



2024 Utah dentist survey

Proposed profession-specific survey tool for dental (DDS, DMD) license renewals

Utah Health Workforce Advisory Council

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Utah Department of
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Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC), health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023. The UCPMDS serves as a foundational data system upon which this physician profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, we have incorporated customized options relevant to those in physician professions. These proposed response options were pulled from historic workforce surveys from the Utah Medical Education Council (UMEC), which were developed and approved by voluntary committees of stakeholders familiar with the professions.

Dentist minimum data set (MDS) survey recommendations

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?
[Single select]
 - a. Male
 - b. Female
 - c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes.
[Multi select]
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Other race
3. Are you of Hispanic, Latina/o, or Spanish origin?
[Single select]
 - a. No
 - b. Yes

Qualifying education

4. What type of degree/credential first qualified you for this license?

[Single select]

- a. DDS
- b. DMD
- c. Other

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?

Note: When survey is distributed using survey software and not MyLicense, year options will be listed as a drop-down selection menu.

[Open field text]

Where completed education

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

[Single select]

- a. [LIST OF U.S. STATES and territories]
- b. Another country (not U.S.)

Residency

7. Please indicate your highest level of training in dentistry.

[Multi select]

- a. Dental school-no residency completed
- b. Residency—advanced education in general dentistry programs (AEGD)
- c. Residency—advanced general dentistry education programs in dental anesthesiology
- d. Residency—advanced general dentistry education programs in oral medicine
- e. Residency—advanced general dentistry education programs in orofacial pain
- f. Residency—dental public health
- g. Residency—endodontics
- h. Residency—general practice residency

- i. Residency—oral and maxillofacial pathology
- j. Residency—oral and maxillofacial radiology
- k. Residency—oral and maxillofacial surgery
- l. Residency—orthodontics and dentofacial orthopedics
- m. Residency—pediatric dentistry
- n. Residency—periodontics
- o. Residency—prosthodontics
- p. Residency—other

Employment status

8. What is your employment status?

[Single select]

- a. Actively working in a position that requires a dental license and providing direct patient care
- b. Actively working in a position that requires a dental license and not providing direct patient care
- c. Actively working in a dental-related field that does not require a dental license
- d. Actively working in a field that does not require a dental license
- e. Unemployed/not currently working and seeking work that requires a dental license
- f. Unemployed/not currently working and not seeking work that requires a dental license
- g. Volunteer work only
- h. Student
- i. Leave of absence or sabbatical
- j. Retired
- k. Other

Future employment plans

9. What best describes your employment plans for the next 2 years?

[Single select]

- a. Increase hours in patient care
 - b. Decrease hours in patient care
 - c. Seek employment in a field outside of patient care
 - d. Leave direct patient care to complete further training
 - e. Leave direct patient care for family reasons/commitments
 - f. Leave direct patient care due to physical demands
 - g. Leave direct patient care due to stress/burnout
 - h. Retire
 - i. Continue as you are
 - j. Unknown
10. If you plan to **increase** or **decrease** hours working in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work **after** the change. If this does not apply, please select “not applicable.”
[Single select]
- a. 0 hours per week
 - b. 1–4 hours per week
 - c. 5–8 hours per week
 - d. 9–12 hours per week
 - e. 13–16 hours per week
 - f. 17–20 hours per week
 - g. 21–24 hours per week
 - h. 25–28 hours per week
 - i. 29–32 hours per week
 - j. 33–36 hours per week
 - k. 37–40 hours per week
 - l. 41 or more hours per week
 - m. Not applicable

Teledentistry

11. "Teledentistry" is defined as the practice of dentistry using synchronous or asynchronous technology. This may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless

communications.

Of the hours per week spent **in direct patient care**, estimate the average number of hours per week delivering patient care **via teledentistry**.

[Single select]

- a. 0 hours per week/Not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Patient characteristics

12. Please indicate the population groups to which you provide dental services. Please check all that apply.

[Multi select]

- a. Newborns (0–12 months)
- b. Children (ages 13–24 months)
- c. Children (ages 25–35 months)
- d. Children (ages 36 months–10 years)
- e. Adolescents (ages 11–19)
- f. Adults (ages 20–64)
- g. Geriatrics (ages 65+)
- h. Pregnant women
- i. Veterans
- j. Incarcerated individuals
- k. Individuals with disabilities

- l. Individuals experiencing homelessness
- m. Individuals who speak a language other than English
- n. Medicaid beneficiaries
- o. Medicare beneficiaries
- p. Sliding fee scale
- q. Uninsured individuals
- r. Privately insured individuals
- s. CHIP
- t. None of the above

Specialty

13. Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time?

[Single select]

- a. Not applicable
- b. Endodontics
- c. General dentistry
- d. Geriatrics
- e. Oral pathology
- f. Oral/maxillofacial radiology
- g. Oral/maxillofacial surgery
- h. Orthodontics
- i. Pediatric dentistry
- j. Periodontics
- k. Prosthodontics
- l. Public health
- m. Other

14. Which of the following best describes your secondary specialty/field/area of practice?

[Single select]

- a. Not applicable
- b. Endodontics

- c. General dentistry
- d. Geriatrics
- e. Oral pathology
- f. Oral/maxillofacial radiology
- g. Oral/maxillofacial surgery
- h. Orthodontics
- i. Pediatric dentistry
- j. Periodontics
- k. Prosthodontics
- l. Public health
- m. Other

Practice location—primary practice

Note: When survey is distributed using survey software and not MyLicense, practice location will be asked as a single question- "What is your primary practice location? If this does not apply, please select N/A." Question will include fields for street address, city, state, postal code, and country/region.

15. In what state is your primary practice location? If this does not apply, please select "N/A."
[Single select]
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]
16. In what city is your primary practice location? If this does not apply, please indicate "N/A."
[Open field text]
17. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."
[Open field text]
18. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A."
[Open field text]

Employment type/arrangement—primary practice

19. Which of the following best describes your current employment arrangement at your principal practice location?

[Multi select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. An owner/partial owner
- f. Volunteer
- g. Other
- h. Not applicable

Position type/role—primary practice

20. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.

[Multi select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Setting type—primary practice

21. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable.”

[Single select]

- a. Not applicable
- b. Academic institution

- c. Correctional facility
- d. Federal government agency/armed forces/other federal
- e. Federally-qualified health center
- f. State or local health department
- g. Other public health/community health setting
- h. Headstart (including early Headstart)
- i. Nursing home/long term care facility
- j. Home health setting
- k. Mobile unit dentistry
- l. Private practice—group—small (fewer than 5 dentists)
- m. Private practice—group—medium (5 to 20 dentists)
- n. Private practice—group—large (more than 20 dentists)
- o. Private practice—solo
- p. University/college student health facility
- q. Teledentistry
- r. Volunteer in a free clinic/other volunteer setting
- s. Other

Hours/week—primary practice

22. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.” Does not include time on call.

[Single select]

- a. 0 hours per week/not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week

- k. 37–40 hours per week
- l. 41 or more hours per week

Hours/week in direct patient care—primary practice

23. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”
[Single select]
- a. 0 hours per week/Not applicable
 - b. 1–4 hours per week
 - c. 5–8 hours per week
 - d. 9–12 hours per week
 - e. 13–16 hours per week
 - f. 17–20 hours per week
 - g. 21–24 hours per week
 - h. 25–28 hours per week
 - i. 29–32 hours per week
 - j. 33–36 hours per week
 - k. 37–40 hours per week
 - l. 41 or more hours per week

***Note: Questions 15-23 will need to be repeated for 2 practice locations, primary practice and secondary practice (questions 24-27).**

Precepting

28. Have you mentored/precepted students within the last two years?
[Single select]
- a. Yes
 - b. No
 - c. Prefer not to say
 - d. Not applicable

Educational debt

29. Please mark the amount of educational debt you had AT THE TIME OF GRADUATION (excluding any non-education debt).

[Single select]

- a. No debt
- b. \$1–\$20,000
- c. \$20,001–\$40,000
- d. \$40,001–\$60,000
- e. \$60,001–\$80,000
- f. \$80,001–\$100,000
- g. \$100,001–\$120,000
- h. \$120,001–\$140,000
- i. \$140,001–\$160,000
- j. \$160,001–\$180,000
- k. \$180,001–\$200,000
- l. \$200,001–\$220,000
- m. \$220,001–\$240,000
- n. \$240,001–\$280,000
- o. \$280,000–\$300,000
- p. \$300,001–\$320,000
- q. \$320,001–\$340,000
- r. \$340,001–\$360,000
- s. \$360,001–\$380,000
- t. \$380,001–\$400,000
- u. \$400,001–\$420,000
- v. \$420,001–\$440,000
- w. \$440,001–\$460,000
- x. \$460,001–\$480,000
- y. \$480,001–\$500,000
- z. \$500,001 or more
- aa. Prefer not to answer