

Submission on proposed Oral Health Therapy Scope of Practice

Although I am a University of Otago Faculty of Dentistry staff member, the views expressed in this submission are my own personal views as a dental therapist with 30+ years' experience and experience in workforce research.

Q1. As a registered dental therapist, I believe that the Oral Health graduates are capable of working on the prescription of a dentist. Within the proposed consultative relationship, both parties would agree on what treatment is appropriate for the Oral Health Therapist (OHT) to carry out, based on the OHT's scope of practice, education, clinical experience, and confidence. Both parties have the intelligence to know whether or not an OHT can carry out a particular procedure, and the intelligence to understand that a more complex restoration on a patient with a serious medical history or occlusion issues may not be appropriate. Furthermore, there is no scientific basis for an 18-year-old age limit. The age of a patient should not determine whether a practitioner can diagnose or treat a carious lesion. What is the difference between a carious lesion on a person one day after their 18th birthday as opposed to a day prior to their turning 18 years of age? This age has been set by the DCNZ and appears to be based on the Government funding agreement for adolescents; the previous Dental Act did not have an age limit on the patients dental therapists treated.

The consultation document does not state what AUT's position on this cope of practice was. Being a member of the OHT scope of practice working party, I am aware that AUT were asked to provide a viewpoint. While they may not have made a further submission in the first consultation round, I believe the profession have an interest in knowing this point-of-view. It appears from the way the consultation document has been written that the decision to remove the adult scope of practice from the OHT scope has been based almost solely on one University's submission.

OHTs in Australia treat adult patients. I believe the education offered in oral health programmes in Australia is very similar to that offered in New Zealand. They are accredited by a joint ADC/DC(NZ) panel. If students graduating from Oral Health courses in Australia can treat adults (even if only up to the age of 25 years), why is the Council in NZ attempting to restrict care by OHTs to under 18-years of age?

I am also concerned that to register in the adult scope of practice, a practitioner must be registered in the dental therapy scope of practice. This scope of practice needs to be amended to include the oral health therapy scope of practice once it is instated. We already have had several New Zealand educated oral health graduates completing an adult scope of practice course at Melbourne University; having completed an appropriate course they should be able to apply to register in the Adult Scope of Practice in New Zealand.

Q.2 I agree with the proposed consultative professional relationship between an oral health therapist and one or more dentist/dental specialist, without the need for a signed agreement. My experience is that dental therapist and dental hygienists are well-aware of their scopes of practice and their practising conditions. A written agreement should not be necessary. Furthermore, obtaining written agreements is often problematic; dentists do not always see the need for them and believe their colleagues capable of working within a consultative agreement without the need to document this relationship. A written professional agreement could be drawn up if either or both parties felt the need but should not be compulsory.

Q.3. I agree that tracing cephalometric radiographs and fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature be moved from direct clinical supervision to being performed within the consultative professional relationship:

Q.4. I agree with the proposal in regards to the orthodontic auxiliary scope of practice.

Q.5. I agree with the proposed competency standards for oral health therapist

Q.6. I agree with the proposed registration for oral health graduates.

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