

26 October 2016

Dear practitioner,

Outcome of the follow-up consultation on the proposed oral health therapy scope of practice

In March 2016 the Dental Council ('the Council') issued a [follow-up consultation](#) to stakeholders on the proposed oral health therapy scope of practice. A total of 63 submissions were received; almost 60 percent of those were from dentists and dental specialists. The Council thanks all stakeholders who engaged in the consultation process for generously sharing their views.

The Council considered this matter at its August and October meetings.

The consultation outcome document comprises:

- a summary of the Council's decisions on the consultation questions
- information on the implementation of the scope of practice
- the final oral health therapy scope of practice and other related documents.

Executive summary of consultation outcome and implementation process

After careful consideration of the submission feedback, the Council reaffirmed its view that there is a need for an oral health therapy scope of practice. The Council confirmed that the name oral health therapy scope of practice would be used—with no alternative titles gazetted, or allowed to be used.

The oral health therapy scope of practice will be gazetted on 3 November 2016, but will only come into effect on 1 November 2017. This is to allow for a number of implementation steps to be finalised.

As part of this implementation process, the Council has decided to apply to the Minister of Health for oral health therapy to be recognised as a standalone profession under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). This decision was made after careful consideration of the legal implications of introducing the new scope, and consideration of the benefits of recognising it as a standalone profession. The Minister will consult with stakeholders that, in the Minister's opinion, has an interest in the recommendation.¹

¹Refer to the Ministry of Health website at the following link for details on the application process http://www.health.govt.nz/system/files/documents/pages/20160719_apply_for_regulation.pdf

This has been a long journey—that started in 2008. I am glad that a final decision on the future of the oral health therapy scope of practice has been reached. We can now focus on the next steps to implement the new oral health therapy scope of practice.

My sincere thanks to everyone who has contributed towards this project over the last few years—the working group members, educational institutions, Ministry of Health and Health Workforce New Zealand, Council members and staff, legal advisors, and every submitter that took the time to share their views and concerns with us on this matter. All of this input helped shape the outcome of this project, and ultimately ensures that we fulfil our primary function in ensuring all regulated oral health practitioners are competent and safe to practise in New Zealand.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marie Warner', with a small dot at the end.

Marie Warner
Chief Executive

Outcome of the follow-up consultation on the oral health therapy scope of practice

October 2016

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Summary of the Council's decisions

The Council considered all the feedback received and made the following decisions on the consultation questions:

Consultation question 1: Do you agree with the proposed changes to the oral health therapy scope of practice? In particular, the removal of the provision for restorative care by oral health therapists for patients 18 years and over, performed under prescription of a dentist.

Removal of restorative care to patients 18 years and over

The majority of submitters agreed with the proposal to remove the provision for restorative care by oral health therapists for patients 18 years and over, performed under prescription of a dentist. However, some submitters still disagreed with the need for an oral health therapy scope of practice.

Based on the balance of information provided by the oral health programmes, the oral health graduates did not receive the necessary clinical experience during training or have the necessary competencies to provide restorative care for patients 18 years and over. The Council has maintained the position throughout this process, that it was fundamental that the proposed oral health therapy scope of practice reflect the education delivered by the New Zealand oral health programmes.

From a patient safety perspective, the Council confirmed its position that restorative activities on patients 18 years and over, performed under prescription of a dentist, should not form part of the proposed oral health therapy scope of practice.

Diagnosing periodontal disease

A concern related to the following detailed scope activity was raised: *diagnosing periodontal disease instead of provisional periodontal diagnosis*.

The key concerns raised, mostly by dentists/dental specialists and some professional bodies representing them, were whether an oral health therapist could accurately diagnose periodontal disease(s)—in particular any underlying condition (such as lichen planus, pemphigoid). The submitters argued that an oral health therapist's ability to diagnose periodontal disease only equated to recognition of an abnormality. In addition, it was argued that a patient's periodontal and restorative care should be provided as part of an overall care plan.

The Council considered that some of the concerns raised by submitters and examples offered for diagnosis of underlying conditions were comparing capabilities of an oral health therapist with those of a dental specialist—these were generally not even capabilities expected of a general dentist. The Council believed that the oral health therapist would have the capabilities to identify abnormalities and/or recognise when treatment was not successful, and refer those patients accordingly.

The oral health therapist will practise within a consultative professional relationship, which allows access to the dentist/dental specialist to seek advice, when required. The scope definition also states that the oral health therapist only provides care *commensurate with their approved education, training and competence*.

Detailed scope of practice activities

Oral health therapy will be practised within a consultative professional relationship (including the administration of local anaesthetics); except for the orthodontic activities identified in the detailed scope of practice—these must be performed 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.

No change to the proposed oral health therapy scope of practice, as consulted on in the follow-up consultation, was made. The final oral health therapy scope of practice is reflected in *Attachment 1*.

Consultation question 2: Do you 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?

No objection on the requirement for a consultative professional relationship was raised. There was still disagreement, mostly by dentists/dental specialists and some organisations, on the proposal to not require a signed agreement.

No disagreement or recommended changes to the proposed guidance document was offered.

Following extensive consideration of the submission views, the Council reaffirmed its position that a consultative professional relationship between the oral health therapist and one or more dentists or dental specialists is required for the practise of oral health therapy. This serves to provide a clearly identifiable and reliable means for the oral health therapist to seek professional advice, when needed.

The Council maintains that no written agreement is required for regulatory compliance purposes. **However, this does not preclude practitioners (or employers) from choosing to have a signed agreement.**

The guidance document for the establishment and maintenance of the consultative professional relationship was accepted without any changes (available as *Attachment 2*). This will be made available on the Council's website, as part of the roll-out of the oral health therapy scope of practice.

The Council emphasised that it is the professional responsibility of the oral health therapist to ensure that they have an effective professional relationship with a dentist/dental specialist.

Consultation question 3: 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:

- tracing cephalometric radiographs
- fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature.

Only one submitter disagreed with the proposal, while others supported it subject to the requirement for a signed agreement to support the consultative professional relationship.

The Council considered there was no risk of harm to patients with the changed supervision level for these two orthodontic activities, hence this was approved.

Consultation question 4: 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.

No objection was received on this proposal—the proposal was approved. The updated prescribed qualifications for dental hygiene, dental therapy and orthodontic auxiliary scopes of practice is available as *Attachment 4*.

Consultation question 5: Do you agree with the proposed competency standards for oral health therapists?

Several submitters suggested rewording of competency standards and/or competency measures. Following consideration of these suggestions, a few minor changes were accepted by the Council—highlighted as red text in *Attachment 3*.

Consultation question 6: Do you agree with the proposed registration transition for oral health graduates?

A number of submitters disagreed with the proposed registration transition proposals, primarily related to assurance of maintenance of competence across the full oral health therapy scope of practice. The submitters disagreeing mostly represented dentists/dental specialists and their professional bodies.

The Council reaffirmed its consultation positions and agreed:

- All oral health practitioners have the same requirement to remain competent in their registered scope(s) of practice. The creation of an oral health therapy scope of practice would not prevent or limit these practitioners from maintaining competence across all scope activities. The potential risk of a practitioner not maintaining competence across the full scope of practice was not significantly higher than for other oral health practitioners.
- All oral health graduates with a University of Otago Bachelor of Oral Health, obtained from 2009 onwards; or an Auckland University of Technology Bachelor of Health Science in Oral Health, obtained from 2008 onwards, are eligible for registration in the oral health therapy scope of practice subject to meeting the recency of practice and/or fitness for registration requirements—as it relates to the individual practitioner's scenario.
- All eligible oral health graduates, currently registered in both the dental hygiene and dental therapy scopes of practice and holding a valid practising certificate in both scopes of practice at the time of the oral health therapy scope of practice implementation, will automatically be registered in the oral health therapy scope of practice and issued with a corresponding APC.
- No time limit will apply for eligible practitioners to register in the oral health therapy scope of practice, if not automatically transferred.

More information on different registration options based on an oral health graduate's registration and practising status is available as *Attachment 5*.

Implementation of the oral health therapy scope of practice

As indicated, the Council will gazette the oral health therapy scope of practice on 3 November 2016, with an [effective date of 1 November 2017](#).

The reason for delaying the effective date of the scope of practice is to allow for multiple implementation aspects to be finalised. An overview of these implementation steps is provided in this section.

What does this mean for oral health graduates?

- The oral health therapy scope of practice only becomes active on 1 November 2017
- Eligible oral health graduates with current APCs in both dental hygiene and dental therapy at that time will be automatically registered as an oral health therapist. They will be issued with a new registration certificate and APC in early November 2017.
- Supplementary information relevant to various registration scenarios based on registration and practising status of oral health graduates is available in Attachment 5.
- The Council will provide further information directly to all oral health graduates a few months before the implementation date, to explain to registrants what to expect before the effective date.
- Until 1 November 2017, oral health graduates' registration and practising status will remain unchanged.

This means:

- ❖ the scopes of practice in which they practise remain either dental hygiene and/or dental therapy
- ❖ supervision levels of current registered scopes of practice remain unchanged
- ❖ requirement for current professional working relationship(s) and signed agreement(s) remains
- ❖ all other regulatory obligations remain the same—including the APC renewal cycle in March 2017, continuing professional development requirements etc.
- Oral health students who will graduate in 2016 will still register in dental hygiene and/or dental therapy scopes of practice.
- Oral health students who will graduate in 2017 will register in the oral health therapy scope of practice.

Next implementation steps

A number of legislative and operational implementation steps need finalisation before the oral health therapy scope of practice can come into effect.

Legal implementation

- [Application for recognising oral health therapy as a standalone profession under the Health Practitioners Competence Assurance Act 2003 \(HPCA Act\)](#)

In considering the implementation process, the Council explored whether there was any need and/or benefit for oral health therapy to be recognised as a standalone profession under the HPCA Act.

The Council is clear that from a legal perspective, there is no need for oral health therapy to be a recognised profession under the HPCA Act to gazette the oral health therapy scope of practice, provided that oral health therapy can reasonably be described as part of one or more of the professions of dentistry, dental hygiene, or dental therapy—which the Council is satisfied it can be.

However, while there may be no legal need to recognise oral health therapy as a standalone profession, the Council considered there were benefits in doing so. These include:

- a. Recognition of oral health therapy as a profession will acknowledge oral health graduates' integrated approach to care and heightened capabilities in some practice areas which distinguish their practice from the practices of dental hygiene and dental therapy.

The heightened capabilities, as identified by the educational institutions, related in particular to the areas of oral health assessment (including risk assessment), care planning (including disease management and preventive strategies, and clinical activities to be performed), and community oral health promotion.

- b. Recognition of oral health therapy will address the perceived lack of distinct professional identity experienced by oral health graduates.

Currently, these practitioners are commonly referred to as “dual graduates” or referred to as either a dental hygienist or a dental therapist, depending on where they work (public or private) or the type of clinical practice they are contracted for in a specific dental setting. These terms do not acknowledge their full set of capabilities or breadth of qualification.

- c. Recognition of the profession will result in protection of the title “oral health therapy”, under section 7 of the HPCA Act. This will help prevent non-qualified people misrepresenting themselves as oral health therapists. It could also assist in greater clarity for patients.
- d. Recognition of the profession will assist operational aspects of the HPCA Act. For example, composition of professional conduct committees, competence review committees, and the Health Practitioners Disciplinary Tribunal—which must comprise members from the same profession as the practitioner whose case is under review.
- e. Legal standing as a profession under the HPCA Act will facilitate recognition in other related legislation such as Medicines Regulations, Radiation Safety Regulations etc.
- f. No single stream hygiene or therapy educational programmes available in New Zealand; and only a very small number of overseas applicants applying for registration in the dental hygiene scope of practice in New Zealand. For this reason recognition of oral health therapy in the long term will be beneficial.

Following careful consideration, the Council believes that oral health therapy could be considered a standalone profession, and on balance the benefits of applying for it to be recognised as such are significant and would be a positive step.

The Council agreed that it would apply to the Minister of Health for recognition of oral health therapy as a profession under section 115 of the HPCA Act. The Council will continue working with the Ministry of Health and Health Workforce New Zealand on this application, which will be lodged soon. The Council will keep practitioners updated on the progress of this application.

- [Reclassification of local anaesthetic and fluoride medicines](#)

The Council also discussed the process to apply for reclassification of local anaesthetic and fluoride medicines² with the Medicines Classification Committee—to extend the existing supply provision for dental therapists under the Medicine Regulations to oral health therapists.

Assuring continued and uninterrupted access by oral health therapists to local anaesthetic and fluoride medicines is fundamental to the practice of oral health therapy. The use of standing orders was not considered a viable solution for access to these medicines.

The Council agreed to proceed with this application process as a matter of priority. The next available meeting is scheduled in April 2017, with an outcome anticipated around July 2017.

- [Radiation Safety Regulations](#)

The Cabinet Social Policy Committee paper on the proposed Radiation Safety Regulations was released by the Minister of Health at the beginning of October.

The cabinet paper lists oral health therapy in Table 2—as a group that is currently unable to demonstrate that they have the required knowledge, but who may satisfy the requirements in the future, to operate without a use licence. This is in response to the Council's submission on the draft Radiation Safety Regulations, advising the Office of Radiation Safety of the proposed oral health therapy scope of practice consultations—ongoing at the time of the submission earlier this year.

Following gazetting of the oral health therapy scope of practice, work will proceed with the Office of Radiation Safety to ensure oral health therapy is recognised in a similar way to other oral health practitioners as meeting the requirements that enable them to operate a radiation source without a use licence.

² The four local anaesthetics included in the Regulations are: Articaine, Felypressin, Lignocaine and Prilocaine. Fluorides are also included.

Operational implementation plan

A number of operational systems and processes need changes to implement the oral health therapy scope of practice—including the registration system; financial accounts, operational budgets and reserves, fees; website profession-specific pages; application forms, policies and practice standards.

The operationalisation of the new oral health therapy scope of practice is a significant project, and sufficient lead-in time is necessary to make sure that all aspects are in place for a seamless transition for oral health graduates to the oral health therapy scope of practice.

The Council will provide regular updates on this project, especially to oral health graduates, over the next year.

Scope of practice for oral health therapy

Coming into effect on 1 November 2017

Dental Council
Health Practitioners Competence Assurance Act 2003

Notice of Scopes of Practice
Issued by the Dental Council pursuant to section 11 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 therapy is a part of the practice of dentistry.

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice, and commensurate with their approved education, training and competence.

Oral health education, disease prevention and oral health promotion for individuals and communities are core activities, aimed at achieving and maintaining oral health 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.

Oral health therapists and dentists have a consultative professional relationship. The relationship may be held by the oral health therapist with one dentist or dental specialist, or with a number of dentists/dental specialists. The establishment and maintenance of the consultative professional relationship is required for the practice of oral health therapy.

Practitioners within the consultative professional relationship are jointly responsible and accountable for the standard of decisions and care delivered to patients based on professional advice sought and given. Practitioners may wish to jointly develop a document containing agreed processes to support the consultative professional relationship and ensure advice is readily available when needed, however this is not mandatory.

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.

Detailed scope of practice for oral health therapy

Practised commensurate with the oral health therapist's approved education, training and competence, oral health therapy involves:

- Obtaining and assessing medical and oral health histories
- Examining oral tissues and recognising abnormalities
- Taking and interpreting intra and extra-oral radiographs
- Taking intra and extra-oral photographs
- Diagnosing dental caries for patients up to age 18
- Diagnosing periodontal disease
- 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 and dispensing prescription medicines and 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
- Restorative activities for patients up to age 18:
 - Preparing cavities and restoring primary and permanent teeth using direct placement of dental materials
 - Extracting primary teeth
 - Performing pulpotomies on primary teeth
 - Preparing primary teeth for, and placing, stainless steel crowns
- 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 through performing the following orthodontic procedures:
 - Tracing cephalometric radiographs
 - Fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- 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:
 - 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.

Prescribed qualifications for the scope of practice for oral health therapy

1. University of Otago Bachelor of Oral Health³; or
2. Auckland University of Technology Bachelor of Health Science in Oral Health⁴; or
3. New Zealand Oral Health Therapist Registration Examination; or
4. Dental Board of Australia-approved programmes that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia.

³ Qualification obtained since 2009 onwards

⁴ Qualification obtained since 2008 onwards

Guidance for the consultative professional relationship between an oral health therapist and dentist/ dental specialist

Coming into effect on 1 November 2017

Introduction

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

The oral health therapy scope of practice is described by the Dental Council ('the Council'), and details the activities that oral health therapists may perform, commensurate with their education, training and competence.

To practise oral health therapy in New Zealand an oral health therapist must have a consultative professional relationship with one or more dentist(s) and/or dental specialist(s); for the purposes of this guidance the term 'dentist' will be used.

Purpose

The purpose of this guidance is to further explain the role and nature of the consultative professional relationship, and the responsibilities of practitioners within it; and provide direction for the oral health therapist and dentist when establishing a consultative professional relationship.

The consultative professional relationship

The Council envisages a team approach in the delivery of oral health care, with each of the dental team members delivering care within their own unique set of skills, competencies and scope of practice, in collaboration with other team members, to the benefit of the patients' overall health.

The Council acknowledges that the patient's presenting condition or their treatment or management needs may fall outside the education, skills, competence, experience or scope of practice of a particular practitioner. Each practitioner has a duty of care to recognise these situations and seek professional advice or assistance, or refer appropriately, as applicable to the circumstance.

The consultative professional relationship is the arrangement established between an oral health therapist and dentist to provide professional advice in relation to the treatment and management of patients, within the oral health therapy scope of practice. It provides a recognisable and reliable means for the oral health therapist to seek advice, and a potential pathway for referral.

This relationship is founded on the willingness of the parties to communicate openly and respectfully, and to work in a collegial and collaborative manner, each recognising the other's scope of practice and expertise while working to enhance patient outcomes.

To enable the dentist to give appropriate advice the oral health therapist needs to inform the dentist of the particulars of their scope of practice and individual level of knowledge, skills and experience; and any conditions or exclusions on their scope of practice.

The dentist giving advice must hold a current annual practising certificate (APC) in a scope of practice that is relevant to the advice being sought, and have no conditions on their scope of practice that would limit their ability to offer advice.

It is anticipated that when advice is required it will be sought from the dentist in the consultative relationship; however the oral health therapist may seek advice or assistance from other health practitioners, or refer to them.

Responsibilities of practitioners

- All oral health practitioners are personally responsible and accountable for the decisions they make and the care they provide for their patients.
- When activities are outside the oral health therapist's individual knowledge or skills, they have a responsibility to seek professional advice; this may result in referral.
- Particular circumstances may be identified through discussion between the dentist and the oral health therapist in which it is anticipated that the oral health therapist would seek advice. For example, the interpretation of complex medical histories and their potential significance when planning to administer local anaesthetic, or when anticipated treatment outcomes have not been met.
- The practitioner offering the professional advice is obliged to give timely advice, appropriate to the practising environment.
- When decisions related to the diagnosis, planning and care of patients are made based on the professional advice given, the dentist and oral health therapist are jointly accountable for the standard of those decisions.
- Both the practitioner seeking advice and the practitioner giving advice are responsible for keeping independent, accurate and up-to-date records of advice sought and provided.
- The oral health therapist is responsible for ensuring an appropriate standing order is in place with a dentist, to enable them to administer or supply a patient with prescription medicines, when appropriate and within their scope of practice. The dentist is responsible for ensuring that the necessary measures are in place to facilitate the safe administration or supply of medicines, and appropriately documented. The Ministry of Health has guidelines to assist practitioner to comply with the Medicines Regulations, and is available on the Ministry of Health's website at <http://www.health.govt.nz/publication/standing-order-guidelines>
- Only a registered dentist may be granted a licence for a diagnostic x-ray machine under the Radiation Protection Act 1965. The dentist can authorise the oral health therapist to use the x-ray machine based on his/her understanding of the oral health graduates education and competence in taking radiographs.

Establishing and maintaining a consultative professional relationship

When establishing a consultative professional relationship, it is anticipated that the oral health therapist and dentist will discuss their individual and shared responsibilities within the relationship, and develop some agreed processes to ensure:

- That the oral health therapist has access to timely advice from the dentist when needed
- That the relationship is workable from all practitioners' perspectives, taking into account their particular practice contexts and working styles.

It is anticipated that the oral health therapist and dentist will reliably meet their responsibilities within the consultative professional relationship. Consequently, a signed written agreement is not required.

The points below may be useful in guiding the discussion in establishing and maintaining a consultative professional relationship. Practitioners may choose to record the positions reached and the processes developed through this discussion, however this is not mandatory.

Discussion guidance

- Acknowledge the requirement for the oral health therapist to have a consultative professional relationship in place in order to meet the requirements of practising oral health therapy.
- Confirm the willingness of the dentist to provide advice or assistance for the oral health therapist, when required.
- Approach the establishment of the consultative professional relationship in a collegial and collaborative manner to ensure the relationship works from all practitioners' perspectives.
- Acknowledge the need for the oral health therapist to inform the dentist of the particulars of their scope of practice, and their individual level of knowledge, skills and experience; and any conditions or exclusions on their scope of practice.
- Consider whether the scope of practice of the dentist enables them to give advice related to the complete oral health therapy scope of practice, or whether additional practitioners might need to be included in the consultative professional relationship for certain aspects of clinical care.
- Confirm that the dentist holds a current APC and does not have any conditions on their scope of practice that could limit their ability to give advice or assistance related to oral health therapy.
- Consider the individual and shared responsibilities of practitioners within the consultative professional relationship, as outlined in this guidance, and come to an agreed understanding of these.
- Identify any specific circumstances in which it is expected the oral health therapist will ask for professional advice or assistance, for example, the interpretation of complex medical histories and/or polypharmacy, and their potential significance when administering local anaesthetic.
- Consider and agree on the preferred form of communication for consultation – e-mail, text messaging, telephone, face-to-face?
- Discuss and agree on an understanding of 'timely advice', for example, would advice be received on the same day as it was sought?
- Consider and agree on the alternative arrangements if a practitioner within the consultative professional relationship is unavailable to give advice, for example, the practitioner is on holiday or unwell.

- Acknowledge that the oral health therapist may seek advice or assistance, or refer, to a dentist outside the consultative professional relationship.
- Develop a process for the management of referrals from the oral health therapist within the consultative professional relationship; and referrals from the dentist to the oral health therapist.
- Confirm the existence of, or establish, a standing order to enable the oral health therapist to administer and/or supply a patient with prescription medicines, when appropriate.
- Consider and agree on a process to enable access by the oral health therapist to appropriate prescription medicines, prescribed by the dentist, for example, antibiotics for the management of infection, or antibiotic prophylaxis for at-risk patients before treatment.
- Acknowledge that the professional relationship will evolve over time, and changes may be necessary. Consider and agree on a time period for review of the consultative professional relationship.

Competency standards for oral health therapists

Coming into effect on 1 November 2017

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice, and commensurate with their approved education, training and competence.

The purpose of this document is to:

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

A competent oral health therapist is one who meets the competency standards; applying 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.

Competency standard	Measure A competent oral health therapist will:
<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>	<ul style="list-style-type: none"> • Demonstrate familiarity with, and comply with relevant legislation and Dental Council standards
<p>Behave professionally</p>	<ul style="list-style-type: none"> • Understand and apply the ethical principles, professional standards and practice standards that govern their behaviour as oral health professionals • Prioritise the health needs and safe care of patients • Treat patients with dignity and respect at all times • Put the interests of patients ahead of personal, financial or other gain • Respect patients' right to complain and enable them to seek redress
<p>Understand current scientific knowledge related to oral health</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"> • Show an understanding of biological, physical, cultural, social and psychological factors in oral health therapy • Use this knowledge in the development and delivery of oral health care for individuals and communities

	<ul style="list-style-type: none"> • Communicate this knowledge to patients, parents/carers, and the wider community
<p>Provide culturally competent practice</p> <p>See issues from the perspective of people of other cultures</p> <p>Adhere to the Treaty of Waitangi</p>	<ul style="list-style-type: none"> • Demonstrate awareness of New Zealand's cultural diversity and recognise that culture is not confined to ethnicity • Recognise the unique place Māori hold as tangata whenua in New Zealand and the importance of the Treaty of Waitangi • Honour the Treaty of Waitangi principles of partnership, participation and protection in the delivery and promotion of oral healthcare • Practise in a way which respects each patient's identity • Observe cultural etiquette • Consider cultural perspective in decision-making • Assist patients to receive oral health therapy services which take into account their cultural needs • Treat patients fairly and without discrimination, respecting cultural values, personal disabilities and individual differences
<p>Communicate effectively</p> <p>Communicate effectively with patients, other health professionals and the public on oral health matters</p>	<ul style="list-style-type: none"> • Communicate honestly, factually and without exaggeration <p><i>With patients</i></p> <ul style="list-style-type: none"> • Demonstrate good rapport and empathy • Assure patients' dignity • Listen to patients, and respect and consider their preferences and concerns • Explain findings, treatment options and likely outcomes in easily understood language to ensure informed consent • Recognise communication barriers and meet patients' individual communication needs • Adapt information to patients' level of comprehension • Confirm patients' understanding of the information provided <p><i>With other health professionals</i></p> <ul style="list-style-type: none"> • Communicate openly in inter-and intra-professional teams for the enhancement of patient care

	<ul style="list-style-type: none"> • Provide written information and copies of records when making a referral, or providing information, to another health practitioner involved in patient care • Behave respectfully in communication to and about colleagues and other health professionals
<p>Promote the oral health of individuals and communities</p> <p>Raise awareness of oral health and its effect on general health and well-being</p>	<ul style="list-style-type: none"> • Educate patients at all stages in their life, or patients' family, carers or guardians, about the aetiology and prevention of oral diseases using effective and evidence-based education and communication strategies • Promote awareness and understanding of the relationship between oral health and general health • Provide 'one on one' counsel and advice to encourage sound health attitudes and practices • Communicate importance of issues such as diet, smoking, and oral hygiene on oral and general health • Design and implement oral health promotion projects and evaluate their effectiveness, in response to the oral health needs of specific communities • Demonstrate a commitment to oral health promotion by working with other health personnel and/or educational staff where appropriate • Express a professional view on fluoride, amalgam and other topical public issues related to oral health • Facilitate patients' access to services and resources
<p>Obtain patient information</p> <p>Obtain by interview and examination patient information relevant to the delivery of oral health care; record this information logically, legibly; and store securely</p>	<ul style="list-style-type: none"> • Record an accurate patient history to inform patient care • Perform an extra-oral examination • Detect hard and soft tissue abnormalities, e.g. dental erosion, enamel defects, oral ulceration • Detect dental caries for patients up to age 18 • Detect periodontal disease(s), plaque and calculus • Use posterior bitewing and periapical radiographs, and other appropriate tests, to aid in the detection of dental caries and periodontal disease • Take intra- and extra-oral photographs • Record examination findings, demonstrating that all orofacial tissues have been examined closely

	<ul style="list-style-type: none"> • Record information on teeth present/missing or restored • Ensure records are legible, accurate, up-to-date, complete and relevant • Store patient records securely to protect patient confidentiality
<p>Analyse patient information and develop an oral health care plan</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, priority of management, patient options, anticipated outcomes and the duration of treatment</p>	<ul style="list-style-type: none"> • Assess patient information gathered in the interview and assessment • Recognise significant medical, dental and social history and develop the oral health care plan accordingly • Diagnose dental caries for patients up to age 18 • Diagnose periodontal disease(s) • Evaluate individual patient risk for oral disease(s) • Develop evidence based, prioritised oral health care plans which include individualised strategies for: <ul style="list-style-type: none"> • managing and preventing oral disease and its consequences • promoting the attainment and maintenance of oral health • Consider and discuss management options, including preventive strategies, and anticipated outcomes • Make recall/review arrangements Arrange for an appropriate recall/review • Seek advice, or refer, to other practitioners when appropriate
<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; where necessary carry out agreed procedures, and manage any complications.</p>	<p><i>Informed consent:</i></p> <ul style="list-style-type: none"> • Provide patients, parents or carers with full explanations and information to make informed decisions • Allow patients the time they need to make an informed decision • Respect the autonomy and freedom of choice of the patient • Record the adopted oral health care plan, including any treatment declined or deferred by the patient • Record informed consent to the agreed oral health care plan • Ensure informed consent remains valid at all times

	<p><i>Preventative Preventive care:</i></p> <ul style="list-style-type: none">• Place fissure sealants and preventive coatings according to clinical findings and evidence based practice guidelines• Apply topical fluorides based on the assessment of the caries risk of the patient, according to clinical findings and evidence based practice guidelines• Apply and dispense non-prescription preventive agents• Construct and fit mouthguards• Recontour and polish restorations• Apply and dispense prescription medicines and preventive agents• Apply and dispense topical agents for treatment of tooth sensitivity and tooth discolouration <p><i>Periodontal management:</i></p> <ul style="list-style-type: none">• Debride plaque and calculus from supra and subgingival tooth surfaces• Address predisposing factors• Give and record self-care instructions• Place and remove periodontal dressings• Remove sutures• Determine a recall regime• Manage acute periodontal infection by seeking advice and/or patient referral• Refer appropriately <p><i>Restorative intervention:</i></p> <ul style="list-style-type: none">• Determine the need for restorative intervention• Consider current clinical practice guidelines and scientific evidence in decision-making• Select the appropriate restorative procedure and dental materials• Restore the integrity and function of teeth• Alleviate tooth discomfort and/or pain by restorative intervention or deciduous tooth extraction, as appropriate
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	<p><i>Use of topical and local anaesthetic:</i></p> <ul style="list-style-type: none"> • Identify potential risk factors for local anaesthetic administration and respond appropriately; this may include seeking advice, or patient referral • Administer topical anaesthetic • Use the correct local anaesthetic solution and technique • Achieve adequate anaesthesia • Understand and manage complications of local anaesthetic <p><i>Radiography:</i></p> <ul style="list-style-type: none"> • Use bitewing, periapical and extra-oral radiographs appropriately • Relate radiographs to patient's needs with relevant structures in view • Ensure adequate image quality • Ensure ideal view(s) for diagnosis • Maintain radiation safety for the patient, staff, public and environment • Record radiographic findings <p><i>Clinical Records:</i></p> <ul style="list-style-type: none"> • Maintain accurate, time-bound and up-to-date patient records • Store and label extra- and intra-oral photographs, and radiographs, to enable identification • Store and label study models to enable identification <p><i>Orthodontics:</i></p> <ul style="list-style-type: none"> • Trace cephalometric radiographs • Place separators • Prepare teeth for bonding of fixed attachments and fixed retainers • Size and cement metal bands, including loose bands during treatment • Trial fit removable appliances and fit passive removable retainers • Remove or replace elastomeric or wire ligatures, and open and close self-ligating brackets
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	<ul style="list-style-type: none"> • Place and remove archwires • Carry out indirect bonding of brackets • Remove fixed orthodontic attachments and retainers • Bond preformed fixed retainers • Remove adhesives • Fabricate retainers <p>Other</p> <ul style="list-style-type: none"> • Take impressions and make study models
<p>Refer and collaborate with the appropriate health professionals</p> <p>Refer for advice and/or treatment where diagnosis and management 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"> • Understand the importance of a team-based approach to patient care • Establish a collaborative professional relationship with a dentist(s) /dental specialist(s) • Obtain advice from colleagues and other health professionals where necessary • Collaborate with colleagues and other health practitioners, and contribute to teamwork for enhanced patient outcomes • Make appropriate referrals
<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"> • Demonstrate an understanding of the prognosis for treatment strategies offered to individuals and to the community at large • Communicate this knowledge to patients, parents and the wider community • Review and assess outcomes of care
<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>	<ul style="list-style-type: none"> • Read and critically analyse scientific publications in oral health • Share experiences and case studies of oral health therapy practice with colleagues • Demonstrate understanding of current issues including: <ul style="list-style-type: none"> ○ Recent developments in oral health ○ Evidential base of practice; of new materials and treatment techniques based on research • Use scientific knowledge and practice experience to inform oral health practice
<p>Prevent and control infection</p> <p>Undertake procedures to ensure compliance with Dental Council Infection Prevention and Control practice standard</p>	<ul style="list-style-type: none"> • Treat all patient body fluids as potentially infectious • Practise standard precautions routinely, including appropriate hand hygiene protocols, use of

	<p>personal protective equipment and safe management of sharps and waste</p> <ul style="list-style-type: none"> • Define contaminated and uncontaminated zones and control the extent and spread of contamination in and between these zones • Clean all surfaces and equipment in contaminated zones after each patient treatment • Reprocess all contaminated reusable items appropriately for their intended use • Follow required monitoring and validation protocols for equipment and processes • Maintain infection prevention and control documentation
<p>Maintain a safe work environment</p> <p>Undertake occupational health and safety procedures to ensure compliance with relevant laws and practice standards</p>	<ul style="list-style-type: none"> • Monitor emergency plans and accident/incident protocols • Control identified hazards by using/taking the protective measures supplied/identified • Arrange equipment in the surgery to enable practitioners and patients to be able to move safely within this environment • Check materials for expiry dates and rotate as required • Handle, and dispose of, hazardous and contaminated clinical waste safely • Report all actual and potential incidents
<p>Maintain and develop professional practice</p> <p>Reflect upon, self-assess and develop professional practice by continually monitoring the outcomes of oral health care delivery, and undertaking continuing personal professional development</p>	<ul style="list-style-type: none"> • Show commitment to learning throughout their career • Identify skills, knowledge and attitudes to be developed • Identify learning needs for personal professional development • Implement an active professional development programme • Discuss professional issues with colleagues • Fulfil Dental Council recertification programme requirements

Updated prescribed qualifications for dental hygiene, dental therapy and orthodontic auxiliary scopes of practice

Coming into effect on 1 November 2017

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 **before 1 November 2017**; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology and registration as a Dental Hygienist with the Dental Council **before 1 November 2017**; 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 Australia⁵; 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

⁵ 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.

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 **before 1 November 2017**; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology and registration as a Dental Therapist with the Dental Council **before 1 November 2017**; 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 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.

Prescribed qualifications for the scope of practice for orthodontic auxiliary

1. Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting; possession of a dental therapy, dental hygiene or dentistry qualification and approved experience in the provision of orthodontic auxiliary services under the direction and supervision of a dentist or dental specialist who can attest to competency¹.
2. Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme².
3. Bachelor of Oral Health, University of Otago and registration in the Scope of Dental Hygiene Practice, **before 1 November 2017**.
4. Bachelor of Health Science in Oral Health, Auckland University of Technology conferred from 2011, and registration in the Scope of Dental Hygiene Practice, **before 1 November 2017**.
5. Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice.
6. Diploma in Dental Hygiene, University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice, and Dental Council approved course for Extra-oral Radiography.

¹ The Dental Council approved this prescribed qualification on 10 July 2006.

² The Dental Council approved this prescribed qualification on 15 February 2010.

Supplementary information on registration scenarios as an oral health therapist

The following tables set out possible scenarios and options available to oral health graduates to register in the oral health therapy scope of practice, based on their registration and practising status. For those oral health graduates who are still unsure on what this means for them, please contact the Council by email at inquiries@dcnz.org.nz or by phone on 04 499 4820.

Current status	Dental hygiene scope of practice	Dental therapy scope of practice	Transition registration arrangements
Registered	✓	✓	1. You will AUTOMATICALLY be registered as an oral health therapist, effective from 1 November 2017
Annual practising certificate (APC)	✓	✓	<ul style="list-style-type: none"> ➤ We will remove your registration from the dental hygiene and dental therapy scopes of practice (and from the orthodontic auxiliary scope of practice if you are also registered as an orthodontic auxiliary) ➤ A new registration and practising certificate for the oral health therapy scope of practice will be issued to you, effective from 1 November 2017 ➤ We expect to issue the new certificates and documentation early November 2017

Current status	Dental hygiene scope of practice	Dental therapy scope of practice	Options
<p>Registered</p> <p>APC</p>	<p>✓</p> <p>✗</p>	<p>✓</p> <p>✗</p>	<p>1. You can CHOOSE TO REGISTER as an oral health therapist, but you cannot practise until you have a valid APC</p> <ul style="list-style-type: none"> ➤ If you register as an oral health therapist, your registration in the dental hygiene and dental therapy scopes of practice will be removed (and from the orthodontic auxiliary scope of practice if you are also registered as an orthodontic auxiliary) ➤ A new registration certificate will be issued for the oral health therapy scope of practice <p>2. To OBTAIN AN APC to practise in the oral health therapy scope of practice, you must meet the Council's recency of practice criteria. Information on the Council's recency of practice policy is available on our website.</p> <p>In summary:</p> <ul style="list-style-type: none"> ➤ You must satisfy the Council that you meet the required standards of competence in the dental hygiene and/or dental therapy scope(s) of practice before you can be issued with an APC ➤ If you have not practised in dental hygiene and/or dental therapy and have not held an APC in this scope(s) of practice during the last three years (or 12 months if you are a new graduate), your APC application will be considered on an individual basis by the Council ➤ If you meet the necessary criteria you will be issued with an APC to practise oral health therapy ➤ If you only meet recency of practice in some of the scope areas then your scope of practice and APC will have a condition to not perform specific activities (for example if you only have recency in dental hygiene, then you will have a condition placed to not perform dental therapy activities)

			<ul style="list-style-type: none"> ➤ If you do not meet the Council's recency of practice criteria, or want to remove the condition placed on your scope of practice, you may be required to upskill through continuing education and/or clinical experience under supervision of a Council-approved supervisor, as determined by the Council. Once you have satisfied the Council's requirements, then you will be issued with an APC to practise oral health therapy <p>IMPORTANT: Do not perform any clinical activities on patients to reach recency of practice without a Council-approved supervisor, if you do not have a valid practising certificate to perform those tasks</p> <p>3. If you CHOOSE NOT TO REGISTER as an oral health therapist</p> <ul style="list-style-type: none"> ➤ You will remain registered as a dental hygienist and dental therapist, and once you have applied for an APC in one or both of these scopes of practice, you must only practise within the dental hygiene and/or dental therapy scopes of practice, and comply with their professional obligations <p>This includes administering local anaesthetic under direct clinical supervision under the dental hygiene scope of practice, and requiring a signed working relationship with a dentist/dental specialist for the dental therapy and/or dental hygiene scope(s) of practice</p> <ul style="list-style-type: none"> ➤ You can choose to register as an oral health therapist at any time
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Current status	Dental hygiene scope of practice	Dental therapy scope of practice	Options
<p>Registered</p> <p>APC</p> <p>The same options and obligations apply for an oral health graduate registered in both dental hygiene and dental therapy scopes of practice, with an APC in dental therapy only</p>	<p>✓</p> <p>✓</p>	<p>✓</p> <p>✗</p>	<ol style="list-style-type: none"> 1. You can CHOOSE TO REGISTER as an oral health therapist <ul style="list-style-type: none"> ➤ If you register as an oral health therapist, your registration in the dental hygiene and dental therapy scopes of practice will be removed (and from the orthodontic auxiliary scope of practice if you are also registered as an orthodontic auxiliary) ➤ A new registration and practising certificate will be issued for the oral health therapy scope of practice, with a condition not to perform dental therapy related activities within the oral health therapy scope of practice ➤ Removal of any practising condition will be considered on a case-by-case basis. You need to contact the Council to find out what you need to do to satisfy the Council of your competence ➤ Upskilling through continuing education and/or clinical experience under supervision of a Council-approved supervisor may be required <p>IMPORTANT: Do not perform any clinical activities on patients to reach recency of practice without Dental Council approval and a Council-approved supervisor if you do not have a valid practising certificate to perform those tasks</p> <ul style="list-style-type: none"> ➤ Once you have satisfied the Council’s requirements, then the condition placed on your oral health therapy scope of practice will be removed 2. If you CHOOSE NOT TO REGISTER as an oral health therapist <ul style="list-style-type: none"> ➤ You will remain registered as a dental hygienist and dental therapist, and must ONLY practise within the dental hygiene scope of practice and comply with all the hygiene scope of practice obligations

			<ul style="list-style-type: none"> ➤ This includes administering local anaesthetic under direct clinical supervision, and requiring a signed working relationship with a dentist/dental specialist ➤ You can choose to register as an oral health therapist at any time <p>3. You can APPLY FOR AN APC in dental therapy scope of practice, if you meet the Council's recency of practice policy.</p> <p>In summary this means:</p> <ul style="list-style-type: none"> ➤ You must satisfy the Council that you meet the required standards of competence in the dental therapy scope of practice, before you can be issued with an APC ➤ If you have not practised dental therapy and/or held an APC in dental therapy during the last three years (or 12 months if you are a new graduate), your APC application will be considered on an individual basis by the Council ➤ If you are issued with an APC in the dental therapy scope of practice, then you can register and practise in the oral health therapy scope of practice with no conditions ➤ If you do not meet the Council's recency of practice criteria, then you may be required to upskill through continuing education and/or clinical experience under supervision of a Council-approved supervisor as determined by the Council <p>IMPORTANT: Do not perform any clinical activities on patients to reach recency of practice without a Council-approved supervisor, if you do not have a valid practising certificate to perform those tasks</p> <ul style="list-style-type: none"> ➤ Once you have satisfied the Council's requirements, then you will be eligible for an APC in the dental therapy scope of practice. You can then register and practice in the oral health therapy scope of practice, if you choose
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Current status	Dental hygiene scope of practice	Dental therapy scope of practice	Options
<p>Registered</p> <p>APC</p> <p>The same options and obligations apply for an oral health graduate registered with a current APC in the dental therapy scope of practice only</p>	<p>✓</p> <p>✓</p>	<p>✗</p> <p>✗</p>	<p>1. You can CHOOSE TO REGISTER as an oral health therapist</p> <ul style="list-style-type: none"> ➤ If you register as an oral health therapist, your registration in the dental hygiene scope of practice will be removed (and from the orthodontic auxiliary scope of practice if you are also registered as an orthodontic auxiliary) ➤ A new registration and practising certificate will be issued for the oral health therapy scope of practice, with a condition not to perform dental therapy related activities within the oral health therapy scope of practice ➤ Removal of any practising condition will be considered on a case-by-case basis. You need to contact the Council to find out what you need to do to satisfy the Council of your competence ➤ Upskilling through continuing education and/or clinical experience under supervision of a Council-approved supervisor may be required <p>IMPORTANT: Do not perform any clinical activities on patients to reach recency of practice without Dental Council approval and a Council-approved supervisor, if you do not have a valid practising certificate to perform those tasks</p> <ul style="list-style-type: none"> ➤ Once you have satisfied the Council’s requirements, then the condition placed on your oral health therapy scope of practice will be removed <p>2. If you CHOOSE NOT TO REGISTER as an oral health therapist</p> <ul style="list-style-type: none"> ➤ You will remain registered as a dental hygienist, and must ONLY practise within the dental hygiene scope of practice and comply with all the hygiene scope of practice obligations

			<ul style="list-style-type: none"> ➤ This include administering local anaesthetic under direct clinical supervision, and requiring a signed working relationship with a dentist/dental specialist ➤ You can choose to register as an oral health therapist at any time.
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Other registration-related questions

Can practitioners registered as a dental hygienist and dental therapist with other New Zealand qualifications, but not one of the oral health therapy prescribed qualifications, register as an oral health therapist?

At this point in time there is no accredited “bridging” programme to attain all the competencies defined for oral health therapy for those practitioners who are registered and practising in both the dental hygiene and dental therapy scopes of practice, but do not hold an eligible oral health qualification (those qualifications listed as prescribed qualifications for the oral health therapy scope of practice on page 12). A course of this description would have to undergo an accreditation process, similar to other prescribed qualifications.

Can Australian-registered oral health therapists register as an oral health therapist in New Zealand?

Yes, Australian-registered oral health therapists can apply for registration under the Trans-Tasman Mutual Recognition Act in the oral health therapy scope of practice in New Zealand, from 1 November 2017 onwards.

Can other overseas-trained oral health graduates register as an oral health therapist?

Yes, overseas trained practitioners that consider their education, training and experience equivalent to the New Zealand oral health therapy prescribed qualifications can apply for registration using the individual assessment pathway under section 15(2) of the Health Practitioners Competence Assurance Act 2003 (from 1 November 2017 onwards). These applications are considered on an individual basis, by a senior academic and the Council. Further information on this process is available on the Council’s website at <http://www.dcnz.org.nz/i-want-to-practise-in-new-zealand/assessment-of-individual-qualifications-training-and-experience/>. This option does not apply for New Zealand obtained qualifications.