Department of Health & Human Services

Health Workforce Information Center (HWIC)

Utah Dentist Survey

Proposed profession-specific survey tool for dentist license renewals

Utah Health Workforce Advisory Council

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Document background and overview

The Health Workforce Advisory Council (HWAC), with help from its Data Subcommittee and the Health Workforce Information Center (HWIC), developed the Utah Cross-Profession Minimum Data Set (UCPMDS). This list of survey questions is used to gather key information for health workforce planning throughout Utah. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed through a collaboration among seven national healthcare regulatory organizations. The UCPMDS was reviewed and approved by HWAC on March 15, 2023. The HWIC maintains and analyzes health workforce data and uses the UCPMDS as a foundational framework for collecting consistent, comparable information across time and health professions to support the HWAC in workforce monitoring and planning.

The UCPMDS serves as the foundational data system upon which this dentist health profession-specific tool was developed. For UCPMDS questions requiring profession-specific response options, the questions were customized to include response categories relevant to the dentist profession. These proposed response options were informed by historic workforce surveys conducted by the Utah Medical Education Council (UMEC) and developed and approved through voluntary committees of stakeholders with expertise in the respective professions.

Dentist minimum data set (MDS) survey questions

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. Middle Eastern or North African
   e. Native Hawaiian/Pacific Islander
   f. White
   g. 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 dentist license?

   [Single select] [Drop-down list ranging from 1924 - 2026]

Qualifying education state

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 the United States)

Qualifying education country

7. In which city & country did you complete the education program or degree that first qualified you for this license?

   ____

Highest level of education

8. Please indicate your highest level of training in dentistry

   [Single 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 Dental Anesthesiology
   e. Residency-Advanced General Dentistry Education Programs in Oral Medicine
   f. Residency-Advanced General Dentistry Education Programs in Orofacial Pain
   g. Residency-Dental Public Health
   h. Residency-Endodontics
   i. Residency-General Practice Residency
   j. Residency-Oral and Maxillofacial Pathology
   k. Residency-Oral and Maxillofacial Radiology
   l. Residency-Oral and Maxillofacial Surgery
   m. Residency-Orthodontics and Dentofacial Orthopedics

n. Residency-Pediatric Dentistry
o. Residency-Periodontics
p. Residency-Prosthodontics
q. Residency-Other
r. Doctorate – Other
s. Other

Employment status

9. What is your employment status?
[Single select]
    a. Actively working in a position in the field of dentistry that requires this license (e.g., employed, contracted, volunteer, etc.)
    b. Actively working in a position in the field of dentistry that does not require this license. (e.g., employed, contracted, volunteer, etc.)
    c. Actively working in a position in a field other than dentistry (e.g., employed, contracted, volunteer, etc.)
    d. Not currently working
    e. Retired

Employment plans

10. What best describes your employment plans for the next 2 years?
[Single select]
    a. Continue as you are.
    b. Increase hours in patient care.
    c. Decrease hours in patient careIf.
    d. Seek employment in a field unrelated to this license.
    e. Retire
    f. Unknown.

Employment hour change

11. If you indicated you plan to decrease hours in patient care, what is the main reason you are choosing to decrease your work hours over the next 2 years? If this does not apply, please select "Not applicable."
[Single select]

a. Seek employment in a field outside of patient care.
b. Leave direct patient care to complete further training.
c. Leave direct patient care for family reasons/commitments
d. Leave direct patient care due to physical demands
e. Leave direct patient care due to stress/burnout
f. Other (please specify)

____

12. You indicated that you plan to increase hours in patient care, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."
[Single select]
a. 1–4 hours per week
b. 5–8 hours per week
c. 9–12 hours per week
d. 13–16 hours per week
e. 17–20 hours per week
f. 21–24 hours per week
g. 25–28 hours per week
h. 29–32 hours per week
i. 33–36 hours per week
j. 37-40 hours per week
k. 41 or more hours per week
l. Not applicable

13. You indicated that you plan to decrease hours in patient care, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."
[Single select]
a. 1–4 hours per week
b. 5–8 hours per week
c. 9–12 hours per week
d. 13–16 hours per week
e. 17–20 hours per week
f. 21–24 hours per week
g. 25–28 hours per week

h. 29–32 hours per week
i. 33–36 hours per week
j. 37-40 hours per week
k. 41 or more hours per week
l. Not applicable

Telehealth

14. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and 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 telehealth**.
    [Single select] [Drop-down list ranging from 0 hours per week or "Not applicable" -41+]

Patient characteristics

15. Please indicate the population groups to which you provide clinical 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

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

Secondary Specialty

17. Which of the following best describes your secondary specialty/field/area of practice?
[Multi 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

Primary practice location

18. What is your primary practice location? Leave blank if not applicable

    a. Address ____
    b. Address 2 ____
    c. City ____
    d. State ____
    e. Postal code ____
    f. Country/Region ____

Primary practice employment arrangement

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

    [Single Select]

    a. Self-employed/consultant
    b. Salaried
    c. Hourly
    d. Temporary employment/locum tenens
    e. Other
    f. Not applicable

Primary practice position role or title

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

    [Single Select]

    a. Administrator
    b. Clinical practice
    c. Faculty or educator
    d. Researcher
    e. Student
    f. Volunteer work only
    g. Other

h. Not applicable

Primary practice setting type

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. Corrections Facility
    d. Federal Government Agency/Armed Forces/Other Federal
    e. Federally Qualified Health Center
    f. State of 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 (less 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 or College Student Health Facility
    q. Teledentistry
    r. Volunteer in a Free Clinic or Other Volunteer Setting
    s. Other
    t. Not applicable

Primary practice hours

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] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Primary practice hours/week in direct patient care

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] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Secondary practice

24. In addition to your primary practice location, do you work at any other practice locations? [Single select]
    a. Yes
    b. No
    c. Not applicable

Secondary practice location

25. What is your secondary practice location?

    d. Address ____
    e. Address 2 ____
    f. City ____
    g. State ____
    h. Postal code ____
    i. Country/Region ____

Secondary practice employment arrangement

26. Which of the following best describes your current employment arrangement at your secondary practice location?

    [Single Select]

    a. Self-employed/consultant
    b. Salaried
    c. Hourly
    d. Temporary employment/locum tenens
    e. Other
    f. Not applicable

Secondary practice role or title

27. Please identify the roles or titles that most closely correspond to your secondary employment/practice type.

    [Multi Select]

    a. Administrator
    b. Clinical practice
    c. Faculty or educator
    d. Researcher

    e. Other
    f. Not applicable

Secondary practice setting type

28. Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select “Not applicable.”
    [Single select]
    a. Not applicable
    b. Academic institution
    c. Corrections Facility
    d. Federal Government Agency/Armed Forces/Other Federal
    e. Federally Qualified Health Center
    f. State of 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 (less 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 or College Student Health Facility
    q. Teledentistry
    r. Volunteer in a Free Clinic or Other Volunteer Setting
    s. Other

Secondary practice hours

29. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select “Not applicable.” Does not include time on call.
    [Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Secondary practice hours in direct patient care

30. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select “Not applicable.”

[Single select] [Drop-down list ranging from 0 hours per week or "Not applicable" – 41+]

Precepting

32. Have you mentored or precepted students within the last 2 years?

    [Single select]

    a. Yes
    b. No
    c. Prefer not to say
    d. Not applicable

Educational debt

33. Please mark the educational debt you had at time of graduation (excluding any non-educational 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-$260,000
    o. $260,001-$280,000
    p. $280,001-$300,000
    q. $300,001 or more
    r. Prefer not to answer

The End

Thank you for completing Utah's Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to “Activity” and select “your started renewal form” and continue from there.