Reviewer’s report

Title: A survey of the sociodemographic and educational characteristics of Brazilian oral health technicians (dental hygienists) in public primary health care teams, Minas Gerais

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Reviewer: Cristiana CLC Carvalho

Reviewer’s report:

Major Compulsory Revisions

Comments:

Although the questions posed by the authors are not new, they are well defined to describe the sociodemographic and educational profiles of Brazilian OHTs in public primary health care teams in the state of Minas Gerais. I suggest a small change in the title to “A survey of the sociodemographic and educational characteristics of oral health technicians in public primary health care teams in Minas Gerais, Brazil”, since the research takes place only in Minas Gerais.

As of the objectives and methods, it was not clear why the authors adopted the cluster analysis. Considering the variables presented, a descriptive analysis could have reached the same conclusions, especially if they were crossed by one of the selected variables (for example, “time since graduation”, or “years of work as OHT”). In addition, the advantages and limitations of the use of this methodology must also be appointed.

Considering the limited number of variables included, the research lacks sufficient details to replicate the work. In fact, the data collected are not sufficient to contribute to the purposes of the study: the organization of the work process and the effective planning and management of dental primary health care. Also the background fails to give enough information to understand the role of this profession in Brazilian’s dental health care team. Hereby I point out some of my concerns to the authors:

• The description of the OHT role in the family health team was not clear. There are two kinds of dental auxiliary personnel in Brazil and the difference between them must be well defined.

• It was not clear if the “eleven years” of formal education includes professional degree or if it is only basic education. How long does it take to graduate in OHT? Does the sample analyzed have a professional degree?

• If the profession was recognized in 1975, and regulated in 2008, how was it recognized before? That recognition was not an element of professional regulation? Did the professional degree and requisites to be an OHT changed between 1975 and 2008? This information is important to understand the
dynamics of job market, income and educational requirements overtime.

- It seems that the variables presented are not enough to support the conclusions. Some of the following is missing: what kind of procedures does the OHT perform in the team work? With which professions do they work? Which kind of work contract do they have? Is it a permanent or temporary one? (this variable interferes in the income and in the desire to change profession as mentioned in the discussion). Do they work in urban or rural areas? Do they work in small or big cities? How was measured the participation in continuing educational programs: one time, two times, three times; or one course, two courses? What was the extension of the course? Short or long duration courses? Could participation in congress be considered continuing education?

- In relation to the sample, why was it not stratified by the size of population and the geographical distribution? Does it not interfere in the data analyzed, like income and desire to change professional status?

In relation to the discussion presented I would add a few other considerations since some of the conclusions are not consistent with the findings:

1. First of all, that is not adequate to say that there is feminization of this specific professional category, due to the fact that it has always been feminine profession, almost everywhere.

2. It is not adequate to affirm that their low salaries indicate that “little value is attributed to this profession”, without given information about the salaries of all health auxiliaries and technicians that have the same educational degree and training, and without comparing it to the current salaries of the whole Brazilian economy.

3. There is no evidence from the data collected to say that OHTs with more than eleven years of formal education have an “over education” or “qualifications in excess”. The authors did not present which kind of education they have to make such statement. Do they have a higher degree qualification? The only fact of having more years of formal training is not a reason to suggest an “over education” or a possible change in the profession, especially if they have a permanent job in the public sector, as do the OHTs included in this research.

4. The comparison with United Kingdom OHT profession was not consistent, since they have a very different context from the Brazilian’s dental health personnel regarding the access to health care services and the role of OHTs.

5. Finally, it is expected that the OHTs with more time of work experience and age to have more opportunities to participate in continuing educational programs and to have higher salaries, particularly if they work in the public sector. In general, the Brazilian public sector provides career plans and/or permanent job’s opportunities. In consequence, more time of work means more advantages with respect to the salary and the opportunities to have continuing education. This could suggest that the OHT will not change job easily, even if they have more years of formal education. It would be helpful to see some data about turning over of this profession in the public sector. One last factor to be added to this analyzes is that there is a huge salaries variation in the public sector, since it
depends on the local policies and career plans from the municipalities.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.