

Dental Council
PO Box 10448
Wellington 6143

DENTAL COUNCIL

30 MAY 2016

Follow-up consultation on a proposed oral health therapy scope of practice

Question 1:

Do you agree with the proposed changes to the oral therapy scope of practice. If not, please explain.

I agree that restorative care on patients 18 years and over be removed from the previously proposed oral health therapists scope of practice. Oral health therapists should only be able to treatment patients under the age of 18 years old.

Question 2:

Do you agree with the proposed consultative professional relationship between the oral health therapist and one, or more dentists/dental specialists, without the need for a signed agreement? If not, please explain.

I believe that Oral Health Therapists (OHT) should NOT work independently, that they should have a written agreement with a dentist or dental specialist.

As a dentist of 13 years experience working in a dental Accident and Emergency clinic, treating a wide range of patients from very young to elderly, I understand how challenging demanding our job can be. Faced with making important decisions requires more than just an undergraduate degree of 5 years, it takes years hands-on clinical experience to feel confident with the technical side of treating patients. Working alongside other practitioners with more experience that are available to ask for either practical help, a second opinion or treatment planning advice is invaluable. If OHT are allowed to work freely without the support of a dentist or dental specialist (under a written agreement) then I believe that this will open up a area for mistakes to occur and that the public at large will suffer. I fear the public will become victims at the hands of well-meaning but incapable clinicians. Restorative dental care and periodontal treatment should be part of an overall treatment plan that is devised with both the OHT and the supervising dentist or dental specialist. A written agreement needs to be mandatory as it will provide support for the OHT and thus the patients' overall treatment.

Question 5:

Do you agree proposed competency standards for oral health therapists? If not, please explain.

These two activities (administration of local anesthetic and tracing of cephalometrics and making or retainers) can be removed from direct clinical supervision but all other activities remain under

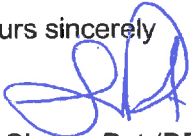
direct supervision. This is because only the supervising dentist or specialist has the knowledge or experience to completely understand the treatment.

Question 6:

Do you agree with the proposed registration transition for oral health graduates? If not, please explain.

I do not agree with the automatic registration process. Depending on what field the clinician has experience in, some may be only working in Dental Therapy and others only in Dental Hygiene.

Yours sincerely



Dr Sienna Pat (BDS, Otago)