

27 May 2016

Dear Sir/ Madam

**Follow Up Consultation on Proposed Oral Health Therapy Scope of Practice - Feedback from Paula Palmer.**

Firstly I'd like to thank the council and the subcommittee involved in creating this document.

Please accept my responses to the submission of Scope of Practice for the OHT.

My responses are to the Questions as below.

**Q1. Do you agree with the proposed changes to the oral health therapy scope of practice? If not, please explain.**

I do not agree; with a restriction of age once suitable education has been accessed and completed successfully. I see the OHT working similarly as the NZDH currently does, in the working relationship. Patients of any age can be medically compromised, therefore I see the OHT working independently, with an effective professional working relationship with a dentist, to seek advice when needed either distant or onsite. I would expect a scope of practice that reflected the expertise of the OHT.

I agree; LA no longer requiring 'direct' supervision. I would challenge the existing scope of practice for NZ Dental hygienists and Dental Therapists scope of practices to reflect the current changes evidenced in this proposal.

**Q2. Do you agree with the proposed consultative professional relationship between and oral health therapist and one, or more, dentist/dental specialists, without the need for a signed agreement? if not, please explain.**

I agree; that restorative activities on patients 18 years and over under prescription or signed agreement of a dentist be removed from the proposed oral health scope of practice.

**Q3. Do you agree that the following orthodontic activities from the oral health therapy scope of practice be moved from direct clinical supervision to being performed with the consultative professional relationship?**

Yes, I strongly agree.

**Q4. Do you agree with the proposal to end-date the two oral health programmes as prescribed qualification for the orthodontic auxiliary scope of practice? Consequently, oral health graduates that register as an oral health therapist will be removed from the orthodontic scope of practice -if registered in the orthodontic auxiliary scope of practice.**

I agree; with the current proposal and agree that OHT may choose to limit their scopes of practice without the need to register as an orthodontic auxiliary.

**Q5. Do you agree with the proposed competency standards, for oral health therapists? If not, why?**

I agree; with the competency standards and support credible process of maintaining professional standards to keep the public, practitioner and profession safe.

However there is a need for 'bridging education' for those trained in Dental hygiene and or dental therapy only is a necessity for the future development of these professionals. Recognition of training courses in adult scope are available in Australia, thus the Trans-Tasman agreement as it stands would commence this gap in those whom wish to seek further professional development.

As a dual trained dental therapist and section 11-trained dental hygienist (under the NZDA), a refresher course would be beneficial for patients and my colleagues.

There is a shortage of dental professionals in New Zealand, and currently we have a huge base in skilled Dental Therapists that can't diagnose on persons over the age of 18 and Dental Hygienists have no scope of practice to diagnose. Permanent teeth start coming through at the age of six, and most if not all dentition are erupted and through by age 18. Dental therapists have successfully worked with and treated these patients since the age of two and a half years of age. With this in mind, statically dental practices lose patients from regular dental treatment from the age of 18 to 25 and then the majority of these patients come back for emergency only. Which makes one reflect on what could we do better as dental professionals? Continuity, accessibility and affordability has to be the top number three factors in continuing dental care, if the education has not influenced these persons whilst under the free dental scheme. With further education,

mostly pharmaceutical and pathology, I see a place in New Zealand for OHT's working and serving the community both young and mature in certain scopes, prevention, education and "simple" dentistry - complementing dentists both in the private and public sectors. I am not suggesting a second rate dental sector in anyway, as the recognised education from the university's, on-going CPD and support from working relationship with dentists will create a more holistic outcome for the patients whilst still maintaining a professional standard.

**Q6. Do you agree with the proposed registration transition for oral health graduates? If not, why?**

I agree; with the name Oral Health Therapist, I see it as a long term, all encompassing name. I agree they only require the scope of OHT, and no longer are required to register in both dental therapy and hygiene. There is currently confusion with the public on the name and differing scopes of each existing profession.

I agree; with the proposed registration transition and would urge the council to hold and facilitate consumer engagement and information session aimed at informing the public and employers and potential employers of the positive change.

As a practising dental hygienist of over 20 years, I ask that similar scopes of practice, further consultation with NZDHA, NZDOHTA and registration requirements would be reflected and to be considered to work towards more independence for registered dental professionals in Dental Hygiene and Dental Therapy.

Please note that the radiography both intra and extraoral scope of practice should be considered to be removed as an extended scope of practice as it is included in the education of both dental hygienist and dental therapist.

Sincerely

Paula Palmer