the school has a pass rate of 50%. When the 5 who failed the first attempt retake the exam and pass, the school now has a pass rate of 67% (10 out of 15). Even though 100% of the graduates are now RDA’s., the school’s pass rate is 67% and can never reach 100%.¹⁰

3. TDA Creating Courses and Exams for Registration of Dental Assistants:

The TNDAA supports DANB in strongly recommending that exam are developed and administered independent of the courses. The rationale for this recommendation is more fully explained in *The NOCA Guide to Understanding Credentialing Concepts*, specifically pages 8-10. Briefly summarized NOCA warns that if state or federal regulatory bodies allow end-of-course examinations to substitute for professional credentialing examinations, they may be vulnerable to legal challenges.¹¹

4. On-the Job Training vs. Formal Education:

In the majority of states, many of our current RDA functions are considered an expanded function. DANB believes most of Tennessee’s RDA functions should be taught in an education program developed using standard educational methodologies, and not taught on the job. TDA’s

Task Force Report notwithstanding, this recommendation is consistent with requirements in those states that also allow dentists to delegate many of these duties.¹² Many other functions could be performed by PDA's in training with licensed dentists and registered dental assistants. The TNDAA has drafted a proposed Dental Assistant Career Ladder similar to that proposed by DANB based on surveys of 1408 dentists (ADA members), CDAs, ADA Accredited dental assisting Program Directors, and non-CDAs.¹³ (See Appendix 1)

A great disparity exists in the minimum educational requirements among the licensees of the state. For example, shampoo technicians must have 300 hours of education and must take theory and practical exams to obtain Tennessee licensure. Licensed Nail Technicians are required to complete 700 hours of education and to pass theory and practical exams. Dental assistants can become eligible for licensure after only 116 hours of education, and the TDA proposal eliminates even that.¹⁴

Furthermore, the TDA would have OJT dental assistants performing some of the very tasks that graduates of foreign dental schools are prohibited from doing even though the foreign dentist has more formal education.

The TNDAA does not support on-the-job training for many of the duties delegable to dental assistants. (See Appendix 1)

5. Tennessee as Being one of the Most Restrictive States in the Nation

“The majority of states (31) restrict the performance of certain advanced functions to dental assistants who complete certain education or clinical experience requirements, or who hold certain credentials.”¹⁵ Of the states surrounding Tennessee, GA, FL, LA, NC and SC require completion of an ADA-accredited or state approved educational program prior to performing the many of the duties delegable to TN RDAs.¹⁶

6. Irrelevant Content in Educational Programs

The TNDAA BOT believes that the majority of the curriculum in the ADA accredited programs and the Board approved programs is relevant to all areas of dentistry, specifically oral anatomy, disease transmission and infection control, preventive dentistry and oral hygiene, medical emergencies, gathering diagnostic data, maintaining the field of operation, dental radiology, dental materials, chairside assisting, instrument transfer, an overview of the specialties, an overview of regulatory agencies, OSHA's Bloodborne Pathogen and Hazard Communication Standards, ethics and jurisprudence, charting and recording clinical data, and others. Further, specialty dental assistants should have a basic understanding of restorative procedures and the other specialties to better educate their patients. A good foundation in general dentistry is important to the success of a specialty assistant just as being a general dentist is a prerequisite to becoming a specialist.¹⁷

7 Access to Care Issues

Access to care issues are addressed in Part II

Part II – Recommendations

The TNDA Board of Trustees recommends that the TBD consider the following mechanisms to address the TDA’s concerns with regard to access to care: ¹⁸

1. Amnesty

To determine the cause for the perceived shortage of RDA’s I urge you to consider the number of RDA’s who fail to renew annually (207 in 2004, 163 on 2005).¹⁹ Regardless of the reasons for non-renewal, the TNDA encourages the Tennessee Board of Dentistry to allow amnesty for those RDA's who failed to renew their licenses. We propose that the TBD send amnesty letters to those former RDA's whose undisciplined licenses have been administratively revoked due to failure to renew. The limited amnesty period would allow the former RDA to have his/her license reinstated by paying just the previous two years' renewal fee, meeting the previous 2 years' CE requirements, and submitting proof of CPR, without further penalty. The amnesty plan should also allow the former RDA the option of converting the “administratively revoked” status to “retired” status, upon submitting the appropriate affidavit, thus enabling the "retired" RDA an easier way to reactivate.

2. Challenge Exam Options

To help meet the need for skilled dental assistants in Tennessee, the TNDA recommends to the Tennessee Board of Dentistry a change in rule 0460-4 that would allow out of state dental assistants with 2 years of experience legally practicing in another state (or in the military) to challenge the TNRDA exam to become registered in Tennessee based solely on that experience (Rationale: DANB currently allows Dental Assistants with 2 years of experience challenge the CDA exam with no minimal educational requirements. ²⁰)

3. Limited Specialty Licenses

The TNDA recommends to the Tennessee Board of Dentistry consideration of a change in rule 0460-4 that would allow Practical Dental Assistants in specialty practices to obtain a limited specialty registration. The limited specialty registration shall not be recognized as the equivalent of the RDA credential in a general dental practice nor in any specialty other than that specified on the registration certificate.

4. Expanding the Scope of Practice for Practical Dental Assistants

The TNDA recommends to the Tennessee Board of Dentistry a change in rule 0460-4-.08 that would allow PDAs to perform certain specific supportive functions, provided that at least one RDA is present in the office while the tasks are being performed. (See Appendix 1)

5. Reducing the Time Required to Complete the Registration Process

The TNDA recommends to the Tennessee Board of Dentistry a change in rule 0460-4-.02 (c) 1 (i) and (ii) that would allow course directors to declare “intent to graduate” when 75% of the

course work has been completed. This would enable the student to apply for and take the TN RDA exam just prior to course completion so that the dentist/employer does not suffer from the interruption of service the graduate can provide while waiting to complete the Registration process. Course Directors must verify course completion before the RDA Registration certificates can be issued from the TBD. (Rationale: DANB allows CDA exam candidates to apply 60 days prior to completion of the ADA accredited programs provided the application includes a letter of “Intent to Graduate” from the Course Director²¹).

TNDAA further recommends

- 1 That the Board appoint a committee composed of an equal number of dentists, registered dental hygienists, and registered dental assistants to further study the rule changes proposed by TDA.
- 2 That the Board support examinations that are developed and administered independent from the required courses and independent from the employers or the professional association of those employers, and that these exams be developed, administered, and scored according to nationally accepted psychometric principles and standards.^{22, 23, 24, 25}
- 3 That the Board continue to work toward standardization of the educational programs through the work of the School Rules Committee
- 4 That the Board consider a Dental Assistant Career Ladder, similar to that proposed by the TNDAA (See Appendix 1).
- 5 That the Board conduct further study related to the lack of longevity in the dental assisting profession.
- 6 That the Board encourage and be receptive to the development of non-traditional educational formats for use in Board approved programs, similar to those already approved by the ADA Commission on Dental Accreditation. TBD’s School Rules Committee would clearly define among other things, test security, proctors, and determination of competency in performing laboratory and clinical skills.²³
- 7 That the TDA explain the potential reduction in patients’ out-of-pocket costs as a result of delegating duties to dental auxiliaries.
- 8 That TDA encourage that their professional liability insurance carriers study the feasibility of reducing premium rates for dentists who employ credentialed auxiliaries.

Conclusions

The TNDAA has presented to the Board reasonable compromises and alternative solutions to the proposals made by the TDA Task Force on Dental Assisting. We would encourage the Board to appoint a committee as described above to further assess and define the direction of dental assisting education and credentialing in Tennessee.

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Appendix 1

Proposed Tennessee Dental Assistant Career Ladder

Proposed Tennessee Dental Assistant Career Ladder
(Notes in italics were provided by DANB)

Title/Rank	PDA	Ltd Specialty DA	RDA	EFDA
Criteria for achieving and maintaining rank	<ul style="list-style-type: none"> • OJT • High school diploma or GED • CPR • no formal education or testing required • No renewal fee; CE Requirements 	<ul style="list-style-type: none"> • OJT • High school diploma or GED • CPR • Certification of competence from specialist employer • no formal education or testing required <p>Biennial renewal fee, CE, and CPR requirement</p>	<ul style="list-style-type: none"> • TN RDA Exam upon completion of ADA Accredited program, or a Board approved program, or 2 years experience in another state • High school diploma or GED • CPR <p>Biennial renewal fee, CE, and CPR requirement</p>	<ul style="list-style-type: none"> • 1 year experience as RDA • Complete board approved course <p>Biennial renewal fee, CE, and CPR requirement</p>
Duties delegable to this rank	<p>Instructing patients in dietary principles</p> <p>Taking and recording patients' vital signs, and charting oral conditions</p> <p>Preparing instrument trays.</p> <p>Taking dental plaque smears <i>(Tennessee is the only state that includes this function in its dental practice act.)</i></p> <p>Holding and removing impression material after placement in the patient's mouth by the dentist</p> <p>Demonstrating oral hygiene procedures and</p>	<p>Primarily ORTHO, PEDO, ORAL SURGERY, ENDO</p> <p>Removing ligature and archwires</p> <p>Bending, selecting, and pre-sizing archwires and placing archwires after final adjustment and approval by the dentist</p> <p>Selecting, prefitting, cementing, curing, and removing orthodontic bands or brackets</p> <p>Placing and removing pretreatment separators</p> <p>Removing loose or broken bands or brackets</p> <p>Placing springs on wires</p> <p>Placing hooks on brackets</p>	<p>Exposing radiographs</p> <p>Applying topical fluorides</p> <p>Maintaining instrument and operatory infection control</p> <p>Placing and removing matrices for restoration.</p> <p>Removing cement from restorations and bands</p> <p>Removing sutures and staples</p> <p>Fabricating, placing, and removing temporary restorations</p> <p>Placing and removing a dental dam</p> <p>Placing and removing socket dressings</p> <p>Placing and removing periodontal dressings</p> <p>Taking alginate impressions for any purpose other than permanent restorations</p> <p>Packing and removing retraction cord, with or without vasoactive chemicals, for restorative dental procedures</p>	<p>Sealants</p> <p>Monitoring Nitrous Oxide Analgesia</p> <p>Coronal Polishing</p> <p>Restorative Expanded Functions</p> <p>Prosthodontic Expanded Functions</p>

	<p>oral health care regimen</p> <p>Wound care as directed <i>(Tennessee is the only state that includes this function in its dental practice act.)</i></p> <p>Irrigating extraction site <i>(Tennessee is the only state that includes this function in its dental practice act.)</i></p> <p>Other duties specifically approved by the Board at a regularly scheduled Board meeting.</p> <p>Note: Sterilization and Infection control tasks have been intentionally omitted because of the serious consequences and potential risks to dentists, co-workers, and patients associated with errors in these tasks.</p>	<p>Placing chain elastics on brackets</p> <p>Ligating arch wires to brackets</p> <p>Placing exposure chains and attachments <i>(Tennessee is the only state that includes this function in its dental practice act.)</i></p> <p>Other duties specifically approved by the Board at a regularly scheduled Board meeting.</p> <p>PEDO Packing pulpotomy paste <i>Tennessee is the only state that includes this function in its dental practice act.)</i></p> <p>Fitting, adjusting, and cementing correctional appliances</p>	<p>Removing excess cement from supragingival surface of teeth by hand instruments only</p> <p>Placing amalgam in prepared cavities for condensation by the dentist</p> <p>Applying topical fluoride</p> <p>Applying desensitizing agents</p> <p>Placing cavity bases and liners</p> <p>Applying tooth conditioners for bonding</p> <p>Selecting and pre-fitting stainless steel crowns or other pre-formed crowns for insertion by the dentist</p> <p>Taking oral cytologic smears <i>(though those few states that include this function note that assistants rarely if ever perform it)</i></p> <p>Performing pulp testing</p> <p>Drying canals with absorbent paper points</p> <p>Calling in prescriptions to the pharmacist as instructed by the employer dentist <i>(Many respondents to the DANB/ADAA Study to Define and Rank Dental Assisting Core Competencies were adamantly against allowing any level of dental assistant to perform this function.)</i></p> <p>Other duties specifically approved by the Board at a regularly scheduled Board meeting.</p>	
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