The Oral Preventive Assistant proposed model will support the dental profession by providing a variety of preventive services as well as patient oral health care education.

**Oral Preventive Assistant FAQ**


**Why is the American Dental Association (ADA) developing a new personnel category of Oral Preventive Assistant (OPA)?**

The ADA has been very proactive developing workforce models focused on the treatment needs of the entire population. The House of Delegates directed the development of a new workforce position -- the Oral Preventive Assistant -- to support the dental profession and expansion of the current workforce capacity. The OPA provides preventive services for patients exhibiting relatively uncomplicated plaque-induced gingivitis. The dental hygienist and the dentist then can concentrate on patients with more complicated needs. The ADA believes this will lead to increased access, increased efficiency and more cost effective care both for the patient and the provider.

**Where will the OPA work?**

The OPA has two potential points of impact. The first is within the private dental office. The OPA has the skills to provide a wide variety of preventive services within the dental office, allowing the dentist and/or dental hygienist to provide care to patients requiring services that are more complex. Ultimately, this will provide opportunities for the dental team to treat more patients. The second area of impact is that the OPA will have expertise in providing patient oral health education. This will permit the OPA to work directly in schools, community health centers and other appropriate venues to raise oral health literacy. Based on state regulations, the OPA may also be able to deliver preventive services, e.g., sealants, fluoride applications, in these settings.

**What are some of the services that OPAs will provide?**

Collection of diagnostic data such as: medical histories, vital signs, charting, radiographs; preventive services for all types of patients, including: preventive and oral hygiene instruction, application of fluoride and sealants, coronal polishing for all patients, scaling for plaque induced gingivitis patients; and general office duties including: facilitate basic legal and regulatory compliance, e.g., HIPAA compliance, maintain patient treatment records, managing a recall system.

**What does the term “plaque-induced gingivitis patients” mean?**

Plaque-induced gingivitis patients are those who have inflamed gums but no attachment loss. Bleeding and pseudo (false) pockets may or may not be present. Following a periodontal
screening by the dentist or dental hygienist, the supervising dentist may assign plaque-induced gingivitis patients to the OPA for treatment and education.

Are these all the services that an OPA may provide?

Duties assigned to the OPA may vary from state to state based on duties currently assigned to dental assistants. Specific education and credentialing (licensure/certification) requirements are determined by the state boards of dentistry and/or legislatures. The OPA services may be provided by the creation of a new category of allied dental personnel (OPA) or added to an existing certification/licensure category.

Once a dental assistant has completed OPA training, can s/he perform as a dental assistant?

Absolutely, this is an expansion of traditional dental assistant duties and does not preclude the individual from performing as a chairside dental assistant. In a more remote or rural location this individual with the expanded skill set may be perfect for an environment where the practice needs one person who can serve as both a chairside assistant and an OPA. The ADA sees this training as a step on the career ladder for the dental assistant.

What education/training will be required for the OPA?

The OPA model requires the development of a new educational program that will encompass approximately a three-month time period to complete based on the following eligibility requirements:

- Graduate of a dental assisting program (accredited by the Commission on Dental Accreditation (CODA)); or
- Dental assistant certified by the Dental Assisting National Board (DANB); or
- Graduate of a non-accredited (by CODA) dental education program who is a Certified dental assistant by DANB; or
- On-the-job trained dental assistant who is a Certified dental assistant by DANB.

The training will require didactic, laboratory and clinical elements with an emphasis on not only the preventive care directly rendered to patients, but patient education, teaching and communication techniques. Didactic and laboratory instruction may be presented in a traditional classroom setting or online, followed by in-person supervised clinical experience. Allied dental educational programs should consider granting credit or advanced standing for previously completed course work in lieu of program requirements.

What is the Dental Assisting National Board (DANB)?

The Dental Assisting National Board, Inc. is a certifying board for dental assistants recognized by the American Dental Association. [DANB](https://www.danb.org) is located in Chicago, IL.
Why do dental assistants have to go through accredited programs or pass the certification exam given by DANB to enroll in the OPA program?

This is a new level of provider for the dental profession. Eligibility through the above pathways provides assurance that students have appropriate foundation knowledge and experience necessary to achieve OPA competencies.

Where can individuals get this training?

The OPA curriculum is available to state dental associations and accredited dental assisting education programs wishing to implement the program. States may choose to implement all or some of the OPA functions. The ADA suggests multiple options for delivery of the OPA training and assessing competencies. Examples include:

- Full-or part-time online didactic and in-person clinical instruction and competency evaluations through a partnership between the ADA and an accredited dental assisting education program;

- Full- or part-time online didactic and in-person clinical instruction and competency evaluations through a partnership between a state dental association and an accredited dental assisting education program; or

- Online didactic and in-person clinical instruction offered via a continuing education program through the ADA. A state dental association or an accredited program.

Is the OPA curriculum available?

Yes. The curriculum is available to ADA constituent dental societies and dental assisting programs accredited by the Commission on Dental Accreditation via a non-exclusive licensing agreement with the ADA. Individual state boards of dentistry and/or legislatures will determine specific duties to be delegated as well as education and credentialing requirements for this personnel category.

What are the recommended supervision levels for the OPA?

Given the nature of the OPA position, two levels of supervision are appropriate, based upon the nature of the procedure performed. For those procedures that involve rendering direct patient care, direct or indirect supervision is required (as approved by procedure and as determined by each state board and state law). For the patient education functions, general supervision is recommended.

Will certification/licensure be required for an OPA?

States will determine eligibility, training, and certification and/or licensure requirements specific for their state. Individuals completing the training recommended by the ADA will receive a certificate of completion.