Jointly presented by: The ADEA Council of Deans, ADEA Corporate Council, and ADEA Council of Students, Residents, and Fellows

ADEA Task Force on Development of General Guidelines for Interaction between Academic Dental Institutions and the Dental Industry

Motion for the ADEA Board of Directors:

In consideration of the discussions during the education session entitled “The Changing Relationship between the Dental School and Industry” at the 52nd Annual ADEA Deans’ Conference and the request by the ADEA Council of Students, Residents, and Fellows for better clarification around appropriate conduct related to the interactions, the ADEA Board of Directors moves to approve the appointment of a representative task force to establish general guidelines for the interaction between academic dental education institutions and the dental industry.

1. Background:

At the request of ADEA’s Council of Deans Administrative Board, ADEA conducted a survey, in the summer of 2010, amongst ADEA’s Dental School Deans and ADEA’s Corporate Members in order to better understand how various new federal and state regulations, university policies and corporate compliance guidelines governing interactions between academic dental education institutions and the dental industry were impacting the relationship between them.

Both groups were asked about their participation in partnerships between industry and dental schools, as well as the benefits derived and the changes and challenges they now see due to emerging regulations, policies and guidelines. Of those responding, the response rate to the survey was 48 percent from the dental school deans and 40 percent from the corporate members.

The results of the survey were presented and discussed at the 52nd Annual ADEA Deans’ Conference in November 2010 as part of an educational session entitled: “The Changing Relationship between the Dental School and Industry.”

Further, in the summer of 2010, the ADEA Council of Students, Residents, and Fellows requested that ADEA encourage academic dental education institutions to examine the policies related to corporate/educational interaction that would define appropriate opportunities for students to receive an interdisciplinary and comprehensive educational experience.

2. Summary of Survey Results:

The survey showed that all replying dental schools were engaged in various forms of partnerships with the dental industry. Dental school deans and industry representatives both value the partnerships, but each has their own set of goals and views regarding the value of these partnerships. Deans value the opportunities for enhanced research and financial support, while the dental industry values the access to students and faculty and the product feedback received from the dental schools.

In general, both recognize certain challenges, agree that they value these partnerships a great deal and are motivated to work together. The dental deans are concerned about increasingly constrained relationships and reduced support for, and control of, supplemental educational opportunities, while...
industry is concerned with the decrease in access and opportunities for collaboration and knowledge-sharing that may result.

3. **Intended Action: Results of Discussions at the 52nd Annual ADEA Deans' Conference and the request by the ADEA Council of Students, Residents, and Fellows:**

While recognizing that all regulations, policies and compliance guidelines (as in politics) are "local", the overwhelming sentiment at the conclusion of the deans’ conference session was that ADEA should consider the appointment of a representative task force to develop a set of broad, general guidelines to apply to relationships between academic dental education institutions and the dental industry.

Additionally, the ADEA Council of Students, Residents, and Fellows has clearly articulated the need for general guidelines related to student and industry interaction, particularly as they relate to lunch and learns, speakers, and vendor-sponsored educational seminars.

There is general agreement that broad guidelines would prove beneficial in supporting ongoing and new productive relationships and that these guidelines are not intended to provide specific prescriptive directions on how to manage those relationships.

It was also suggested that ADEA explore working with the Dental Trade Alliance in developing these guidelines.

4. **Budget:** It is intended that the task force will meet for a face to face meeting during the 88th ADEA Annual Session and Exhibition in San Diego, CA and will conduct subsequent teleconferences to complete their work. The approximate cost associated with the task force is $4,400.

5. **Timeline:** The task force will be charged with completing the development of the broad guidelines within one year so that the proposed set of guidelines can be presented to ADEA Board of Directors for action at their January 2012 meeting.
ADEA TASK FORCE ON THE EDUCATION OF ORAL HEALTH PROFESSIONALS IN EMERGING WORKFORCE MODELS

Introduction

In September 2009, the Board of Directors of the American Dental Education Association (ADEA) approved the creation of the ADEA Task Force on the Education of Oral Health Professionals in Emerging Workforce Models. Its charge was to “enunciate a set of principles to guide the educational preparation of oral health professionals in emerging workforce models.” The core values and key assumptions that guided the Task Force’s work are articulated below, followed by the ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models.

Core Values

ADEA believes that with appropriate levels of education and supervision oral health professionals in emerging workforce models can provide quality care, contribute to increasing access to oral health services for all, and help to improve the oral health of the nation.

ADEA acknowledges the reality that most of the emerging workforce models are intended to increase access to oral health care for underserved populations. ADEA believes that expanding the capacity of the oral health workforce will increase access to oral health care for all and, consequently, have a positive impact on access to care for underserved populations.

ADEA believes that its role, in collaboration with its member institutions, is to anticipate and prepare for changes to the curriculum and the academic environment that emerging workforce models will require as states modify their practice acts to increase the capacity of the oral health workforce. The Association’s role is not to develop new workforce models, but to ensure the quality of the educational preparation of oral health professionals in these emerging models.

Notwithstanding the creation of emerging workforce models, ADEA believes that the extended use of existing allied dental professionals can contribute to expanding the capacity of the oral health workforce, thereby further increasing access to oral health care for all.

Key Assumptions

- Demographic shifts in society have major implications for the future composition of the oral health workforce. Professionals in the workforce of the future should possess values, attitudes, knowledge, and skills that enable them to competently meet changing societal needs.

- A single standard of quality should apply when the same service is provided by different members of the oral health team.

- The creation of new workforce models will require modification to the educational preparation of existing oral health team members to support the successful integration of emerging models.

- The Guiding Principles articulated for emerging workforce models have application to and implications for the education of all oral health professionals.
ADEA GUIDING PRINCIPLES
FOR THE EDUCATION OF ORAL HEALTH PROFESSIONALS
IN EMERGING WORKFORCE MODELS

The ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models aim to maintain high standards for the education, preparation, and competency of oral health professionals in emerging workforce models. As states modify their dental practice acts to expand the capacity of the oral health workforce, these principles can inform and influence the education of oral health professionals in emerging workforce models to ensure that they possess the values, attitudes, knowledge, and skills needed to provide quality oral health care to all.

The American Dental Education Association encourages institutions, organizations, and policymakers that are designing oral health workforce models, and those who are developing educational programs to prepare these professionals, to incorporate these Guiding Principles into their planning and decision-making.

Principle 1

Educational programs for oral health professionals in emerging workforce models should be based on clearly defined goals and desired educational outcomes. These programs should be competency-based, providing learning experiences to ensure that students attain the values, attitudes, knowledge, skills, and experiences needed to provide quality care in a collaborative, interprofessional environment.

- Competency domains should be consistent across educational programs and should align with the ADEA Competencies for Entry into the Allied Dental Professions. Where the scope of practice for emerging workforce models extends beyond the allied dental competencies, competency domains should align with the ADEA Competencies for the New General Dentist. Competency domains for oral health professionals in emerging workforce models should include communication, culture and diversity, evidence based patient care, health policy and advocacy, health promotion and disease prevention, professionalism and ethics, and systems thinking and financial management. Specific competencies within each domain should reflect the scope of practice of each professional position.

- The academic dental community should be involved in decisions regarding the length and rigor of educational programs. The academic dental community possesses the expertise and experience to ensure that graduates have sufficient time to achieve competencies and demonstrate the values, attitudes, knowledge, experience, and skills (including critical thinking, ethical decision-making, teamwork, communication, and cultural competency) needed to provide care at the level defined by their scope of practice.

- Curricula should include instruction in biomedical, clinical, behavioral, social, and economic sciences. Educational programs should expose students to experiences working with dental, allied dental, and other health professionals in integrated clinical settings to ensure that all members of the oral health team understand the roles and responsibilities of each member of the team.

Principle 2

Educational programs for oral health professionals in emerging workforce models should have appropriate processes to ensure program quality and assessment of graduates’ competency.
• National accreditation standards should be developed and implemented by an entity approved by the U.S. Department of Education to ensure ongoing quality and continuity across educational programs. National accreditation, or universally accepted certification or credentialing, is needed to ensure consistency and quality across educational programs.

• The education, knowledge, skills, and experience needed to safely provide oral health services, as defined by scope of practice, should inform decisions about the appropriate level of supervision. These decisions should be made with input from the academic dental community.

Principle 3

Educational programs for oral health professionals in emerging workforce models should ensure that students attain the skills necessary to engage individuals from diverse populations in decisions about their oral health.

• Educational programs should emphasize the principles of population-based public health science as a means of engaging diverse populations and communities in the prevention and control of oral diseases and in reducing oral health disparities.

• Educational programs should ensure that graduates attain the values, attitudes, knowledge, and skills needed to provide care that is respectful of a patient’s culture, class, race, ethnic, and socioeconomic background.

• Educational programs should implement strategies to recruit, retain, and promote individuals from diverse backgrounds.

Principle 4

Educational programs for oral health professionals in emerging workforce models should be evaluated continuously to determine their success in meeting their defined goals and educational outcomes.

• Educational programs should ensure that graduates are educated in a timely, efficient, and equitable manner, and possess the values, attitudes, knowledge, and skills needed to provide safe, appropriate, patient-centered care.

• Educational programs should prepare graduates to meet a single standard of quality for the same service provided by other members of the oral health team.

Conclusion

The American Dental Education Association believes that with appropriate education and preparation, oral health professionals in emerging workforce models can provide quality care and make meaningful contributions to expanding the capacity of the oral health workforce, thereby increasing access to oral health care for all. ADEA encourages institutions, organizations, and policymakers that are designing oral health workforce models, and those who are developing educational programs to prepare these professionals, to incorporate these Guiding Principles into their planning and decision-making.