

## Feedback on Framing the Future: Proposal Paper from the Health Science and Technical Workforces Working Group (Phase 2) June 2013

We would like to know your views on the flexible multi-disciplinary education framework proposed in *Framing the Future*.

Below are some specific questions we are seeking your views on. If you have other comments relating to the allied health, health science and technical workforces that are not covered by these questions, please add your additional comments at the end of the questions.

Please note that all correspondence and submissions on this matter may be the subject of a request under the Official Information Act 1982 (OIA). If there is any part of your correspondence that you consider could properly be withheld under the OIA please include comment to that effect and give reasons why you would want it withheld.

Please send your feedback to [planning@healthworkforce.govt.nz](mailto:planning@healthworkforce.govt.nz) by 2 August 2013.

Your Name (optional)	Mark Goodhew, Chair of Dental Council
Your profession	Dentist
Your organisation type (e.g. Professional association, DHB, regulatory authority, tertiary educational organisation, etc)	Regulatory Authority
Are you replying on behalf of your organisation?	Yes
Your Organisation Name (optional)	Dental Council

### Questions

1	<p>Having read the proposal do you in principle support the proposed educational framework?</p> <p>Dental Council (Council) supports the following guiding principles of the education framework:</p> <ul style="list-style-type: none"> <li>• Flexible and adaptable</li> <li>• Meets the needs of workforce planners, learners and employers</li> <li>• 21st century learning and teaching strategies are adopted</li> <li>• Resource effectiveness</li> <li>• Accommodates local, regional and national workforce development.</li> </ul> <p>However, Council wants to emphasise the importance of not developing the educational frameworks in isolation, and strongly supports the involvement of the educational institutions offering these programmes in the development of any new frameworks. This would facilitate a comprehensive understanding of the differences between the professions, their competencies and skillsets, and the associated curricula that underpin these professions.</p>
2	<p>What do you consider would be the contribution to workforce development if the framework was implemented in your professional area or area of interest?</p> <p>Potentially a pathway for upskilling of previously qualified dental hygienists (certificate and diploma graduates) to become a dental therapist, and vice versa.</p>

3	<p>Would this framework enable better work management and career development? Please elaborate.</p> <p>On a principle level, opportunities to increase access to training pathways would be considered as a positive step, due to the anticipated increase of demand from an ageing population.</p> <p>However, Council's primary consideration must be to ensure that educational standards are maintained to ensure competent practitioners enter the workforce, and not put the safety of patients at risk.</p>
4	<p>We expect that implementation of the framework would reduce the cost of education and training in the health science and technical professions, for health professionals, providers and employers. What do you anticipate the cost implications would be for key stakeholders?</p> <p>Council is not in a position to comment on any potential cost movements.</p>
5	<p>Please comment upon the occupations in the health sector that you consider that this framework could apply to?</p> <p>Upskilling of previously qualified dental hygienists (certificate and diploma graduates) to become a dental therapist, and vice versa.</p>
6	<p>The framework is designed to be more flexible and /responsive to workforce planning and stakeholder needs. How do you think this will be achieved?</p> <p>Council has not been provided with details on oral health workforce and stakeholder needs considered by the working group, and therefore is not in a position to comment on this question.</p>
7	<p>Do you think the proposed framework would support career choice?</p> <p>Yes, more flexible pathways for upskilling would support career choice.</p>
8	<p>Do you think the proposed framework would enhance opportunities for career change? Please explain.</p> <p>Yes, more flexible pathways and greater emphasis on RPL between training programmes would support career change.</p>
9	<p>Is there anything you would like to add to inform the development of the proposed framework?</p> <p><i>a. General understanding of the current format of oral health training programmes</i></p> <p>The proposal example used describing dental occupations does not consider the fact that since 2008 a combined oral health degree programme is offered by both institutions. Dual graduates are eligible for registration in both the dental hygiene and dental therapist scopes of practice, as there is currently no oral health therapist scope of practice gazetted in New Zealand.</p> <p>Both programmes follow the same model whereby the graduates are multi-skilled, are able to register in both the dental therapy and dental hygiene scopes of practice and have extensive training in dental public health, especially health promotion. This model was developed and underwent accreditation. In New Zealand, Auckland University of Technology adopted the programme in 2006 with the first cohort of graduates being in 2008. The University of Otago introduced the combined programme in 2007 incorporating more defined subjects in Sociology and Maori culture.</p>

The first graduates of this programme were in 2009. The learning pathways for this academic degree program are entry from Year 13 with NCEA level 3, having completed one year of tertiary study or after a formal undergraduate qualification.

As a workforce there has been a move towards training a more flexible and community based oral health practitioner than a technician that practices therapy and hygiene. This document does not reflect this shift in the oral health therapist's (dual graduate) role.

*b. Different skillsets required for oral health professions that limits movement ability*

Entry to the oral health programme is competitive and requires different entry criteria than those entering dentistry or dental technology. Dental chair side assistants could apply for, and do apply for, entry into the oral health programmes but because of the vastly different educational standards required for degree programmes compared to the appropriate prescribed dental assisting course no cross credit can be granted. University level physics and chemistry are basic requirements for the dental technology programme and dentistry and not for the oral health programme.

Dental technology core requirements are material science and engineering which is subsequently applied in a bio-engineering application to design and manufacture oral and maxillofacial prosthetic appliances and hence academic requirements differ from Oral Health and Dentistry and chair side assisting. There will be no way to apply the very specialised and skilled workforce to technicians – eg renal dialysis. There is already a pathway available for dental technicians to transition to clinical technology through a postgraduate programme.

Cross crediting between these programmes would be inadequate to their core functions within the oral health team. Entry into Dentistry (one of the most competitive courses in Health Science Division) is not only based on academic criteria but also passing UMAT and being successful in an interview that assesses communication skills. Similarly because of the different levels of knowledge in both basic and clinical sciences between dentistry, dental technology and oral health therapy no cross credit can be granted across these degrees either.

When one considers the differences in knowledge required in most of the core subjects that this consultation document has included with regard to dental programmes it is important to recognise that different levels of knowledge required in both basic and clinical sciences between dental technology, dentistry and oral health therapy which would make any cross crediting difficult, and in most cases impossible.

Council understands that curricula have been developed which have attempted to allow for multiple exit and entry points as dental therapists, dental hygienists or ultimately as a dentist. These ladder curricula have largely been unsuccessful as they either provide too much for the therapy and hygiene components or too little for the dentistry component.

In developing the educational frameworks, consideration should be given to fit-for-purpose training, to ensure patients' needs can be met.

	<p><i>c. Dental chairside assistants</i></p> <p>Chair-side assistants are not a recognised profession under the Health Practitioners Competence Assurance Act 2003, and therefore have never been registered. There is currently no demand to do so, as this workforce does not hold primary clinical responsibility.</p> <p>Current 'on the job' training is provided, but optional, through a distance learning programme, and is NZQA approved. The voluntary uptake is good and the course is relatively inexpensive, and therefore access is good. Introduction of a more formal qualification might introduce some barriers, such as increased costs due to the regulatory compliance costs required under the Act.</p>
10	<p>What do you see as the challenges in the implementation of the proposed framework? Do you have any solutions to solving these?</p> <p>An appropriate understanding and detailed mapping of the curriculums and different clinical responsibilities/roles between the dental qualifications are required.</p>
11	<p>Please include any other relevant comments not covered in the above questions.</p> <p>Reflected in various sections of the response.</p>
12	<p>Would you be willing to actively engage in the progression and implementation of this proposed framework? If so, we invite you to provide your contact details.</p> <p>Council has a specific interest in how these changes could impact on current and future scopes of practice.</p> <p>In addition, the quality assurance and monitoring of these programmes are currently done through accreditation processes, and any changes to the qualifications will have a direct impact on these processes and standards which are set jointly with the Australian Dental Council.</p> <p>Regulatory authority consideration must be given to the international recognition and comparability of qualifications (Australia through TTMRA and Canadian recognition of New Zealand dentist programs) and the general alignment with comparable international scopes of practice, will also be of importance to Council.</p> <p>Council is willing to have a representative available to work with the working group, or to answer any specific questions as a result of the submission.</p>