



Faculty of Dentistry

Te Kaupeka Pūniho
New Zealand's National Centre for Dentistry

RESPONSE TO FOLLOW-UP CONSULTATION ON A PROPOSED ORAL HEALTH THERAPY SCOPE OF PRACTICE

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

As the Council has decided that there is need for an oral health therapy scope of practice based on the feedback to its initial consultation document, the Faculty acknowledges this decision and accepts that an oral health therapy scope of practice may enable improved understanding of the scope and practising conditions for oral health graduates.

However, the Faculty is still of the opinion that not all oral health graduates are able to provide ‘...an integrated approach to care’ given that employment conditions, such as being employed by a DHB to work primarily in the dental therapy scope of practice, often preclude this.

The Faculty would also like it noted that the statement from the initial consultation feedback that ‘...the proposal for a new profession appears to have been driven by academic institutions which have developed the degree programmes without necessarily having determined demand or need from within the professions’ is not strictly correct. The Faculty, the Council will remember, did undertake a consultation process with the professional organisations and the public prior to introducing the Oral Health degree. Feedback from this consultation process was taken into account when developing the Bachelor of Oral Health (BOH) curriculum.

As previously expressed in detail, the Faculty has concerns about oral health graduates applying their existing caries diagnosis abilities to patients of all ages. While the current consultation document has somewhat clarified the position in regards to the dentist’s responsibility for diagnosing caries, the Faculty supports the Council’s decision to remove restorative activities for patients aged 18-years and over, given that the DCNZ age limit of 18-years on the dental therapy scope has meant that oral health students have not had the clinical experience and education necessary to provide restorative activities for adults.

The Faculty would like it noted that it has significant concerns regarding the Council's reporting of the Faculty's submission to this consultation document. The Faculty has been advised that the general feedback from the professions in the DCNZ consultation meetings was that the BOH programme and the Faculty of Dentistry does not have complete confidence in their graduates diagnosing and treating carious lesions. This is totally incorrect and such a suggestion is a very negative indictment on our Dental Council-accredited programme, and the integrity, ability, and professionalism of Faculty staff and graduates. The Faculty has complete confidence in its graduates being able to diagnose and treat appropriately within their current scopes of practice.

In regards to the statement 'Areas of oral health practice not included in an oral health therapist's education must not be undertaken unless the practitioner has since completed appropriate further education and practises within the detailed oral health therapy scope of practice and to the standards required by the Council', the Faculty believes there is also a need to demonstrate competency and that this statement should be amended to reflect that (as suggested below).

Areas of oral health practice not included in an oral health therapist's education must not be undertaken unless the practitioner has since completed appropriate further education, demonstrates competence, and practises within the detailed oral health therapy scope of practice and to the standards required by the Council.

'Taking impressions, recording occlusal relationships, making study models'

The Faculty's initial submission disagreed with this. The scope is too broad and as written, could include all types of impressions for all procedures and all methods of recording occlusal relationships. We continue to strongly recommend that this scope be more clearly defined. We recommend that this is worded as follows: *Taking impressions and recording the occlusal relationship for study models*'.

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

While the Faculty appreciates the detailed descriptive narrative of the 'discussion guidance document', it recommends a written professional agreement. This would provide support and protection for all parties and ensure a holistic approach to patient care. Although it may not be legally required, such an agreement would also enable clarification in regards to the oral health therapist's access to radiography equipment and prescription items.

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 within the consultative professional relationship?

- a). tracing cephalometric radiographs
- b). fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature. If not, please explain.

The Faculty agrees with the proposal that tracing cephalometric radiographs and fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature be removed from 'direct clinical supervision' to being performed within the consultative relationship. It would not always be feasible for a dentist to provide direct clinical supervision for these procedures; however, the dentist would still be available for the final 'sign-off' of these procedures.

Q4. Do you agree with the proposal to end-date the two oral health programmes as prescribed qualifications for the orthodontic auxiliary scope of practice? Consequently, oral health graduates that register as an oral health therapist will be removed from the orthodontic auxiliary scope of practice – if registered in the orthodontic auxiliary scope of practice. If you do not agree with the proposal, please explain.

The Faculty agrees with this proposal.

Q5: Do you agree with the proposed competency standards for oral health therapists? If not, please explain.

The Faculty agrees in general but recommends the following points/items be addressed:

- Standards have to be measurable. Details should be provided as to how standards will be measured and achieved.
- 'Demonstrate rapport' not 'demonstrate good rapport'
- 'Recognise communication barriers and patients' individual communication needs' not 'Recognise communication barriers and meet patients' individual communication needs'
- Make recall/review appointments as appropriate
- 'Preventive' not 'preventative'
- Take study model impressions

Q6: Do you agree with the proposed registration transition for oral health graduates? If not, please explain.

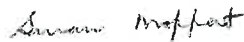
The Faculty agrees that an oral health graduate who is currently registered and has a current practising certificate in the dental hygiene and dental therapy scopes be registered as an oral health therapist with registration removed from other scopes. The scenario for an oral health graduate who does not have current annual practising certificates is also acceptable. However, the Faculty believes that an oral health graduate with a current practising certificate in only the dental therapy scope, or only the dental hygiene scope, should not be able to register as an oral health therapist, the reason being that a practising certificate with exclusions or conditions may cause public confusion. (The aim of the Oral Health Therapy Scope of Practice is to enable further clarification of the scope and practising conditions of oral health graduates for both the public and the professions, as well as protect public safety). If a practitioner can satisfy recency of practice considerations, registration should be as an oral health therapist and, if not, as a dental therapist or dental hygienist.



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