

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

Coming into effect on 1 November 2019

Introduction

Oral health therapists are registered oral health practitioners who for example 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; when the patient's care plan requires input from both the oral health therapist and the dentist in order to provide comprehensive and appropriate care; 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 practitioners 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>

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.