Dental Council
Te Kaunihera Tiaki Niho

Level 5
80 The Terrace
Wellington
New Zealand

PO Box 10-448
Wellington 6143
New Zealand

Tel: +64 4 499 4820
Fax: +64 4 499 1668
inquiries@dcnz.org.nz

www.dcnz.org.nz

16 October 2017

Dear practitioner

Oral health therapy scope of practice

The oral health therapy scope of practice comes into effect on 1 November 2017. This new scope reflects the unique skillset that oral health graduates hold and bring to their practice. The introduction of the new scope will directly affect about 490 practitioners and will also have implications for the wider oral health sector. We encourage all practitioners to take the time to understand how the implementation of the scope may affect them.

All eligible practitioners[1] who are either automatically registered in the new scope on 1 November or who choose to register in the new scope will be issued with new registration and practising certificates. These new certificates will replace their registration and practising certificates relating to the dental hygiene and/or dental therapy scopes of practice. The old certificates will no longer be valid once the practitioner is registered in the new scope.

Implementation of the new scope – registration scenarios

There are a number of different registration scenarios for oral health graduates, depending on individual practitioner registration and practising status. All eligible practitioners will receive letters setting out how the introduction of the new scope affects them.

The two general outcomes are:

- Eligible practitioners who are registered **and** hold current annual practising certificates (APCs) in both the dental hygiene and dental therapy scopes of practice (around 440 practitioners) will be **automatically** registered in the new oral health therapy scope of practice. New registration and practising certificates will be issued to them in the first week of November.
- All other eligible oral health graduates (around 50), who have a variety of registration statuses (for example, registered in both scopes but holding just one APC, or registered in just one of the two scopes they are eligible for), can **choose** to register in the oral health therapy scope of practice, now or in the future, or they can **choose** to continue practising within the scope they currently hold registration and an APC for. Normal recency of practice requirements will apply for those practising in only one scope of practice at the time they are applying for registration in the new scope.
- More information on the different registration scenarios is available on our website.

[1] Practitioners with either one of the following qualifications: Auckland University of Technology - Bachelor of Health Science in Oral Health from 2008, or University of Otago - Bachelor of Oral Health from 2009

Oral health therapy scope of practice – key resources

The Council has developed a new page on its website which contains all the critical information about the new scope and resources for oral health therapists. Please take some time to check the new page here.

The most important documents include:

- The oral health therapy scope of practice
- Oral health therapy competencies
- Guidance on professional relationships between oral health therapists and dentists/dental specialists.

It is important to note that under the new scope, oral health therapists do not need to have a written agreement to support the required consultative professional relationship with a dentist/dental specialist. However, they can choose to have a written agreement if that is preferred.

Implementation of the new scope – practicalities

For both the affected practitioners and practice managers, please remember to:

- replace publicly displayed certificates with the new ones—the old certificates will no longer be valid
- update practice information, for example name tags, staff lists and advertising
- update practice website information
- we will supply all practitioners with an electronic brochure providing basic information on the new scope for the public, which you may display or share as you choose.

Once the oral health therapists have been registered, and their dental hygiene and dental therapy scopes of practice have been removed, they must use the title "oral health therapist"—their previous titles will no longer be valid.

Oral health therapy scope of practice – other issues

You may be aware that as part of the implementation of this scope the Council made several applications for legislative amendments to support it. There is more information about these applications on our website.

Our application to have oral health therapy recognised as a profession is progressing. The final step is for Cabinet to approve the legislative change. We expect this to be complete by the end of the year. This does not prevent the scope coming into effect on 1 November.

Our application to the Medicines Classification Committee to reclassify local anaesthetic medicines articaine, lignocaine and prilocaine, with or without felypressin, for oral health therapists, has been approved and the new classifications published in the New Zealand Gazette.

As part of this application, the Council looked into the occurrence of adverse events within New Zealand. The Council found that anaphylaxis and other serious allergy symptoms with local anaesthetic does occur in dentistry—albeit rarely. The Council concluded that on balance, the highest risk for patients was where oral health therapists and dental therapists administered local anaesthetics to children and adolescents without adrenaline available to manage an anaphylaxis event. The risk was highest when a practitioner was practising remotely from a dental practice without a dentist/dental specialist available to administer adrenaline.

For this reason, the Council agreed that oral health therapists and dental therapists **must** hold and administer adrenaline (1:1,000) for the management of an anaphylaxis event, under the Council's medical emergencies practice standard. This change comes into effect for oral health therapists by no later than end of 2017, and for dental therapists on 1 November 2018 to allow for training on the safe use of adrenaline. Further information on this matter is provided in Appendix 1.

Our last application relates to the addition of oral health therapists to the list of oral health practitioners exempted from the need of a use licence, under the Radiation Safety Regulations. Again, we expect the legislative change to be completed soon.

Thank you for taking the time to read through this and understand the approaching changes. As noted above, we believe this is a positive step for oral health graduates and recognises the expertise and knowledge they bring to their practice. We will provide further updates as we work through the implementation process.

Yours sincerely,

Marie Warner
Chief Executive

Appendix 1

Dental therapists and oral health therapists to stock adrenaline

In preparation for its reclassification application for oral health therapists to administer articaine, lignocaine, prilocaine and felypressin without the need for a prescription or a standing order, the Council looked into adverse events within New Zealand. In particular, it considered the ability of oral health therapists to manage anaphylaxis when administering local anaesthetics.

The Council considered adverse event data from:

- the Centre for Adverse Reactions Monitoring (CARM)
- suspected medicine adverse reaction search (SMARs)
- the Broadbent & Thomson study for the period 1990-2000
- unpublished research by Associate Professor Jonathan Broadbent for the last ten years within dental practices in New Zealand.

The NZ Pharmacovigilance Centre confirmed New Zealand reports of anaphylaxis and other serious allergy symptoms with local anaesthetic use, including in dentistry.

The Council was advised by a subject matter expert that the Medicines Classification Committee would most likely focus on the ability for oral health therapists to manage anaphylaxis when considering the Council's application. The Director of the NZ Pharmacovigilance Centre also believed that those using local anaesthetic needed to be trained in resuscitation and be able to use adrenaline—the recommended treatment for anaphylaxis.

Under the current Council medical emergency practice standard, dental therapists and dental hygienists need to be trained to the same level as dentists on resuscitation (CORE Immediate or equivalent). However, they do not need to stock adrenaline or administer it in case of an anaphylaxis event. The medical emergencies practice standard requires adrenaline 1:1,000 to be stocked by dentists and dental specialists.

In considering the information presented to the Council, it acknowledged that the reported incidence of anaphylaxis was very low, but it does happen. It was generally accepted that adverse events were underreported, with a suspected reporting rate as low as 10%. It was further acknowledged that the general public and patients expect that health practitioners would be in a position to help as a first responder in case of a medical emergency, at a level beyond that of a non-health practitioner.

The Council agreed that on balance, the highest risk for patients related to oral health therapists and dental therapists administering local anaesthetics on children and adolescents without adrenaline to manage an anaphylaxis event—in particular when practising remotely from a dental practice without a dentist/dental specialist available to administer adrenaline. Within the current dental hygiene scope of practice the dentist would be on-site to manage an anaphylaxis event as a result of administration of local anaesthetic.

As a consequence, the Council agreed that oral health therapists and dental therapists must hold and administer adrenaline (1:1,000) for the management of an anaphylaxis event, under the Council's Medical Emergencies in Dental Practice - Practice Standard.

The safe use of adrenaline is also important. The Council considers that the undergraduate training for oral health therapists covered the didactic components for safe use of adrenaline in case of an anaphylaxis event, while its application is, or can be, covered by the resuscitation training. For dental therapists, some additional in-house training would be required by the district health boards (DHBs) or dentists/dental specialists to ensure appropriate administration of adrenaline for the management of anaphylaxis.

It was understood that a small number of DHBs are already moving towards stocking adrenaline for dental therapists and training them in its use. The Council had discussions with the Clinical Directors Forum, the NZ School and Community Oral Health Services Society, and the New Zealand Dental & Oral Health Therapists' Association on the change to the medical emergencies practice standard.

The medical emergencies practice standard will be updated, with effect from 1 November 2017 when the new oral health therapy scope of practice comes into effect. The Council hopes that practitioners and dental practices will implement this obligation as soon as possible—but no later than the end of 2017 for oral health therapists, and 1 November 2018 for dental therapists to allow for training on the safe use of adrenaline.