

The Professional Relationships Associated with the Practice of Dental Therapy – Practice Standard

December 2006

Dental Council
Te Kaunihera Tiaki Niho

1 Introduction

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.

Dental therapy practice is a subset of the practice of dentistry, and is commensurate with a dental therapist's approved education, training and competence. The scope of practice of dental therapy is described by the Dental Council pursuant to s11 of the Health Practitioners Competence Assurance Act (2003) and is included in this statement in Appendix 1.

This statement aims to protect the health and safety of members of the public by describing the professional relationship that must exist between dental therapists and dentists in the practice of dental therapy in New Zealand.

2 Practice of dental therapy for children and adolescents up to age 18 years

Dental therapists can practice independently for the care of children and adolescents up to age 18 years within the scopes of practice described for dental therapy. The practice of dental therapy does not require the physical presence of a dentist or other health practitioner.

Dental therapists and dentists have a consultative working relationship that is supported by a written professional agreement between a dental therapist and a dentist or dentists.

2.1 Responsibility of dental therapists

Dental therapists assess, plan and provide dental care within the boundaries of their education, training and competence. They are responsible for ensuring the patient and caregiver is provided with access to sufficient information to make an informed choice about treatment and to provide informed consent. Decisions and actions taken independently by dental therapists are their personal responsibility. Accountability for the standard of decisions and care undertaken independently remains with the dental therapist.

2.1.1 *Timely advice*

Dental therapists are responsible for seeking additional professional advice when the assessment, planning or provision of dental care extends beyond their knowledge or skills. Dental therapists have a duty of care to recognise the need to seek additional professional advice and to seek advice in a timely manner.

The primary source of additional professional advice will be the dentist/s with whom each dental therapist has a professional agreement. However, this relationship does not preclude dental therapists from seeking additional professional advice from other health practitioners where appropriate or necessary. Dental therapists must ensure they keep accurate records of the advice sought and obtained.

It is not possible or appropriate to describe an exhaustive list of situations that will require dental therapists to seek timely advice from a dentist. However, examples may include:

- 1 Interpretation of medical histories, including cardiac malformations and decisions regarding the need for antibiotic prophylaxis, histories of bleeding disorders, or the presence of medical conditions that may lead to immunosuppression.
- 2 Information or clinical support to assist in the assessment or management of unusual disease activity or presentations. Timely advice may include treatment options outside of the scope of practice of dental therapy to assist in the provision of informed consent, information about preventive therapies to control disease, or clinical guidance with care planning when extensive restorative care and/or extractions may be required
- 3 Information to assist in the management of patients with disabilities including information about the disability and its implications for dental care or patient management.
- 4 Information to assist in the management of active dental disease including pulpal pathology or periodontal disease.
- 5 Interpretation of dental radiographs.
- 6 Information to assist in the assessment and management of dental anomalies, missing teeth, supernumerary teeth or developing malocclusions.

While dental therapy education and training equips dental therapists to identify these circumstances, decisions regarding appropriate patient management may require additional advice from a dentist, and may require further information to be sought from other health practitioners.

Dental therapists must ensure that they have discussed their practice with the dentist/s from whom they will seek professional support and advice, and dental therapists and dentists entering into a professional agreement must ensure that their professional opinions and standards are consistent.

2.1.2 Referral

Dental therapists must refer patients requiring care beyond their scope of practice, and patients unable to be managed within their practice, to a dentist or to another health practitioner. It is the responsibility of the dental therapist to recognise the need to refer a patient's care and to ensure that the referral is appropriately documented. The dental therapist must ensure that the patient and/or their guardian are aware of the need to seek additional care from a dentist, dental specialist or other health practitioner.

Referral of patient care does not have to be made to the dentist/s with whom the dental therapist has a professional agreement. Dental therapists and dentists must remain aware of the requirements of the HDC Code of Health and Disability Services Consumers' Rights Regulation 1996, and in particular Right 7 (8), which provides for patients to express a preference as to who will provide services and to have that preference met where practicable.

However, the professional agreement must document an understanding of the management of referrals by the dental therapist.

2.2 Responsibility of dentists

Dentists providing professional advice to dental therapists through a formal professional agreement must be prepared to work collegially and collaboratively in the provision of patient care and be able to provide dental therapists with timely and accurate advice appropriate to the practising environment.

Other dentists providing professional advice, information or opinions have a duty of care to ensure that the advice is accurate and appropriate. Dentists will be responsible for the advice and information they provide.

The dental therapist and the dentist may hold joint accountability for the standard of decisions and care undertaken by a dental therapist after seeking professional advice about the assessment, planning and/or provision of dental care for individual patients or groups of patients.

2.2.1 Knowledge and skills appropriate to the clinical environment

Dentists providing professional advice to individual dental therapists, or groups of dental therapists in small practice environments such as private practice, iwi or community health settings must ensure they have an appropriate understanding of the knowledge, skills and experience of the dental therapists with whom they are working and of the practice of dental therapy in a practice-based environment.

Dentists providing professional advice to large groups of dental therapists in a public health environment, such as the school dental service, must have sufficient skill and experience to be able to provide timely and accurate advice appropriate to the environment of a public health programme. This skill and experience should include knowledge of the principles of public health, the practice of paediatric dentistry, and the practice of dental therapy within a community-based programme.

Dentists must be familiar with the scopes of practice for dental therapy, relevant practice standards and particularly the requirements of this practice standard.

Dentists party to a dental therapist's professional agreement should be clinically competent. In circumstances where a dentist with a non clinical APC is party to a dental therapist's professional agreement the dentist must:

- continue to direct their Continuing Professional Development (CPD) activities towards the ten broadly defined competence standards of the general dental practice scope;
- meet peer contact requirements; and
- not provide advice in areas in which s/he is not clinically competent

2.2.2 *Timely advice*

Dentists providing professional advice should be available to speak to the dental therapist seeking advice on the same working day as the advice is sought. Collective professional support, provided by a group of dentists, should ensure that continuous professional support remains available throughout periods of absence of one or more of the dentists. If this is not possible, arrangements must be made to cover periods of absence with another dentist and this arrangement must be agreed with the dental therapist. Dentists providing professional support individually must make arrangements to cover periods of absence with another dentist and agree this arrangement with the dental therapist. Dentists must ensure they keep accurate records of the advice given.

2.2.3 *General dentists and dental specialists*

Dentists can provide professional support individually or collectively and both general dentists and dental specialists can provide professional support to dental therapists through a written professional agreement. Dental therapists engaged in general dental therapy practice will require professional support from a dentist or dentists that are competent in the full scope of general dentistry.

Dental specialists may be registered either in general dentistry and dental specialty scopes of practice, or in the scope of practice of their dental specialty only. Dental specialists must only provide professional support within their own scope(s) of practice.

For example an orthodontist registered in the scope of practice of orthodontics, but not general dentistry, could not provide a professional agreement to cover the full scope of practice of a dental therapist. The dental therapist would require an additional dentist or dental specialist registered in the general dentistry scope of practice to be a party to the professional agreement.

3 *Adult dental care*

Dental therapists undertaking dental care for adult patients (all patients aged 18 years and over) must be registered with the Dental Council for the scope of practice adult dental care in dental therapy practice. The requirements for registration in this scope of practice are outlined in this statement in Appendix 1. This scope of practice is additional to and separate from the scope of practice for general dental therapy practice.

Dental therapists participating in adult patient care must do so in a team situation with clinical guidance provided by a practising dentist/s. Clinical guidance means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists undertaking adult dental care must document a professional agreement with the dentist/s providing clinical guidance and general oversight of the clinical care outcomes of the adult patient group.

While dental therapists and dentists engaged in a team approach to the provision of dental care for adults normally work from the same premises, the practice of dental therapy does not require the physical presence a dentist or other health practitioner. Clinical guidance may be provided at a distance, but appropriate access must be available to ensure that a dentist is able to provide guidance, timely advice, and to maintain general oversight of the clinical care outcomes of the adult patient group.

Oversight is defined within the Health Practitioners Competence Assurance Act 2003 as professional support provided to a health practitioner by a professional peer for the purposes of professional development. In the context of adult dental care in dental therapy practice, a registered dentist must provide general oversight of the dental therapist's practice.

Dental therapists with an adult scope of practice may take responsibility for tasks within the assessment, planning or treatment of adult patients, provided those tasks remain within the education, training and competence of a dental therapist and within the general dental therapy scope of practice and /or additional scopes.

Dental therapist responsibility for adult dental care will vary depending upon the practising circumstances of the dentist/s and dental therapist, and the patient group under care. In circumstances where the dentist and dental therapist practice from the same physical location and are frequently practising together the dentist may undertake the assessment and planning of care, and delegate specific items of care to be managed by the dental therapist.

Alternatively, when a dental therapist undertakes examinations for patients between periodic assessments by a dentist, or when a dental therapist undertakes care for adult patients in a community-based clinic that is

remote from the dentist, the dental therapist may take responsibility for the assessment and planning of care within the education, training and competence of the dental therapist, and for the provision of items of care within the scopes of practice of dental therapy. An arrangement of this nature would require that all conditions outside the education, training and competence of the dental therapist are referred for assessment, and if necessary management, by a dentist.

Delegations of responsibility may be made in the professional agreement or delegations may be made in a specific context for the care of individual patients. However, the delegations of responsibility must be documented either through the professional agreement or through the patient's dental notes and written care plan. The patient's dental records must clearly identify which practitioner(s) is responsible for the differing aspects of care within a care plan.

For example, the professional agreement may state that the dentist/s delegate responsibility for the assessment and planning of care and for undertaking clinical procedures within the education, training and competence of the dental therapist and the scope/s of practice of dental therapy. In another circumstance all delegations may be made through the clinical notes with specific items of care within the scope/s of practice of dental therapy delegated to the dental therapist.

The dental therapist and dentist/s may hold joint accountability for the standard of decisions and care undertaken in adult dental care provided through a team relationship. If responsibility for the assessment and planning of care is delegated, the dentist/s must be satisfied that the dental therapist has appropriate knowledge and skill to act appropriately on the information, and the dentist must have systems in place to monitor the clinical care outcomes of the adult patient group.

The responsibility for the outcomes of clinical care provided to adult patients remains with the dentist/s providing clinical guidance and maintaining general oversight of the clinical care outcomes of the adult patient group.

Dental therapists, dentists and organisations considering arrangements to manage the care of adult patients with a team approach utilising dental therapists and dentists are encouraged to consult with the Dental Council to establish the appropriateness of the clinical arrangements prior to commencing clinical practice.

4 Scopes of Practice including Radiography in Dental Therapy Practice or Diagnostic Radiography in Dental Therapy Practice

Dental therapists cannot be licensed to take x-rays under the Radiation Protection Act (1965) and dental x-ray machines must be owned and under the safe care of a licensed person. Only a registered dentist may be granted a licence for dental diagnosis under the Act.

It is therefore legally necessary for all dental therapists whose scopes of practice includes radiography in dental therapy practice or diagnostic radiography in dental therapy practice to work under the supervision or instructions of a registered dentist for this aspect of their practice.

The dentist must be named in the dental therapist's professional agreement and the agreement must clearly document that the dental therapist is undertaking dental radiography under the supervision or instructions of the dentist. Where a professional agreement names multiple dentists for professional advice, a single dentist must be clearly identified with the responsibility for dental radiography.

Dental therapists practising with the scope of practice radiography in dental therapy practice will require a dentist, or a dental therapist with the scope of practice diagnostic radiography in dental therapy practice, to read the radiographs and provide a report. Dentists or dental therapists who read or audit films have a responsibility to provide reports in a written format and in a timely manner such that the provision of timely care to patients is not compromised.

It should be noted that the scopes of practice for dental radiography in dental therapy practice are limited to periapical and bitewing radiography. Dental radiography in dental therapy practice cannot be extended to wider dental radiography through a professional agreement.

5 Access to prescription items

Only medical practitioners, dentists, midwives and designated prescribers are permitted to prescribe medicines to people.

Some specific exclusions to the definition of a medicine are made in the Medicines Regulations, and are of relevance to dentistry and the practice of dental therapy. These exclusions include substances used to fill

dental cavities and substances declared by the regulations not to be a medicine for the purposes of the Medicines Act 1981. A small number of substances that in most other circumstances are prescription medicines, are excluded from this status by the Medicines Regulations 1984 when used by a dental therapist. Appendix 2 describes the status of some substances commonly used in the practice of dental therapy.

Dentists are permitted under the Medicines Regulations 1984 to prescribe, administer and/or supply prescription medicines for patients under their care. Dentists are also permitted under the Medicines (Standing Order) Regulations 2002 to issue a standing order (written instruction) for the administration or supply of prescription medicines or controlled drugs to patients by people engaged in the delivery of health services without a prescription. A standing order does not enable prescribing by other people engaged in the delivery of health services, just the direct administration or supply of the medicines.

Dental therapy practice includes the administration of local anaesthetics and the application of topical fluorides for the prevention of dental caries. The clinical procedures undertaken as part of dental therapy practice may also require the administration of prescription medicines to their patients prior to, or following clinical procedures. A common example is antibiotic prophylaxis for patients with at risk cardiac anomalies.

Controlled drugs are not administered or supplied by dental therapists as part of the practice of dental therapy.

It is the responsibility of dental therapists to ensure that patients under their care have access to appropriate medicines for the safe provision of dental care.

Despite the exemption of some medicines in common usage in dental therapy practice from the list of prescription medicines (Appendix 2), it will still be necessary for a dental therapist to have a formal relationship with a dentist for the purchase of medicines, and to enable the administration or supply of, any substance that is not exempted.

It is essential that a dental therapist's professional agreement provides an agreed process for the purchase and supply of prescription medicines that will be administered directly to patients. This may be achieved in two different ways.

- 1 A standing order is issued that covers a group of dental therapists that are employed by, under the managerial control of, or employed within an environment where a dentist is authorised to issue a standing order by a group of practitioners or a group of people permitted to supply or administer a medicine under a standing order.
- 2 An individual dental therapist's professional agreement establishes a standing order for the administration and supply of prescription medicines under the authority of a dentist who is the dental therapist's employer, exercising managerial control of the dental therapist or employed within an environment where a dentist is authorised to issue a standing order by a group of practitioners or a group of people permitted to supply or administer a medicine under a standing order and is a signatory to the professional agreement. Where a professional agreement names multiple dentists for professional advice, a single dentist must be clearly identified with the responsibility for the standing order.

It is the responsibility of dentists entering into professional agreements with dental therapists to ensure that medicines supplied to dental therapists for administration or supply to patients are the subject of an appropriate standing order and that the medicines are being administered and/or supplied in a safe and effective manner and appropriately documented.

The medicines allowed to be administered and/or supplied directly to patients under a dentist's standing order must be clearly specified and along with the circumstances in which these medicines may be supplied

Information on standing orders can be downloaded from Ministry of Health website www.moh.govt.nz (use the search facility to locate the document "*Guidelines for the Development and Operation of Standing Orders*")

5.1 Prescribed medicines

Patients managed by dental therapists must have access to appropriate prescriptions for medicines dispensed on prescription that are required to be taken in conjunction with the practice of dental therapy.

Dental therapists and dentists who are party to professional agreements must ensure a clear process for patient access to appropriate prescriptions. A dentist who is a signatory to the professional agreement may not always provide prescriptions. It may be more appropriate for the prescription to be provided by another practitioner (doctor or dentist) who is more directly involved in the clinical care of the patient, given that safe prescribing practice requires an understanding of the patient's history and clinical presentation.

However, if a prescription is to be sought from a practitioner other than a signatory to the professional agreement, the dental therapist must have sufficient information and knowledge to assess its appropriateness. A dental therapist must seek the advice of a dentist who is signatory to his/her professional agreement if in doubt.

Antibiotics for prophylaxis against infective endocarditis are a particular example of prescription medicines that will be required in conjunction with dental therapy practice. It is particularly important to ensure the accuracy and appropriateness of antibiotics prescribed for the prophylaxis of infective endocarditis. Practitioners outside of the dental professions frequently do not appreciate the specific nature of the recommended medicines, dosages and timing. A dental therapist relying upon a practitioner who is not a signatory to the professional agreement to provide antibiotic prophylaxis accepts responsibility for the correct antibiotic regimen being provided for the dental care and for providing dental care with appropriate antibiotic cover.

The current standard of care for the prevention of infective endocarditis associated with dental treatment is described in Technical Report No 76 published in July 1999 by the National Heart Foundation of New Zealand.

The publication is titled:

Prevention of infective endocarditis associated with dental treatment and other medical interventions. Ellis-Pegler RB et al. National Heart Foundation of New Zealand: Auckland, July 1999.

This publication can be downloaded from the New Zealand National Heart Foundation website www.heartfoundation.org.nz

6 Documented professional agreement

Every dental therapist must have a written professional agreement with a dentist or dentists who will be the primary source of timely professional advice and access to prescription medicines. The professional agreement will also document responsibility for dental radiography practice and arrangements for adult dental care when a dental therapist's practice includes these scopes of practice. Both dentists and dental therapists should seek additional advice regarding all business aspects of a working relationship including the issue of indemnity cover.

A professional agreement is individual to a dental therapist. Groups of dental therapists cannot be covered by a collective professional agreement.

The professional agreement must be contained in a written agreement that clearly describes:

- 1 The purpose of the professional agreement.
- 2 The name of the dental therapist.
- 3 The name/s of the dentist/s who will provide professional support and advice to the dental therapist under the terms of the professional agreement and the Dental Council's Statement – The Practice of Dental Therapy.
- 4 The scope or scopes of practice that the dental therapist is registered to practice with the Dental Council.
- 5 Any limitation of the dental therapist's competencies within the scopes of practice
- 6 The responsibility of the dental therapist to seek timely professional advice

- 7 The responsibility of the dentist/s to provide timely advice including how the dentist/s can be contacted and alternative arrangements
- 8 The management of patients requiring referral beyond the dental therapist's scope of practice
- 9 Access to prescribed medicines for the practice of dental therapy
- 10 The need for the dental therapist and all dentists named in the agreement to maintain a current Annual Practising Certificate with the Dental Council and a requirement for any party to notify the others if at any time an Annual Practising Certificate is declined or amended in a manner that would materially affect the agreement.

For dental therapists registered with the scope of practice radiography in dental therapy practice or diagnostic radiography in dental therapy practice:

- 11 An individual dentist that will provide supervision or instruction for the practice of radiography

For dental therapists registered with the scope of practice adult care in dental therapy practice

- 12 The name of the dentist/s providing clinical guidance and general oversight of the clinical care outcomes of the adult patient group
- 13 The delegations of responsibility for adult patient care

Appendix 3 contains sample written agreements.

Detailed Scope of Practice for General Dental Therapy Practice

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.

Dental therapy practice is a subset of the practice of dentistry, and is commensurate with a dental therapist's approved education, training and competence.

Dental therapists and dentists have a consultative working relationship, which is documented in an agreement between the parties.

In collaboration with dentists and other health care professionals, and in partnership with individuals, whānau and communities, dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Disease prevention and oral health promotion and maintenance are core activities.

Dental therapy practice involves:

- obtaining medical histories and consulting with other health practitioners as appropriate
- examination of oral tissues, diagnosis of dental caries and recognition of abnormalities
- preparation of an oral care plan
- informed consent procedures
- administration of local anaesthetic using dentoalveolar infiltration, inferior dental nerve block and topical local anaesthetic techniques
- preparation of cavities and restoration of primary and permanent teeth using direct placement of appropriate dental materials
- extraction of primary teeth
- pulp capping in primary and permanent teeth
- preventive dentistry including cleaning, polishing and scaling (to remove deposits in association with gingivitis), fissure sealants, and fluoride applications
- oral health education and promotion
- taking of impressions for, constructing and fitting mouthguards¹
- referral as necessary to the appropriate practitioner/agency
- performing pulpotomies on primary teeth.
- taking and interpreting periapical and bitewing radiographs
- preparing teeth for, and placing stainless steel crowns on primary teeth.

Dental therapy practice includes teaching, research and management given that such roles influence clinical practice and public safety.

Prescribed Qualifications

1. Bachelor of Oral Health, University of Otago; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology; or
3. Certificate in Dental Therapy or Certificate in Dental Nursing (issued by the Department of Health or a New Zealand educational institution) and approved experience in the provision of dental therapy services within the scope of dental therapy practice (including interpreting periapical and bitewing radiographs under the direction and supervision of a dentist who can attest to competency) and evidence of successful completion of Dental Council approved courses for Pulpotomies and Stainless Steel Crowns and Radiography and Diagnostic Radiography (or an exemption certificate for radiography issued by the New Zealand Medical Radiation Technologists Board (MRTB) current as at 18 September 2004); or
4. Diploma in Dental Therapy (issued by a New Zealand educational institution) and approved experience in the provision of dental therapy services within the scope of dental therapy practice (including interpreting periapical and bitewing radiographs under the direction and supervision of a dentist who can attest to competency) and evidence of successful completion of Dental Council approved courses for Pulpotomies and Stainless Steel Crowns and Radiography and Diagnostic Radiography (excluding a Diploma in Dental Therapy issued by University of Otago or an exemption certificate for radiography

¹ Dental therapists who have not received training in this area as part of their undergraduate programme can undertake this activity only in accordance with the Council's policy on advanced areas of practice.

issued by the New Zealand Medical Radiation Technologists Board (MRTB) current as at 18 September 2004); or

5. Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; or
6. Undergraduate dental therapy degree or diploma from the Australian Dental Council or Dental Board of Australia accredited educational programme that included education in Pulpotomies, Stainless Steel Crowns, Radiography and Diagnostic Radiography and registration in Australia; or
7. Undergraduate dental therapy degree or diploma, or an undergraduate dental degree; and a pass in the Dental Council Dental Therapy Registration Examination.

Scope for Adult Care in Dental Therapy Practice

The provision of oral health assessment, treatment, management and prevention services; within the general dental therapy scope of practice; for adult patients aged 18 years and older that, depending on the dental therapist's qualifications, is provided in a team situation under direct clinical supervision² or the clinical guidance³ of a practising dentist/s or dental specialist/s. Disease prevention and oral health promotion and maintenance are core activities.

Prescribed Qualifications

Prescribed qualifications for practising under clinical guidance:

- Certificate in Dental Therapy (issued by the Department of Health or a New Zealand educational institution); registration in the Scope of General Dental Therapy practice and a Dental Council accredited qualification in adult dental therapy practice⁴; or
- Diploma in Dental Therapy (issued by a New Zealand educational institution); registration in the Scope of General Dental Therapy practice and a Dental Council accredited qualification in adult dental therapy practice; or
- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; registration in the Scope of General Dental Therapy practice and a Dental Council accredited qualification in adult dental therapy practice; or
- Bachelor of Health Science in Oral Health, Auckland University of Technology; registration in the Scope of General Dental Therapy practice and a Dental Council accredited qualification in adult dental therapy practice; or
- Bachelor of Oral Health, University of Otago; registration in the Scope of General Dental Therapy Practice and a Dental Council accredited qualification in adult dental therapy practice.

For applications received before 19 September 2004

- Certificate in Dental Therapy (issued by the Department of Health or a New Zealand educational institution); registration in the Scope of General Dental Therapy Practice and approved experience in the provision of oral healthcare to adults under the direction and supervision of a dentist, who can attest to competency; or
- Diploma in Dental Therapy (issued by a New Zealand educational institution); registration in the Scope of General Dental Therapy Practice and approved experience in the provision of oral healthcare to adults under the direction and supervision of a dentist, who can attest to competency; or
- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; registration in the Scope of General Dental Therapy practice and approved experience in the provision of oral healthcare to adults under direction and supervision of a dentist, who can attest to competency.

Prescribed qualifications for practising under direct clinical supervision:

Currently no training programmes have been accredited.

² **Direct clinical supervision** means the clinical supervision provided to a dental therapist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental therapy work is carried out.

³ **Clinical guidance** means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the adult patient group.

⁴ Currently no training programmes have been accredited.

Prescription medicine exclusions

Some specific exclusions to the definition of a medicine are made, and are of relevance to dentistry and the practice of dental therapy. These exclusions include substances used to fill dental cavities and substances declared by the regulations not to be a medicine for the purposes of the Medicines Act 1981.

Not all substances that appear to be prescription medicines and involved in the practice of dental therapy are in fact prescription medicines when used by a dental therapist, as defined by the Medicines Regulations 1984. This Appendix describes the status of some substances commonly used in the practice of dental therapy.

Of particular note are:

Lignocaine

Lignocaine for injection is a prescription medicine except when used as a local anaesthetic in practice by a registered nurse or podiatrist or by a dental therapist.

Prilocaine

Prilocaine for injection is a prescription medicine except when used as a local anaesthetic in practice by a dental therapist.

Felypressin

Felypressin is the vasoconstrictor most commonly used with prilocaine in Citanest local anaesthetic. Felypressin is a prescription medicine except when used as a local anaesthetic in practice by a registered dental therapist.

Note no other commonly used local anaesthetics have exemptions from being a prescription medicine when used in practice by a registered dental therapist.

Fluorides

Fluorides are prescription medicines when present in medicines for external use other than pastes, gels or powders for cleaning the teeth that contain more than 2.5% of elemental fluorine except when used in practice by a registered dental therapist.

Duraphat varnish contains 5% sodium fluoride [50mg/ml], and 2.26% elemental fluoride.

Adrenaline

Adrenaline is a prescription medicine in medicines containing more than 1% and adrenaline is a restricted medicine in medicines containing 1% or less and more than 0.02%.

Adrenaline as a vasoconstrictor in local anaesthetics is usually at a concentration of 1:80,000 (0.00125%) or 1:100,000 (0.001%).

Adrenaline contained in recommended medical emergency kits is at 1:1000 (0.1%) and is therefore a restricted medicine

Professional Agreement between a Dental Therapist and Dentist/s for the Practice of Dental Therapy in New Zealand

Purpose of the professional relationship

This is an agreement outlining the professional relationship between an individual dental therapist and a dentist or dentists.

The parties understand that dental therapy practice is a subset of the practice of dentistry that is defined by the scopes of practice and Council Statement - The Practice of Dental Therapy approved by the Dental Council.

Dental therapists and dentists have a consultative working relationship that is supported by a written professional agreement.

The parties to this agreement understand that a professional agreement is a requirement of the Dental Council Statement - The Practice of Dental Therapy and that their responsibilities and potential liabilities arising from the professional relationship outlined by this agreement are detailed in the Dental Council Statement - The Practice of Dental Therapy. The agreement may be subsequently amended where necessary and appropriate.

This agreement is made between

(name of the dental therapist)

registered with the Dental Council

and

Dr _____

(name of the dentist/ dental specialist)

dentist/s or dental specialists registered with the Dental Council.

Definition of terms

Dental therapists, dentists and dental specialists are all health practitioners registered with the Dental Council.

Scope of Practice is defined by the Health Practitioners Competence Assurance Act 2003 and

- (a) means any health service that forms part of a health profession and that for the time being described under section 11; and
- (b) in relation to a health practitioner of that profession means 1 or more of such health services that the practitioner is, under an authorisation granted under section 21, permitted to perform, subject to any conditions for the time being imposed by the responsible authority.

Scopes of practice

I _____ am a dental therapist
(name of the dental therapist)

registered with the Dental Council for the practice of general dental therapy.

I am also registered with the following additional scopes of practice (*tick appropriate boxes*)

- Pulpotomies in dental therapy practice
- Radiography in dental therapy practice OR Diagnostic radiography in dental therapy practice
- Stainless steel crowns in dental therapy practice

I confirm that I am competent in all duties defined within these scopes of practice with the exception of:

Roles and responsibilities of the dental therapist

As a dental therapist I am responsible for assessing, planning and providing dental care to children and adolescents up to age 18 years within the boundaries of my education, knowledge and technical skills. I understand that decisions and actions taken independently in my clinical practice are my personal responsibility.

I understand that I am responsible for seeking additional professional advice when the assessment, planning or provision of dental care extends beyond my knowledge or skills and that I have a duty of care to seek additional professional advice in a timely manner.

My primary source of additional professional advice will be the dentist/s named in this professional agreement. However, this relationship does not preclude me from seeking additional professional advice from other health practitioners where appropriate or necessary.

Roles and responsibilities of the dentist

I am / We are dentist/s or dental specialist/s registered with the Dental Council in the scope of practice of general dentistry and/or in a specialist scopes of practice. I/We confirm that I am / we are competent in these scopes of practice and willing to provide professional support and advice for the dental therapy practice of the dental therapist named in this agreement.

I/We understand that I am / we are responsible for providing professional advice and that I / we have a duty of care to provide this professional advice to the best of my / our ability and to be available in a timely manner to provide advice. I/we understand that I/we will be the primary source of additional professional advice but that this relationship does not preclude the dental therapist named in this agreement from seeking additional professional advice from other health practitioners where appropriate or necessary.

I/we can be contacted for this advice in the following manner

- By telephone at the following number/s _____
- On site at the same location
- Other _____

Referral of patients beyond the scope of practice or unable to be managed within the practice

We agree that patients requiring care beyond the relevant scopes of practice in dental therapy, or unable to be managed within the dental therapist's practice, will be referred to a dentist or to another appropriate health practitioner.

Access to prescription items

I _____ confirm that I have arranged
(name of the dental therapist)
access to the prescription medicines necessary for direct administration or supply in my practice of dental therapy.

This access will be provided by:

A separate standing order issued by _____
(insert name of dentist and/or organisation)

OR

A standing order established with Dr _____ in conjunction with this
professional agreement (insert name of dentist)

I confirm that for patients requiring a prescribed medicine I will consult with a dentist party to this agreement or will refer the patient to another practitioner permitted to prescribe and familiar with the patient's clinical care.

Practice of radiography in dental therapy practice or diagnostic radiography in dental therapy practice (if included in registered scopes of practice)

I _____ confirm that for the practice of
(name of the dental therapist)
radiography in dental therapy practice I am practising under the supervision or instruction of Dr _____
(insert name of dentist)

I, Dr _____ confirm that I am licensed under the Radiation
(insert name of dentist)
Protection Act 1965 to use irradiating apparatus for dental radiographic diagnosis and that all dental x-ray machines to be used by the dental therapist named in this agreement are owned and under the safe care of a licensed person.

Parties to the agreement

This agreement is made between

(name of the dental therapist) (signature of the dental therapist) (Date)

dental therapist registered with the Dental Council

and

Dr _____
(name of the dentist/ dental specialist) (signature of the dentist/ dental specialist) (Date)

Dr _____
(name of the dentist/ dental specialist) (signature of the dentist/ dental specialist) (Date)

Dr _____
(name of the dentist/ dental specialist) (signature of the dentist/ dental specialist) (Date)

Dr _____
(name of the dentist/ dental specialist) (signature of the dentist/ dental specialist) (Date)

dentist/s or dental specialists registered with the Dental Council.

We individually agree to ensure continued compliance with the requirements to hold an Annual Practising Certificate with the Dental Council and to notify all of the other parties to this agreement if at any time an Annual Practising Certificate is declined or amended in a manner that would materially affect the agreement.

Adult dental care

I _____ am a dental therapist registered with the
(name of the dental therapist)

Dental Council for the practice of general dental therapy and I am also registered with the additional scope of practice adult care in dental therapy practice.

I understand that to practise adult care in dental therapy practice I must practise in a team situation with clinical guidance provided by a practising dentist/s.

I will be undertaking adult care in a team relationship with the dentists who are signatories below.

I/We, Dr _____ and Dr _____
(name of the dentist/ dental specialist) (name of the dentist/ dental specialist)

understand that the dental therapist named in this agreement will be undertaking care for adult patients in a team relationship with me / us and agree to

- a) provide clinical guidance and
- b) maintain general oversight of the clinical care outcomes of patients under the care of

(name of the dental therapist)

I / we agree that I / we will delegate specific items of care for the dental therapist to undertake through written instructions contained in the care plan and clinical notes of the individual patients

OR

I / we agree that I / we provide the following general delegations of responsibility

- a) assessment and planning of care within the education, training and competence of the dental therapist
- b) undertaking clinical procedures within the scope of practice of general dental therapy

All conditions outside the education, training and competence of the dental therapist must be referred for assessment, and if necessary management, by a dentist.

Parties to the agreement

This agreement is made between

(name of the dental therapist) _____
(signature of the dental therapist) _____
(Date)

dental therapist registered with the Dental Council

and

Dr _____
(name of the dentist/ dental specialist) _____
(signature of the dentist/ dental specialist) (Date) _____

Dr _____
(name of the dentist/ dental specialist) _____
(signature of the dentist/ dental specialist) (Date) _____

dentist/s or dental specialists registered with the Dental Council.

We individually agree to ensure continued compliance with the requirements to hold an Annual Practising Certificate with the Dental Council and to notify all of the other parties to this agreement if at any time an Annual Practising Certificate is declined or amended in a manner that would materially affect the agreement.