

10 November 2014

Dear practitioner,

Consultation on a proposed Oral Health Therapy Scope of Practice

The Dental Council ('the Council') established an Oral Health Therapist Working Group ('working group') to inform its re-consideration of a proposed scope of practice for the oral health graduates from the University of Otago Bachelor of Oral Health and Auckland University of Technology Bachelor of Health Science in Oral Health programmes.

In 2008 the Council consulted on the proposal to develop an Oral Health Therapist Scope of Practice, in response to the introduction of the new Oral Health programmes that combined the dental hygiene and dental therapy competencies. At the time, the majority of submitters did not support the proposal. It was resolved that this matter be reconsidered in five years.

The working group was tasked to develop a draft scope of practice and working relationship for the oral health therapist. The working group completed its extensive investigation that included: consideration of the two New Zealand Oral Health programme curricula mapped against the Council competencies of dental hygiene and dental therapy; and the international status and development in the oral health therapy, or similar, scopes of practice.

The working group deliberations and its recommendations were considered by the Council at its meeting on 4 August 2014.

The Council is now consulting on a proposed *Oral Health Therapy Scope of Practice*, draft *Competency Standards and Performance Measures for Oral Health Therapists*, and other related aspects.

Consultation Questions

Stakeholders are invited to comment on the proposed *Oral Health Therapy Scope of Practice* by responding to the following consultation questions:

- Q1. Do you agree/disagree with the proposed name of the scope for oral health graduates being the *Oral Health Therapy Scope of Practice* – with the ability of registered practitioners to call themselves an oral health therapist, and/or a dental hygienist, and/or a dental therapist? If you disagree, please detail why.
- Q2. Do you agree/disagree with the content of the proposed *Oral Health Therapy Scope of Practice*? If you disagree, please detail the specific area and reasons.
- Q3. Do you agree/disagree with the proposed *Competency Standards and Performance Measures for Oral Health Therapists*? If you disagree, please detail the specific area and reasons.
- Q4. Do you agree/disagree with the proposal to remove the requirement for a *Code of Practice – Professional relationship associated with the practice of Oral Health Therapy*, including the need for a signed professional agreement? If you disagree, please explain.

- Q5. Do you agree/disagree with the proposed one year period for registered oral health graduates to transition from their registered Dental Hygiene and Dental Therapy Scopes of Practice to the *Oral Health Therapy Scope of Practice*? If you disagree, please explain.
- Q6. Do you agree/disagree with the proposed prescribed qualifications included in the *Oral Health Therapy Scope of Practice* notice? If you disagree, please explain.
- Q7. Does any element of the proposed *Oral Health Therapy Scope of Practice* require clarification or further guidance? Please explain.
- Q8. Do you have any further comments on the proposed *Oral Health Therapy Scope of Practice*, or any of its elements?

Pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003, the Council must describe the contents of its professions in one or more scopes of practice and the qualifications for the scopes of practice. The objective of the consultation is to gather views from the sector to inform the Council's decision on the proposed *Oral Health Therapy Scope of Practice*.

The consultation document has been made available to all practitioners, relevant associations and societies, educational institutions, the Ministry of Health, District Health Boards and other organisations with an interest in this matter.

The Council seeks any comments on the proposal by the close of business on **20 February 2015**.

Responses should be sent to:

Dental Council

PO Box 10-448

Wellington 6143

Fax: 04 499 1668

Email: consultations@dcnz.org.nz

Yours sincerely



Marie Warner
Chief Executive

Consultation Document for proposed Oral Health Therapy Scope of Practice

Issued: 10 November 2014

Submission closing date: 20 February 2015

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Proposed Oral Health Therapy Scope of Practice

1. Introduction

The Council established the Oral Health Therapist Working Group ('working group') to:

- consider international developments in the oral health therapist, or similar, scope of practice;
- develop a draft scope of practice and working relationship for the oral health therapist¹;
- comment on the treatment of adults by oral health therapists and the required supervision levels through analyses of the New Zealand-accredited Oral Health programmes; and
- report on the above to the Council.

This was to inform the Council's re-consideration of a proposed scope of practice for the oral health graduates from the University of Otago Bachelor of Oral Health ('Otago BOH') and Auckland University of Technology Bachelor of Health Science in Oral Health ('AUT BHSc in Oral Health') programmes.

The working group comprised of a representative from the dental hygiene, dental therapy and dentist professions; one academic representative from each of the New Zealand Oral Health programmes; two oral health graduates²; and Dental Council members.³

2. Background

In 2006 and 2007 AUT University and the University of Otago respectively introduced new Oral Health programmes – three-year, combined dental hygiene and dental therapy degree programmes. The first cohorts of the AUT BHSc in Oral Health and Otago BOH programmes graduated in 2008 and 2009 respectively. In response to the new qualifications being implemented, the Council issued a consultation document in September 2008. The proposal was to establish an Oral Health Therapy Scope of Practice for the oral health graduates to "reflect the practice for which the new combined degree programme will equip oral health practitioners".

After the consultation process and presentations by the professional associations to a Council sub-committee, the Council resolved not to proceed with the proposed Oral Health Therapy Scope of Practice at that time. The majority of submissions from the profession did not support the proposal,

¹ For the purposes of the consultation document, the terms "oral health therapy scope of practice" and "oral health therapist" will be used where appropriate. However, the name of the scope of practice forms part of the consultation and the Council is inviting comments on the proposed name.

² Graduates from the University of Otago Bachelor of Oral Health and Auckland University of Technology Bachelor of Health Science in Oral Health programmes.

³ Working group members: Lyndie Foster Page (*Council member & Chair*); John Boyens (*Dentist*); Rose Davies (*Dental hygienist*); Barbara Dewson (*Dental therapist*); Leslea Eilenberg (*Council member, Dental hygienist*), Daniel Fernandez, (*Educationalist - Auckland University of Technology*); Marize Jones (*Oral Health graduate, Dental hygienist & Dental therapist*); Minnie McGibbon (*Council member, Dental therapist*); Susan Moffat (*Educationalist - University of Otago*); Grace Park (*Oral Health graduate, Dental hygienist & Dental therapist*).

with the view expressed that the existence of “combined training programmes in itself did not create a new profession”. It was resolved that this matter be reconsidered in five years.

Since then, the Council has encountered the following issues which are associated with the registration of oral health graduates in the two separate scopes of practice (Dental Hygiene and Dental Therapy Scopes of Practice):

- a) The Oral Health programmes are not equivalent to dental hygiene-only or dental therapy-only programmes. The Oral Health programmes are prescribed qualifications for the Dental Hygiene and Dental Therapy Scopes of Practice, however they are substantially different to the balance of the prescribed qualifications.
- b) The Dental Board of Australia has approved the two accredited New Zealand Oral Health programmes for registration in Australia in the Oral Health Therapist Scope of Practice. This approval was on the basis of comparable competencies and shared Australasian accreditation standards for dental programmes.

This is of particular significance due to the existence of the Trans-Tasman Mutual Recognition Act which recognises Australian and New Zealand registration standards as equal. As a result of the Act, an oral health practitioner registered to practise in Australia can register and practise in the same profession in New Zealand, and vice versa.

- c) Discrepancies in supervision levels - the same clinical activity is performed under different supervision levels within the Dental Therapy and Dental Hygiene Scopes of Practice. This will be discussed in more detail further in the document.
- d) Requiring practitioners to register in both scopes of practice does not acknowledge the oral health graduates’ integrated approach to care which is developed and supported by the educational approach taken during their educational programme.
- e) A perceived lack of professional identity for the oral health graduates, as they are generally referred to as “dual graduates” within the industry, which technically is incorrect, as they obtain a single bachelor’s degree. Furthermore, they are identified as either a dental hygienist or a dental therapist as defined by the scope activity being performed; the practice environment within which the activity is performed; and the employment agreement. Yet, oral health graduates are competent across both scopes of practice.

3. Working group investigations

The working group met on 4 October 2013 and 30 May 2014. In the process of developing a draft Oral Health Therapy Scope of Practice, and its comment on the treatment of adults by oral health therapists, the working group considered the following:

- Similar international scopes of practice.
- A comparison of the competencies and scopes of practice of New Zealand dental hygienists and dental therapists to the professional attributes and competencies of the newly qualified oral health therapist in Australia.
- Various international research, journal articles and editorial pieces on the current status of, and future developments within, the professions of dental hygiene, dental therapy and oral health therapy.

A full reference list of all the documents considered is included as Attachment 3.

Scope of practice

At its first meeting the working group agreed (not unanimous) that a draft Oral Health Therapy Scope of Practice be developed for oral health graduates.

To inform the working group's discussion on the proposed scope activities and associated supervision levels, the University of Otago and AUT University mapped the curricula of the Oral Health programmes against the Council competencies for dental hygiene and dental therapy. University of Otago was also requested to map areas of the Bachelor of Dental Surgery programme related to the administration of local anaesthetic and orthodontic procedures. These activities were investigated further because they are performed under direct clinical supervision⁴ within the Dental Hygiene Scope of Practice. The balance of the dental hygiene activities are performed under clinical guidance⁵, and dental therapists practise independently with a consultative working relationship between the dental therapist and a dentist.

The underlying principle for the development of the proposed scope of practice was that the activities and associated supervision levels must be underpinned by the current curricula and competencies achieved by the graduates of the two accredited Oral Health programmes. Future programme developments fell outside the terms of reference of the working group.

Treatment of adults by oral health therapists

The working group was further requested to comment on the treatment of adults by oral health therapists and the required supervision levels. The treatment of adults by dental therapists was outside the terms of reference of the working group.

The working group considered international jurisdictions' age limitations, if any, and the supervision levels on the treatment of adults by oral health therapists and dental therapists.

The Dental Board of Australia (DBA) registration standard for oral health therapists was of particular importance, due to the mobility of the workforce between Australia and New Zealand enabled through the Trans-Tasman Mutual Recognition Act.

The DBA registration standard allows a *dental practitioner to perform treatment for which they have been educated and trained in programs of study approved by the National Board, and in which they are competent.*

To further investigate this position, the DBA and two Australian Universities were approached for information on the specific age limits of dental therapy activities, and the supervision requirements for the Oral Health Therapy Scope of Practice.

Different age limitations and supervision requirements exist across the various Australian states, based on the individual programme curricula and the state regulation at the time of the introduction of the National Law in 2010⁶.

In addition, the two New Zealand Oral Health programmes were asked to comment on an appropriate age limit for dental therapy activities for a proposed Oral Health Therapy Scope of Practice, based on their current programme curricula.

⁴ **Direct clinical supervision** means the clinical supervision provided to a dental hygienist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental hygiene work is carried out.

⁵ **Clinical guidance** means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. Dental hygienists and dentists or dental 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 dental specialist is able to provide guidance and advice, when required, and maintain general oversight of the clinical care outcomes of the patient group. Dental hygienists are responsible and accountable for their own clinical practice within their scope of practice but the dentist or dental specialist is responsible and accountable for the clinical guidance provided.

⁶ The National Law is the Health Practitioner Regulation National Law as in force in each state and territory.

4. Proposals

The working group deliberations and its recommendations were considered by the Council at its meeting on 4 August 2014.

Subsequently, draft competencies for the proposed Oral Health Therapy Scope of Practice have been developed by the secretariat, based on the current dental hygiene and dental therapy competencies.⁷

The Council is now consulting on a proposed *Oral Health Therapy Scope of Practice (Attachment 1)* and the draft *Competency Standards and Performance Measures for Oral Health Therapists (Attachment 2)*.

It is important to note that the current proposal does not change the activities of the Dental Hygiene and Dental Therapy Scopes of Practice.

An executive summary of various aspects of the proposed Oral Health Therapy Scope of Practice and their development follows.

4.1. Proposed name for the combined scope of practice

The working group consulted with key professional associations on a possible name for a scope of practice for the oral health graduates. The New Zealand Dental Hygienists' Association (NZDHA), the New Zealand Dental and Oral Health Therapists Association (NZDOHTA), and the New Zealand Dental Association (NZDA) were consulted.

NZDOHTA confirmed their preference for the name *oral health therapist*, and the NZDHA confirmed the name *oral health therapist* was acceptable and aligned with the international fraternity.

The response from the NZDA indicated a preference for the status quo, Dental Hygienist and Dental Therapist, with the flexibility to register in one or both of these categories.

The Council is proposing that the scope of practice be called the *Oral Health Therapy Scope of Practice* – with the ability of a registered practitioner to call him- or her-self an oral health therapist, and/or a dental hygienist, and/or a dental therapist.

The proposed name for the combined scope and registered practitioner is consistent with Australia and Singapore; the two countries which currently have a combined scope of practice additional to Dental Therapy and Dental Hygiene Scopes of Practice.

4.2. Proposed Oral Health Therapy Scope of Practice activities

The proposed Oral Health Therapy Scope of Practice activities are underpinned by the education delivered by the Oral Health programmes. The curricula are designed, and programmes are accredited to ensure the competencies prescribed by the Council for dental hygienists and dental therapists are achieved by oral health graduates.

⁷ The Dental Council competency framework for dentists, dental hygienists, dental therapists, clinical dental technicians and dental technicians are scheduled for review during 2015/16. This will include competencies for oral health therapists, if approved.

The Dental Hygiene and Dental Therapy Scopes of Practice formed the basis of the proposed Oral Health Therapy Scope of Practice, and all dental therapy and dental hygiene activities have been consolidated in the proposed scope. The proposed Oral Health Therapy Scope of Practice reflects the following considerations:

- a) Both University programmes expressed the view that oral health graduates have heightened capabilities in some practice areas which distinguish their practice from the practice of dental hygiene and dental therapy.

The academic representatives of the working group were of the view that the integration of the therapy and hygiene education, skills and competencies enabled oral health graduates to plan and deliver care for patients across the lifespan in a comprehensive manner, within the defined scope of practice.

This heightened capability is related to the integrated educational approach taken within the programmes, in particular, in the area of oral health assessment (including risk assessment) and care planning (including disease management and preventive strategies, and clinical activities to be performed).

- b) A further area of heightened capability identified by the programmes is community oral health promotion. Although single qualified therapy and hygiene graduates have always been educated with an oral health promotion and disease prevention focus, the oral health graduate has a broader focus on being able to provide oral health promotion initiatives in the community as well as in a one-on-one practice environment. Oral health graduates are able to competently develop, implement and evaluate projects in communities of need.
- c) The proposed Oral Health Therapy Scope of Practice would allow oral health graduates to diagnose dental caries in patients of all ages and provide the opportunity to discuss individualised preventive strategies with a patient, based on a caries diagnosis.

Currently, oral health graduates can only diagnose dental caries under the Dental Therapy Scope of Practice, as diagnosis of dental caries is not included in the Dental Hygiene Scope of Practice. Caries diagnosis is applicable in the care of patients of all ages, and oral health graduates currently receive the education required to enable accurate diagnosis of dental caries.

- d) The orthodontic activities have been ordered and grouped to reflect pre- to post- banding activities.

Two orthodontic activities that were formerly grouped under the general scope activities and performed under clinical guidance: "Tracing cephalometric radiographs" and "Fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature", now sit with the other orthodontic activities.

The activities related to oral hygiene instruction, polishing of teeth and making of study models have been removed from the list of orthodontic activities, as they are already included in the list of general activities.

The wording specifying how to remove adhesives has also been removed.

- e) Minor wording changes have been made during this process, aimed at improving accuracy, conciseness and clarity.

4.3. Supervision levels for the proposed Oral Health Therapy Scope of Practice

Currently oral health graduates can register as a dental hygienist and/or a dental therapist and practise within one or both scopes of practice.

Activities in the Dental Hygiene and Dental Therapy Scopes of Practice are performed under different supervision levels. The hygiene activities are performed either under clinical guidance or direct clinical supervision of a dentist or dental specialist, while dental therapy activities are performed within a consultative working relationship with a dentist.

When performing activities common to both scopes of practice, different supervisory conditions apply to those activities, dependent upon whether oral health graduates are working within their Dental Hygiene or Dental Therapy Scope of Practice.

Supervision for the administration of local anaesthetic

The common activity where there is a marked discrepancy of supervision is the administration of local anaesthetic (LA). The Dental Hygiene Scope of Practice requires direct clinical supervision (dentist on-site); while the Dental Therapy Scope of Practice has no requirement for supervision.

Mapping of the competency standards and performance measures for dental hygiene, dental therapy and dentistry against the curricula of the oral health and dental programmes at the University of Otago and the AUT BHSc in Oral Health programme, illustrated that the same competencies are achieved for the *administration of LA* by both dental and oral health graduates. Oral health graduates know of the restrictions⁸, potential interactions with medications and complications associated with the administration of LA, and the management of the patient in the unfortunate event of a medical emergency.

The different level of knowledge of physiology, human disease and pharmacology between the dental and oral health graduates was also illustrated, and was considered to have implications for the management of medically compromised patients. However, these implications are not limited solely to the administration of LA, they relate to all clinical activities performed by an oral health therapist.

Consequently the expectation is that typically, and consistent with current practice, a treatment plan for a medically compromised patient would be discussed with a dentist or dental specialist before commencement of treatment, irrespective of the need, or not, for LA.

Supervision for orthodontic activities

Mapping of the education modules for orthodontic procedures in the University of Otago BDS and BOH programmes and the AUT BHSc in Oral Health programme, illustrated the primary differences between the orthodontic content in the oral health and dental programmes.

The proposed level of supervision for orthodontic activities within the proposed Oral Health Therapy Scope of Practice reflects the education received in this area of practice in the Oral Health programmes, and is aligned with the recommendations received from the programmes.

In relation to orthodontics, the proposed role of the oral health therapist would be “assisting the dentist or dental specialist in implementing orthodontic treatment plans, as directed by the dentist or dental specialist who is responsible for the patient’s clinical care outcomes and is on site at the time, through

⁸ Restricted to administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques.

performing the following orthodontic procedures:....”. The procedures are then listed within the proposed scope of practice.

Proposed supervision levels for the Oral Health Therapy Scope of Practice

The Council is proposing that direct clinical supervision and clinical guidance requirements are not integrated into the proposed oral health therapy scope of practice.

This would mean that all scope activities, with the exception of orthodontic activities, would be performed independently on the basis of autonomous decision making, without a dentist or dental specialist being required on site.

Effectively, this is in the same manner as oral health graduates currently deliver care within their Dental Therapy Scope of Practice.

Orthodontic activities, as contained in the proposed oral health therapy scope of practice, would be performed under the direction of a dentist or dental specialist who is responsible for the patient’s clinical care outcomes, and who is on-site during the treatment.

4.4. Age limit for dental therapy activities within the proposed Oral Health Therapy Scope of Practice

Activities performed within the proposed Oral Health Therapy Scope of Practice must necessarily be based on the education and competence of the practitioner. Therefore, the Oral Health programmes were asked to comment on an appropriate age limit for dental therapy activities within a proposed Oral Health Therapy Scope of Practice, based on their current curricula, to inform the working group’s consideration in this area.

The working group considered the comments received from the two programmes; a comparison of related international practice; and comments received from two Australian Oral Health programmes.

Consequently the Council is proposing, on recommendation of the working group (not unanimous), that dental therapy (restorative) activities within the proposed Oral Health Therapy Scope of Practice may be performed on patients of all ages. For patients 18 years or older dental therapy (restorative) activities within the proposed Oral Health Therapy Scope of Practice would be performed under prescription of a dentist or dental specialist.

Under prescription means the dentist or dental specialist would complete the treatment plan and obtain consent from the patient for the oral health therapist to complete the restoration(s). However there is no requirement for the dentist or dental specialist to be on-site while the restorative procedure is being performed.

The proposed *Oral Health Therapy Scope of Practice* is provided as Attachment 1, and the underpinning *Competency Standards and Performance Measures for Oral Health Therapists* are detailed in Attachment 2.

4.5. Working relationship document

The working group was tasked with developing a working relationship document for oral health therapists. The existing Council working relationships contain a written professional agreement that must be signed between the relevant oral health practitioner and a dentist or dental specialist.

In considering this task, various working group members were of the view that the signed professional agreement between a dentist/dental specialist and the oral health practitioner did not have much value beyond meeting the legal obligation stipulated by the Council. Some members were of the view that an oral health graduate does not need a signed document to encourage them to seek clinical support or advice when required, or refer if needed.

Therefore, the Council is proposing, on the working group's recommendation (not unanimous), that no written professional agreement is required for the practise of the proposed Oral Health Therapy Scope of Practice. This means that if accepted, there will be no *Code of Practice – Professional relationship associated with the practice of Oral Health Therapy*.

However, the Council emphasises that a team approach to ensure patients' overall health is essential and this proposal in no way diminishes the need for oral health practitioners to establish and foster professional relationships.

It is expected that oral health therapists while practising within the limits of their scope and competency, will collaborate with other health professionals to provide appropriate and comprehensive care, ensuring patients' overall health; without the need for a written professional agreement with a dentist or dental specialist.

The Council expects oral health therapists to exercise their professionalism and ethical responsibility to seek clinical support or advice when needed, or refer to another oral health practitioner or other health professional, when required.

Oral health therapists practising outside their scope of practice, or if concerns were raised about their competency, would be managed in the same manner as any oral health practitioner. All oral health practitioners are responsible for their own clinical practice, within their scope of practice.

Under the Medicines Regulations an oral health therapist will not currently be exempted for administration and use of medicines currently exempted for use by dental therapists. A change to Schedule 1 of the Medicines Regulations would need to be explored if an Oral Health Therapy Scope of Practice is created. In the interim, it is likely that oral health therapists would need a standing order from a dentist for the use and administration of medication that falls within their scope of practice.

5. Transition period for the Oral Health Therapy Scope of Practice

- It is proposed that the next cohort of oral health graduates following the establishment of the proposed scope, be registered in the Oral Health Therapy Scope of Practice.
- For an oral health graduate⁹ registered in both the Dental Hygiene and Dental Therapy Scopes of Practice, transition will be during the first application for renewal of their annual practising certificate (APC) following the establishment of the proposed Oral Health Therapy Scope of

⁹ Oral health graduates are those practitioners holding a University of Otago Bachelor of Oral Health or Auckland University of Technology Bachelor of Health Science in oral health qualifications.

Practice. If an oral health graduate does not hold a current APC in both scopes of practice, transition will be subject to meeting the normal recency of practice requirements.

An oral health graduate can choose, during that application for APC renewal, to transfer their registration to the proposed Oral Health Therapy Scope of Practice or retain registration in their current registered scope(s) of practice.

Transition will be closed after one year following the gazetting of the proposed Oral Health Therapy Scope of Practice, after which oral health graduates registered in the Dental Therapy and/or Dental Hygiene Scopes of Practice can apply for registration as an oral health therapist if they choose to at a later stage.

- Oral health graduates with qualifications obtained before the establishment of the proposed scope, and not currently registered with the Council can apply for registration in the Oral Health Therapy Scope of Practice by following and meeting the normal registration requirements for applicants with New Zealand prescribed qualifications.
- This transition does not apply to practitioners who have completed dental hygiene-only and dental therapy-only qualifications and are registered as a Dental Hygienist and a Dental Therapist. The proposed Oral Health Therapy Scope of Practice has been developed based on the current curricula of the accredited Oral Health programmes.

6. Proposed prescribed qualifications

The following qualifications are proposed as prescribed qualifications for the Oral Health Therapy Scope of Practice:

- University of Otago Bachelor of Oral Health
- Auckland University of Technology Bachelor of Health Science in Oral Health
- New Zealand Oral Health Therapist Registration Examination
- Dental Board of Australia-approved Australian qualifications that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia.

Normal individual assessment provisions would apply for overseas applications for registration in the proposed Oral Health Therapy Scope of Practice, where practitioners believe their qualifications, training and experience are equivalent to, or are satisfactory as, a prescribed qualification.

Prescribed qualification changes for the Dental Hygiene and Dental Therapy Scopes of Practice

The prescribed qualifications for the Dental Hygiene and Dental Therapy Scopes of Practice will be amended to include an end date for the two Oral Health programmes, in line with the end of the transition period. These end dates would also apply for individual assessments of overseas qualifications against these Oral Health programmes for registration as a dental hygienist or a dental therapist.

The proposed prescribed qualifications are included in the proposed notice for the Oral Health Therapy Scope of Practice (*Attachment 1*).

7. Recency of practice and continuing competency

The issue of recency of practice requirements was also considered by the working group. The Council agreed with the working group that the same recency of practice provisions would be applied to oral health therapists as to all other oral health practitioners.

Practitioners will be required to declare at the time of transitioning from their respective Dental Hygiene and/or Dental Therapy Scopes of Practice that they have maintained competence in the scopes of practice in which they are registered. A similar declaration will be required on an annual basis when renewing their practising certificates, in the same manner as all other oral health practitioners.

Every practitioner is responsible for maintaining competence within his/her scope, or upskilling in required areas.

8. Consultation Questions

Stakeholders are invited to comment on the proposed Oral Health Therapy Scope of Practice by responding to the following questions:

- Q1. Do you agree/disagree with the proposed name of the scope for oral health graduates being the *Oral Health Therapy Scope of Practice* – with the ability of registered practitioners to call themselves an oral health therapist, and/or a dental hygienist, and/or a dental therapist? If you disagree, please detail why.
- Q2. Do you agree/disagree with the proposed *Oral Health Therapy Scope of Practice*? If you disagree, please detail the specific area and reasons.
- Q3. Do you agree/disagree with the proposed *Competency Standards and Performance Measures for Oral Health Therapists*? If you disagree, please detail the specific area and reasons.
- Q4. Do you agree/disagree with the proposal to remove the requirement for a *Code of Practice – Professional relationship associated with the practice of Oral Health Therapy*, including the need for a signed professional agreement? If you disagree, please explain.
- Q5. Do you agree/disagree with the proposed one year period for registered oral health graduates to transition from their registered Dental Hygiene and Dental Therapy Scopes of Practice to the *Oral Health Therapy Scope of Practice*? If you disagree, please explain.
- Q6. Do you agree/disagree with the proposed prescribed qualifications included in the *Oral Health Therapy Scope of Practice* notice? If you disagree, please explain.
- Q7. Does any element of the proposed *Oral Health Therapy Scope of Practice* require clarification or further guidance? Please explain.
- Q8. Do you have any further comments on the proposed Oral Health Therapy Scope of Practice, or any of its elements?

Proposed Scope of Practice for Oral Health Therapy

Dental Council Health Practitioners Competence Assurance Act 2003

Notice of Scopes of Practice and Prescribed Qualifications Issued by the Dental Council pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003

Oral Health Therapy

Scope of Practice for Oral Health Therapy

The scope of practice for oral health therapy is the practice of oral health therapy as set out in the documented “Detailed Scope of Practice for Oral Health Therapy” produced and published from time to time by the Dental Council.

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients of all ages, within the detailed scope of practice, commensurate with their approved education, training and competence. Restorative treatment for patients 18 years and over is provided under prescription¹⁰ of a dentist or dental specialist, within the detailed scope of practice.

Oral health education, disease prevention and oral health promotion for individuals and communities are core activities, aimed at achieving and maintaining oral health throughout the lifespan as an integral part of general health.

Oral health therapists practise as part of the dental team, and work collaboratively with other oral health practitioners and health practitioners to provide appropriate and comprehensive care to the benefit of patients’ overall health.

Areas of oral health practice which were not included in a practitioner’s training should not be undertaken unless the practitioner has since completed appropriate training and practises to the standards required by the Council and within the detailed oral health therapy scope of practice.

Detailed Scope of Practice for Oral Health Therapy

Oral health therapy practice involves:

- obtaining and assessing medical and oral health histories.
- examining oral tissues, recognising abnormalities, and diagnosing dental caries and periodontal disease.

¹⁰ Under prescription means the dentist or dental specialist would complete the treatment plan and obtain consent from the patient for the oral health therapist to complete the restoration(s). However, there is no requirement for the dentist or dental specialist to be on-site while the restorative procedure is being performed.

- taking and interpreting intra and extra-oral radiographs.
- taking intra and extra-oral photographs.
- preparing oral health care plans.
- consulting with other health practitioners as appropriate.
- referring as necessary to the appropriate practitioner/agency.
- obtaining informed consent.
- providing oral health education, information and counselling to patients.
- applying and dispensing non-prescription preventive agents.
- applying prescription preventive agents.
- applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration.
- applying fissure sealants.
- administering topical local anaesthetic.
- administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques.
- removing hard and soft deposits from all tooth surfaces.
- preparing cavities and restoring primary and permanent teeth using direct placement of dental materials.
- extracting primary teeth.
- performing pulpotomies on primary teeth.
- preparing teeth for, and placing stainless steel crowns on primary teeth.
- recontouring and polishing restorations.
- taking impressions, recording occlusal relationships, and making study models.
- constructing and fitting mouthguards and bleaching trays.
- performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings.
- promoting the oral health of communities by:
 - raising awareness of oral health and its effect on general health and well-being.
 - designing and implementing oral health promotion projects, and evaluating their effectiveness, in response to the oral health needs of specific communities.
- Assisting the dentist or dental specialist in implementing orthodontic treatment plans, as directed by the dentist or dental specialist who is responsible for the patient's clinical care outcomes and is on-site at the time, through performing the following orthodontic procedures:
 - Tracing cephalometric radiographs.
 - Placing separators.
 - Sizing and cementing metal bands including loose bands during treatment.
 - Preparing teeth for bonding fixed attachments and fixed retainers.
 - Indirect bonding of brackets as set up by the dentist or dental specialist.
 - Placing archwires when necessary (as formed by the dentist or dental specialist) and replacing ligatures/closing self- ligating brackets.
 - Trial fitting removable appliances. This does not include activation.

- Removing archwires after removing elastomeric or wire ligatures, or opening self- ligating brackets.
- Removing fixed orthodontic attachments and retainers.
- Removing adhesives after the removal of fixed attachments.
- Fitting passive removable retainers.
- Bonding preformed fixed retainers.
- Fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature.

Prescribed qualifications for the Scope of Practice for Oral Health Therapy

1. University of Otago Bachelor of Oral Health; or
2. Auckland University of Technology Bachelor of Health Science in Oral Health; or
3. New Zealand Oral Health Therapist Registration Examination; or
4. Dental Board of Australia-approved Australian-accredited qualifications that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia.

Prescribed qualifications for the Scope of Practice for Dental Hygiene

1. Bachelor of Oral Health, University of Otago **and registration as a Dental Hygienist with the Dental Council as at dd/mm/yy (end of transition period)**; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology **and registration as a Dental Hygienist with the Dental Council as at dd/mm/yy (end of transition period)**; or
3. Certificate in Dental Hygiene issued by Otago Polytechnic and approved experience in the provision of oral health services within the scope of dental hygiene practice; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
4. New Zealand Defence Force training programme in Dental Hygiene and approved experience in the provision of oral health services within the scope of dental hygiene practice; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
5. Diploma in Dental Hygiene issued by a New Zealand educational institution; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
6. Diploma in Dental Hygiene, University of Otago (Orthodontic Procedures conferred from 2002) and Dental Council approved courses for Administering Local Anaesthetic and Extra-oral Radiography, or
7. Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago; or

8. an undergraduate dental hygiene degree or diploma from the Australian Dental Council or Dental Board of Australia accredited educational institution that included education in Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography and registration in Australia¹¹; or
9. an undergraduate dental hygiene degree or diploma, or undergraduate dental degree; and a pass in the Dental Council Dental Hygiene Registration Examination; or
10. an undergraduate dental hygiene degree or diploma or undergraduate dental degree and a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination and a pass in a USA or Canadian regional or state board dental hygiene clinical examination; and registration with a USA or Canadian dental authority; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
11. a Commission on Dental Accreditation (CDA) accredited undergraduate dental hygiene degree or diploma; a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination; and registration with a USA or Canadian dental authority; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
12. a General Dental Council (GDC) accredited undergraduate dental hygiene degree or diploma from the United Kingdom; and registration with the GDC; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
13. a Certificate or Diploma in Dental Hygiene conferred by the GDC; and registration with the GDC; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography.

Prescribed qualifications for the Scope of Practice for Dental Therapy

1. Bachelor of Oral Health, University of Otago **and registration as a Dental Therapist with the Dental Council as at dd/mm/yy (end of transition period)**; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology **and registration as a Dental Therapist with the Dental Council as at dd/mm/yy (end of transition period)**; 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

¹¹ With the introduction of the National Registration and Accreditation Scheme in 2010 all Australian State Licensing Boards were replaced by the Dental Board of Australia.

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 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.

Draft Competency Standards and Performance Measures for Oral Health Therapists

The purposes of this document are to:

- set out the entry level competencies which applicants for registration as an oral health therapist must meet in order to be registered;
- provide criteria against which an individual's performance may be measured.

A competent oral health therapist is one who applies knowledge, skills, attitudes, communication and judgement to the delivery of appropriate oral health care in accordance with the scope of practice within which they are registered.

In assessing how well a practitioner is working consideration needs to be given to the actual demonstration of competence through performance measures and outputs.

Competency standard	Measure
<p>Understand current scientific dental related knowledge</p> <p>Understand current biological, physical, cultural, social and psychological factors which influence the attainment and maintenance of oral health.</p> <p>Use these factors to inform best practice.</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of biological, physical, cultural, social and psychological factors in oral health therapy • Able to communicate this knowledge to patients and the wider community • Demonstrates familiarity with, and implementation of, oral health maintenance programmes.
<p>Obtain patient information</p> <p>Obtain by interview and examination patient information relevant to the delivery of oral health care and record this information logically, legibly and securely.</p>	<p>Records show:</p> <ul style="list-style-type: none"> • An adequate medical history • An adequate dental history • Adequate charting demonstrating that all dental tissues and associated structures have been examined closely • Evidence of posterior bitewing and periapical radiographs as appropriate to diagnose and manage dental caries and periodontal diseases • Compliance with the Dental Council Code of Practice on Patient information and records • Evidence of adopted care/treatment plan • Evidence of consent to care/treatment plan.
<p>Analyse patient information and plan an oral health care programme</p> <p>Assess information to identify oral health problems and formulate an evidence based oral health care plan that addresses the aetiology of dental and oral disease, the attainment or maintenance of oral health,</p>	<p>Demonstrates and records:</p> <ul style="list-style-type: none"> • Accurate information on teeth present/missing or restored • Potentially harmful conditions e.g. enamel caries, gingivitis, calculus

<p>priority of management, patient options, anticipated outcomes and the duration of treatment.</p>	<ul style="list-style-type: none"> • Adequate, evidence based, prioritised preventive/treatment plan including application of radiograph results where appropriate • Management options, including preventive strategies, considered and discussed • Recall/review arrangements made • Advice sought from, or referral to, other practitioners.
<p>Provide or make provision for oral health care</p> <p>Communicate the requirements of an oral health care plan to patients in order to obtain informed consent and where necessary carry out agreed procedures and manage any complications.</p>	<ul style="list-style-type: none"> • Provides patients and parents with full explanations and information to make informed decisions <p>Demonstrates clinical competence in -</p> <p><i>Preventative care:</i></p> <ul style="list-style-type: none"> • Places fissure sealants and preventive coatings according to clinical findings and evidence based practice guidelines • Applies topical fluorides based on the assessment of the caries risk of the patient, according to clinical findings and evidence based practice guidelines • Construction and fitting of mouthguards • Recontouring and polishing of restorations • Application of non-prescription preventive agents • Directed application of prescription preventive agents • Topical agents for treatment of tooth sensitivity and tooth discolouration. <p><i>Periodontal management:</i></p> <ul style="list-style-type: none"> • Detection and debridement of plaque and calculus from supra and subgingival tooth surfaces • Predisposing factors addressed • Appropriate self-care instructions given and recorded • Placement and removal of periodontal dressing • Removal of sutures • Recall regime in place • Adequate management of acute periodontal infection • Appropriate referral. <p><i>Restorative intervention:</i></p> <ul style="list-style-type: none"> • Records decision as to need for restorative intervention

	<ul style="list-style-type: none"> • Records decision as to selection of materials • Considers any current clinical practice guidelines in decision-making • Restores integrity and function of tooth • Alleviates pain. <p><i>Use of local anaesthetic:</i></p> <ul style="list-style-type: none"> • Correct solution and technique used • Adequate anaesthesia achieved • Complications of local anaesthetic understood and managed appropriately. <p><i>Radiography:</i></p> <ul style="list-style-type: none"> • Complies with clinical practice guidelines for use of bitewing/periapical radiographs • Relates radiographs to patients needs with relevant structures in view • Ensures adequate film quality correctly mounted • Ensures view ideal for diagnosis • Maintains satisfactory radiation safety • Uses bitewing and periapical radiographs as appropriate to diagnose and manage dental caries and periodontal diseases • Applies preventative/treatment options based on depth of lesions identified in radiographs • Records accurate radiography report. <p><i>Clinical Records</i></p> <ul style="list-style-type: none"> • Adequate and correctly labelled extra and intra oral photographs • Adequate and correctly trimmed models. <p><i>Orthodontics</i></p> <ul style="list-style-type: none"> ▪ Correct placement of appliances ▪ Appropriate removal of composite and cement ▪ Replacement of O rings and loose bands ▪ De-bonding and de-banding. <p><i>Oral Health Promotion and Education</i></p> <ul style="list-style-type: none"> • Educates patients at all stages in their life, or patient's family, carers or guardians, about the aetiology and prevention of oral diseases using effective and evidence-based education and communication strategies
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	<ul style="list-style-type: none"> • Raises awareness of oral health and its effect on general health and well-being • Provides 'one on one' counsel and advice to encourage sound attitudes and practices • Communicates importance of issues such as diet, smoking, etc on oral health • Designs and implements oral health promotion projects and evaluates their effectiveness, in response to the oral health needs of specific communities • Demonstrates a commitment to oral health promotion by working with other health personnel and/or educational staff where appropriate • Expresses a professional view on fluoride, amalgam and other topical public issues.
<p>Refer and collaborate with the appropriate health professionals</p> <p>Refer for advice and/or treatment where diagnosis and treatment planning indicates that the patient requires a level of knowledge and/or skills greater than those of the oral health therapist</p>	<ul style="list-style-type: none"> • Obtains advice from other health professionals where necessary • Makes appropriate referrals • Completes relevant documentation • Understands the importance of a team-based approach to dental care • Establishes professional relationships with other oral health professionals.
<p>Assess the effectiveness of oral health strategies</p> <p>Objectively assess both short term and long term outcomes of oral health strategies</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of the prognosis for treatment strategies offered to individuals and to the community at large • Communicates this knowledge to patients, parents and the wider community.
<p>Communicate effectively</p> <p>Communicate effectively with and/or educate patients, other health workers and the public on oral health matters.</p>	<p><i>With patients demonstrates</i></p> <ul style="list-style-type: none"> • Good rapport and empathy • Adequate history taking technique • Explanation of findings, treatment options and likely outcomes in easily understood language to ensure informed consent • Spoken English equivalent to 7.5 on the Academic Skills Category of the International English Language Testing System with no less than 7 in each of the four bands • Information is adapted to patient's level of comprehension • Patient's understanding of the information provided is confirmed • Patient dignity is assured.

	<p><i>With other health professionals</i></p> <ul style="list-style-type: none"> • Refers where necessary • Seeks advice where necessary • Contributes oral health input to overall health treatment planning. <p><i>With patients and the general public</i></p> <ul style="list-style-type: none"> ▪ Promotes oral health ▪ Communicates importance of issues such as diet and smoking on oral health.
<p>Provide culturally safe practice</p> <p>See issues from the perspective of people of other cultures.</p> <p>Adhere to the Treaty of Waitangi</p>	<p>Demonstrates a commitment to providing culturally safe practice including:</p> <ul style="list-style-type: none"> • Observes cultural etiquette where appropriate • Considers cultural perspective in decision-making • Practises in a way which respects each patients identity • Facilitates the patient's access to services and resources • Shows an understanding of the principles of the Treaty of Waitangi • Demonstrates awareness of New Zealand's bicultural society and ensures that Maori receive oral health therapy services that meet their needs.
<p>Prevent cross infection</p> <p>Undertake procedures to ensure compliance with Dental Council infection control code of practice</p>	<p>Demonstrates measures are taken to prevent cross infection including:</p> <p><i>Equipment and work surface areas</i></p> <ul style="list-style-type: none"> • Cleans all equipment after use • Ensures all instruments and equipment are handled and cared for in a manner which prevents cross-infection • Treats all patient body fluids as potentially infectious • Defines contaminated and uncontaminated work areas • Uses Chemical indicators with every autoclave cycle • Uses biological indicators (minimum weekly) • Follows between patient clean-up and disinfection process. <p><i>Personal protocols</i></p> <ul style="list-style-type: none"> • Demonstrates hand-washing protocols

	<ul style="list-style-type: none"> Complies with wearing of gloves, masks, protective eyewear, protective clothing during treatment phase Maintains personal Infection Control audit monthly.
<p>Maintain a safe work environment</p> <p>Undertake occupational health and safety procedures to ensure compliance with relevant laws and codes of practice.</p>	<p>Demonstrates a safe working environment including:</p> <ul style="list-style-type: none"> Monitors emergency plans and accident/incident protocols Control identified hazards by using/taking the protective measures supplied/identified Arranges equipment in the surgery to enable practitioners and patients to be able to move safely within this environment Checks materials for expiry dates and rotates as required Keeps hazardous materials in secure area Places used needles in Sharps disposal unit Places contaminated waste in a secure container Reports all actual and potential incidents.
<p>Understand scientific methodology</p> <p>Undertake research and/or analyse relevant scientific literature and apply findings to the delivery of appropriate oral health care.</p>	<p>Demonstrates understanding of current issues including:</p> <ul style="list-style-type: none"> Reads scientific publications in oral health Recent developments in oral health Evidential base of oral health therapy practice; of new materials and treatment techniques based on research Shares experiences and case studies of oral health therapy practice with colleagues.
<p>Maintain competence</p> <p>Maintain competence by monitoring the outcomes of oral health care delivery, and undertaking continuing personal professional development.</p>	<p>Reviews own professional practice including:</p> <ul style="list-style-type: none"> Monitors performance against set standards Identifies skills, knowledge and attitudes to be developed Identifies learning needs for personal professional development Implements an active professional development programme Discusses professional issues with colleagues Demonstrates compliance with Dental Council codes of practice Ensures Dental Council recertification programme requirements are fulfilled.

<p>Understand the legal requirements of practising in an oral health workplace</p> <p>Understand and comply with the ethical responsibilities and legislative requirements relating to the safe and competent practice of oral health therapy in New Zealand.</p>	<p>Demonstrates familiarity with, and complies with relevant legislation and professional standards including:</p> <ul style="list-style-type: none"> • Health Practitioners Competence Assurance Act • Health and Disabilities Services Consumer Rights • Medicines Act • Radiation Protection Act • Privacy Act and the Health Information Privacy Code • Commerce Act • Fair Trading Act • Credit Contracts and Consumer Finance Act • Occupational Health and Safety legislation • Children Young Persons and their Families Act - specifically the protection of children • Dental Benefits • Employment issues if appropriate • Dental Council Oral Health Therapist Scope of Practice • Dental Council Codes of Practice.
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Reference list

Documentation considered by working group - included in meeting papers

1. AUT University cover letter and supplementary paper: Curriculum Mapping for the AUT University BHSc in Oral Health
2. AUT University: AUT's views on the current age limit in dental therapy practice
3. Comparison between the New Zealand scope of practice activities for dental hygiene and dental therapy with ADC competencies and attributes
4. Comparison dental hygiene, dental therapy and draft oral health therapy scopes of practice
5. Comparison of professional attributes and competencies of a newly qualified OHT in Australia with the New Zealand dental hygienists and dental therapists' competencies
6. Comparison of the age restrictions and corresponding supervisory requirements for the practice of dental therapy and dental therapy activities within a combined scope of practice
7. Curriculum mapping of dental hygiene competency standards and performance measures with AUT University BHSc in Oral Health papers
8. Curriculum mapping of dental therapy competency standards and performance measures with AUT University BHSc in oral health papers
9. Curriculum mapping of competency standards and performance measures for dental therapists with University of Otago BOH and BHealSc DT papers
10. Curriculum mapping of competency standards and performance measures for dental hygienists with University of Otago BOH and BHealSc DH papers
11. Curriculum mapping of competency standards and performance measures for dentists with University of Otago BDS, BOH, BHealSc DH, BHealSc DT papers
12. Dental Board of Australia – *Draft scope of practice registration standard and guidelines consultation*

<http://www.dentalboard.gov.au/News/Past-Consultations.aspx>
13. Extract of monograph – *A review of the global literature on dental therapists*, April 2012

<http://www.nationaloralhealthconference.com/docs/presentations/2012/05-01/David%20Nash.pdf>
14. Emmerling H, Standley E. Alternative workforce models continue to develop in dentistry. *Registered Dental Hygienist* 31(6), 2011

<http://www.rdhmag.com/articles/print/volume-31/issue-6/features/the-mid-level.html>

15. General Dental Council Guidelines on direct access, April 2013
<http://www.gdc-uk.org/Newsandpublications/factsandfigures/Documents/Direct%20Access%20guidance%20UD%20May%202014.pdf>
16. International Oral Health Therapist (or similar) scopes of practice comparison
17. Ipsos MORI Social Research Institute *Patient research into direct access* report for the General Dental Council, January 2013
<http://www.gdc-uk.org/Newsandpublications/research/Documents/Patient%20Research%20into%20Direct%20Access.pdf>
18. Luciak-Donsberger C, Eaton KA. Dental hygienists in Europe: trends towards harmonization of education and practice since 2003. *Int J Dent Hygiene* 7, 2009; 273–284
<http://www.readcube.com/articles/10.1111/j.1601-5037.2009.00402.x>
19. Minutes of professional associations presentations on 2008 Oral health therapist consultation – 6 November 2008
20. New Zealand Dental Association: Possible names for proposed combined dental hygiene and dental therapy scope
21. New Zealand dental hygiene and dental therapy scopes of practice and a paper-based merge of the two scopes
22. Oral health therapist consultation document – 2008
23. Proposed draft oral health therapy scope of practice
24. Rhea M, Bettles C. *American Dental Hygienists' Association (ADHA): Dental Hygiene at the Crossroads of Change – Environmental Scan 2011 – 2012*, 2011
http://www.adha.org/resources-docs/7117_ADHA_Environmental_Scan.pdf
25. The University of Adelaide, Jenny Miller - Local anaesthesia
26. Turner S, Tripathee S, Mac Gillivray S. Final report to the General Dental Council *Benefits and risks of direct access to treatment by dental care professionals: A rapid evidence review*, June 2012
<http://www.gdc-uk.org/Newsandpublications/research/Documents/FINAL%20VERSION%20of%20Literature%20Review%20on%20Direct%20Access.pdf>
27. University of Otago Faculty of Dentistry feedback on age limit of dental therapy activities for a proposed Oral Health Therapy Scope of Practice
28. University of Otago Memorandum: Curriculum mapping across BDS, BOH and single dental therapy (DT) and dental hygiene (DH) bachelor degree programmes

Additional references cited in meeting papers

29. Age restriction for dental therapy related activities, U.S.A
<http://www.pewstates.org/news-room/press-releases/pew-commends-maine-for-authorizing-dental-hygiene-therapists-85899544389>
30. Age restriction for dental therapy related activities, U.S.A
<http://www.wkkf.org/news-and-media/article/2010/10/alaska-dental-therapist-program-study>
31. Age restriction for dental therapy related activities, U.S.A
<http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>
32. Australian Ministerial Council Scope of practice review oral health practitioners report
<http://www.hwa.gov.au/sites/uploads/hwa-oral-health-review-report-201208.pdf>
33. Dental Board of Australia Scope of practice registration standard
www.dentalboard.gov.au/Registration-Standards.aspx
34. Dental Hygiene Scope of Practice, March 2012
35. General Dental Council Dental therapists qualifications
<http://www.gdc-uk.org/dentalprofessionals/education/pages/dental-therapist-qualifications.aspx>
36. General Dental Council: Scope of Practice
<http://www.gdc.uk.org/Newsandpublications/Publications/Publications/Scope%20of%20Practice%20September%202013.pdf>
37. Professional Relationships Associated with the Practice of Dental Therapy, October 2008
38. Supervision levels for administration of LA, U.S.A
www.adha.org/resources-docs/7511 Permitted Services Supervision Levels by State.pdf
39. Supervision levels for administration of LA, Netherlands
www.dentistryiq.com/articles/2013/03/dental-hygiene-in-the-netherlands.html
40. Supervision levels for administration of LA, Singapore
<http://www.dentalhealth.org.sg/publicinformation/viewarticle.php?articleID=51>
41. W.K Kellogg Foundation A review of the global literature on dental therapists, April 2012, p349.
<http://www.nationaloralhealthconference.com/docs/presentations/2012/05-01/David%20Nash.pdf>

Documentation provided electronically to working group for further reference, if required

42. *A review of the global literature on dental therapists*, April 2012

<http://www.nationaloralhealthconference.com/docs/presentations/2012/05-01/David%20Nash.pdf>

43. Dental Hygiene Scope of Practice, March 2012
44. Dental Therapy Scope of Practice, August 2011
45. The professional relationship associated with the practice of dental therapy, May 2007
46. Working relationship between dental hygienists and dentists/dental specialists, March 2012

Documents made available to working group electronically, on request

47. University of Otago handbooks for the oral health and dentistry programmes; AUT programme pathway, paper descriptors for all papers and programme handbook.