

15 October 2010

Dear Practitioner,

Consultation on Proposed Changes to the Dental Hygiene, Orthodontic Auxiliaries and Dental Therapy Scopes of Practice

Pursuant to the Health Practitioners Competence Assurance Act 2003 (the “Act”), the Dental Council (“Council”) must, by notice published in the *Gazette*, describe the contents of its professions in one or more scopes of practice.

Seven years on from the inception of the Act, it is timely to evaluate whether the approach of having separate “add-on” scopes of practice for the general scopes of hygiene, therapy and orthodontic auxiliary, is still effective and appropriate.

Council has issued this consultation document to explore the possibility of merging the relevant add-on scopes of practice into the relevant general scope of practice for Dental Hygienists, Orthodontic Auxiliaries and Dental Therapists. Council has therefore produced a draft detailed scope of practice based on the merging of relevant add-on scopes of practice into the relevant general scope of practice, with the proposed changes indicated in **red text**.

Additionally it has become apparent to Council that a gazetting error occurred with the scope of practice of Intraoral Radiography in Dental Hygiene and Orthodontic Auxiliary Practice as it relates to Orthodontic Auxiliary practice. The scope is defined as “Taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium.”, however “recognising disease of the periodontium” is not an activity permitted to be performed by orthodontic auxiliaries and it is proposed to be removed from the scope of practice for Orthodontic Auxiliary.

The aim of this consultation is to gather views from the sector in order for Council to make a final decision on the proposals. The Council is consulting on the proposal for the draft detailed scopes of practice for each of the relevant professions, with persons and organisations identified in accordance with section 14 of the Act.

The Council therefore seeks any comments on the proposal by **12 December 2010**. Copies of this letter and the consultation document have been sent to all dental therapists, dental hygienists, and orthodontic auxiliaries, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest in this

area. This letter and attachment will also be published on the Council's website, with a similar invitation to comment.

Responses should be sent to:

Dental Council
PO Box 10-448
Wellington 6043
Fax: 04 499 1668
Email: marie.warner@dcnz.org.nz

Yours sincerely

A handwritten signature in black ink that reads "Warner".

Marie Warner
Chief Executive

Consultation Document

Proposed changes to the Dental Hygiene, Orthodontic Auxiliary and Dental Therapy Scopes of Practice¹

RELEASED 15 OCTOBER 2010
SUBMISSIONS DUE 12 DECEMBER 2010

Background

Pursuant to the Health Practitioners Competence Assurance Act 2003 (the “Act”), the Dental Council (“Council”) must, by notice published in the *Gazette*, describe the contents of its professions in one or more scopes of practice.

The Council has currently gazetted general scopes of practice for Dental Hygiene, Orthodontic Auxiliary and Dental Therapy. Each has associated and complementary additional or add-on scopes of practice which have also been gazetted. These are:

- Local Anaesthetic in Dental Hygiene Practice
- Orthodontic Procedures in Dental Hygiene Practice
- Intra-oral Radiography in Dental Hygiene and Orthodontic Auxiliary Practice
- Extra-oral Radiography in Dental Hygiene and Orthodontic Auxiliary Practice
- Pulpotomies in Dental Therapy Practice
- Radiography in Dental Therapy Practice
- Diagnostic Radiography in Dental Therapy Practice
- Stainless Steel Crowns in Dental Therapy Practice

Add-on scopes first came into being with the introduction of the Act. As the Act came into effect, and Hygienists and Therapists were required to be registered, the transitional provisions of the Act ensured that a practitioner could not be prevented from performing activities which they have performed prior to the Act coming into effect on 18 September 2004. The general scopes of practice were set at the certificate and diploma levels, however there were practitioners who had completed additional training and who were performing these additional activities by the time the Act was introduced. To make provision for these extended activities which fell outside of the respective general scopes the Dental Council created add-on scopes. The general scopes of practice combined with these add-on scopes also aligned with the “then” dental therapy and dental hygiene degree programmes and reflect the curriculum of the current combined “oral health” degrees.

Since the inception of the Act, many dental therapists and dental hygienists with certificate or diploma qualifications have undertaken additional training, and obtained

¹ The Draft Scope of Practice is attached as Appendix 1 to this document. Please read it fully before responding to this consultation document.

registration, in some or all of the add-on scopes. In addition many Orthodontic Auxiliaries have undertaken the training for registration in their add-on scopes.

From a governance point of view there is a disproportionate amount of time and resources involved with the accreditation of courses for add-on scopes of practice. A two to three day add-on course, developed to qualify practitioners to be able to register in and perform a specific add-on activity, is required to undergo the same rigorous accreditation process as a three year undergraduate programme as they are Gazetted as prescribed qualifications for a scope of practice. This involves an approval process, extensive consultation, Council approval and then Gazetting which is extremely expensive and resource intensive. All of this impacts on the Annual Practising Fees determined for each profession on an annual basis.

Additionally it has become apparent to Council that a gazetting error occurred with the scope of practice of Intra-oral Radiography in Dental Hygiene and Orthodontic Auxiliary Practice as it relates to Orthodontic Auxiliary practice. The scope is defined as “Taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium.”, however “recognising disease of the periodontium” is not an activity permitted to be performed by orthodontic auxiliaries.

The Proposal

Seven years on from the inception of the Act, it is timely to evaluate if the approach of add-on scopes of practice continues to be the most effective and appropriate approach for the Council.

Council has issued this consultation document to explore the possibility of merging the relevant add-on scopes of practice into the relevant general scope of practice for Dental Hygienists and Dental Therapists. Council also proposes to merge the orthodontic auxiliary intra-oral and extra-oral radiography scopes into the Orthodontic Auxiliary general scope and re-define these as “Taking intra-oral and extra-oral radiographs”.

Council has therefore produced a draft detailed scope of practice based on the merging of relevant add-on scopes of practice into the relevant general scope of practice.

Under this proposal the eight add-on scopes of practice detailed above would be removed with the result that the following four scopes of practice would exist in Dental Hygiene, Orthodontic Auxiliary and Dental Therapy practice in the future.

- General Dental Hygiene Practice
- Orthodontic Auxiliary Practice
- General Dental Therapy Practice
- Adult Care in Dental Therapy Practice

The training courses currently offered to Hygienists, Orthodontic Auxiliaries and Therapists to gain registration in an add-on scope of practice will continue to be available. However, under the proposal, the course will no longer be required to go through the formal expensive consultation and gazetting process required for a prescribed qualification. Instead they will undergo a course approval process which will ensure that the quality of the course is of an appropriate standard to ensure competency.

What will this change mean for the practitioner?

The Council is of the opinion that there will be no impact for the day-to-day practise of Dental Hygienists, Orthodontic Auxiliaries and Dental Therapists.

In future those practitioners who wish to extend their scope of practice need only complete the appropriate course and apply to Council, as they do today. From a practical perspective there is little or no change for the practitioner wishing to up skill.

The implication for a practitioner who has chosen not to extend their scope of practice is that they will be issued with an APC in March 2011, with a description limiting their work in line with their current registered scopes of practice.

Conclusion

Council has therefore produced draft detailed scopes of practice based on the merging of the relevant add-on scopes of practice into the relevant general scope of practice (appended).

Council is consulting on the proposal with persons and organisations identified in accordance with section 14 of the Act including all dental therapists, dental hygienists, orthodontic auxiliaries, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest in this area. The proposal will also be published on the Council's website, with a similar invitation to comment.

The aim of the consultation is to gather views from the sector in order for Council to make a final decision on the proposals.

Council therefore seeks any comments on the proposal by 12 December 2010.

Discussion/Consultation points

The Council invites all stakeholders to comment on this consultation document by responding to the following questions:

1. Do you agree/disagree with the proposal to remove the add-on scopes, detailed below, and embed the activities into the general scopes of practice for General Dental Hygiene Practice, Orthodontic Auxiliary Practice and General Dental Therapy.
 - Local Anaesthetic in Dental Hygiene Practice
 - Orthodontic Procedures in Dental Hygiene Practice
 - Intra-oral Radiography in Dental Hygiene and Orthodontic Auxiliary Practice
 - Extra-oral Radiography Practice in Dental Hygiene and Orthodontic Auxiliary Practice
 - Pulpotomies in Dental Therapy Practice
 - Radiography in Dental Therapy Practice
 - Diagnostic Radiography in Dental Therapy Practice
 - Stainless Steel Crowns in Dental Therapy Practice
2. If you disagree with the proposal, please provide your reasons

DENTAL COUNCIL

Te Kaunihera Tiaki Niho

Notice of Scopes of Practice and Prescribed Qualifications

Issued by the Dental Council pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003

Dental Hygiene²

Scope of General Dental Hygiene Practice

The scope of practice for dental hygiene is set out in the documented “Detailed Scope of General Dental Hygiene Practice” produced and published from time to time by the Dental Council.

Dental hygiene practice is a subset of the practice of dentistry, and is commensurate with a dental hygienist’s approved education, training and competence.

A dental hygienist’s major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist’s primary task is in prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients’ personal care to maintain sound oral tissues as an integral part of their general health.

Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist.³

Detailed Scope of Practice for General Dental Hygiene Practice

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.

Dental hygiene practice is a subset of the practice of dentistry, and is commensurate with a dental hygienist’s approved education, training and competence.

² The Scope of Dental Auxiliary Practice was closed on 19 September 2009.

³ Clinical guidance means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. Dental hygienists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required, and maintain general oversight of the clinical care outcomes of the patient group. Dental hygienists are responsible and accountable for their own clinical practice within their scope of practice but the dentist or dental specialist is responsible and accountable for the clinical guidance provided. Further detail on the working relationship between dental hygienists and dentists will be set out in the relevant Dental Council Code of Practice.

A dental hygienist's major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist's primary task is in prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients' personal care to maintain sound oral tissues as an integral part of their general health.

Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist.⁴

Dental hygiene practice includes teaching, research and management given that such roles influence clinical practice and public safety.

Dental hygiene practice involves:

- obtaining and reassessing medical and dental health histories
- examination of oral tissues and recognition of abnormalities
- assessing and provisionally diagnosing disease of periodontal tissues, and appropriate referral
- obtaining informed consent for dental hygiene care plans
- providing oral health education, information, promotion and counselling
- scaling, debridement and prophylaxis of supra and subgingival tooth surfaces
- applying prescription preventive agents under the direct clinical supervision of a dentist⁵
- applying and dispensing non-prescription preventive agents and fissure sealants
- applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- administering topical local anaesthetic
- taking impressions, recording occlusal relationships and making study models
- taking impressions, constructing and fitting mouthguards and bleaching trays
- taking intra and extra-oral photographs
- performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings
- recontouring and polishing of restorations
- administering of local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist or specialist
- assisting the dentist or orthodontist in implementing orthodontic treatment plans through performing such orthodontic procedures as: making study models including taking impressions and bite models; taking clinical photographs for records; inserting, and removing some orthodontic appliances; pre-banding polishing of

⁴ Clinical guidance means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. Dental hygienists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required, and maintain general oversight of the clinical care outcomes of the patient group.

⁵ Direct clinical supervision means the clinical supervision provided to a dental hygienist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental hygiene work is carried out.

teeth; removing and placing arch wires as formed by the orthodontist; removing bonding composite and banding cement; removing O rings; de-bonding and de-banding fixed appliances; replacing loose bands and providing oral health education and advice on the care and maintenance of orthodontic appliances. These are done under the clinical guidance and to a treatment plan prepared by the dentist or orthodontist responsible for the patient's clinical care outcomes

- taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium⁶
- taking extra-oral radiographs.

Prescribed Qualifications

1. Bachelor of Oral Health, University of Otago; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology; and Dental Council approved course for Orthodontic Procedures; 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, Intra-oral Radiography and Extra-oral Radiography, or
7. Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago (Orthodontic Procedures conferred from 2002); 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 Australia⁷; or
9. 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

⁶ The Radiation Protection Act 1965 section 15 requires non-licensed persons who take x-rays to do so under the supervision or instructions of a person who holds a licence under that Act.

⁷ 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.

regional or state board dental hygiene clinical 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

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.**

Scope for Orthodontic Auxiliary Practice

The scope of practice for orthodontic auxiliaries is set out in the documented “Detailed Scope of Orthodontic Auxiliary Practice” produced and published from time to time by the Dental Council.

Orthodontic auxiliary practice is a subset of the practice of dentistry, and is commensurate with an orthodontic auxiliary’s approved training, experience and competence.

Orthodontic auxiliaries practise to a treatment plan prepared by a dentist or orthodontist for the patient concerned. Orthodontic auxiliaries practise under the direct supervision of a dentist or orthodontist who is present on the premises at which the work is carried out. The dentist or orthodontist is responsible for the patient’s overall clinical care outcomes.⁸

Orthodontic auxiliaries assist the dentist or orthodontist in implementing orthodontic treatment through performing such orthodontic procedures as taking impressions and making study models, inserting and removing some orthodontic appliances, preparing teeth for bonding, removing bonding composite and banding cement and providing oral health education and advice on the care and maintenance of orthodontic appliances.

Detailed Scope of Practice for Orthodontic Auxiliary Practice

Orthodontic Auxiliary practice involves:

- Taking clinical photographs for records
- Taking impressions. Obtaining a record of occlusal relationships
- Tracing cephalometric radiographs
- Placing separators
- Sizing of metal bands and their cementation including loose bands during treatment
- Supragingival polishing of teeth (as part of oral hygiene, before bonding and after removal of fixed attachments)
- Preparation of teeth for the bonding of fixed attachments and fixed retainers
- Indirect bonding of brackets as set up by the orthodontist
- Providing oral hygiene instruction and advice on the care and maintenance of orthodontic appliances
- Placing archwires as formed by the orthodontist when necessary and replacing ligatures /closing self ligating brackets
- 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 using burs in slow speed handpieces where there is minimal potential for the removal of enamel
- Trial fitting of removable appliances. This does not include activation

⁸ Further detail on the working relationship between orthodontic auxiliaries and dentists/orthodontists will be set out in the relevant Dental Council Code of Practice.

- Fitting of passive removable retainers
- Bonding preformed fixed retainers
- Making study models, and fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- Taking intra-oral and extra-oral radiographs.

Prescribed Qualifications

- Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting; possession of a dental therapy, dental hygiene or dentistry qualification or registration as a dental auxiliary 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 competency⁹, and a Dental Council approved course for intra-oral an extra-oral radiography.
- New Zealand Association of Orthodontists, Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting¹⁰, and a Dental Council approved course for intra-oral an extra-oral radiography.

⁹ The Dental Council approved this prescribed qualification on 10 July 2006.

¹⁰ The Dental Council approved this prescribed qualification on 15 February 2010.

Dental Therapists

Scope of General Dental Therapy Practice

The scope of practice for dental therapists is set out in the documented “Detailed Scope of General Dental Therapy Practice” produced and published from time to time by the Dental Council.

Dental therapy practice is a subset of the practice of dentistry, and is commensurate with a dental therapist’s approved education, training and competence.

Dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Disease prevention and oral health promotion and maintenance are core activities.

Dental therapists and dentists have a consultative working relationship, which is documented in an agreement between the parties.

Detailed Scope of Practice for General Dental Therapy Practice

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.

Dental therapy practice is a subset of the practice of dentistry, and is commensurate with a dental therapist’s approved education, training and competence.

Dental therapists and dentists have a consultative working relationship, which is documented in an agreement between the parties.

In collaboration with dentists and other health care professionals, and in partnership with individuals, whanau and communities, dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Disease prevention and oral health promotion and maintenance are core activities.

Dental therapy practice involves:

- obtaining medical histories and consulting with other health practitioners as appropriate
- examination of oral tissues, diagnosis of dental caries and recognition of abnormalities
- preparation of an oral care plan
- informed consent procedures
- administration of local anaesthetic using dentoalveolar infiltration, inferior dental nerve block and topical local anaesthetic techniques
- preparation of cavities and restoration of primary and permanent teeth using direct placement of appropriate dental materials
- extraction of primary teeth

- pulp capping in primary and permanent teeth
- preventive dentistry including cleaning, polishing and scaling (to remove deposits in association with gingivitis), fissure sealants, and fluoride applications
- oral health education and promotion
- taking of impressions for, constructing and fitting mouthguards¹¹
- referral as necessary to the appropriate practitioner/agency
- performing pulpotomies on primary teeth.
- taking and interpreting periapical and bitewing radiographs
- preparing teeth for, and placing stainless steel crowns on primary teeth.

Dental therapy practice includes teaching, research and management given that such roles influence clinical practice and public safety.

Prescribed Qualifications

1. Bachelor of Oral Health, University of Otago; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology; or
3. Certificate in Dental Therapy (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 an 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 an 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
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; or
7. Undergraduate dental therapy degree or diploma, or an undergraduate dental degree; and a pass in the DCNZ Dental Therapy Registration Examination.

¹¹ Dental therapists who have not received training in this area as part of their undergraduate programme can undertake this activity only in accordance with the Council's policy on advanced areas of practice.

Scope for Adult Care in Dental Therapy Practice

Providing care to adult patients within the general dental therapy scope of practice (and/or any additional scope) in a team situation with clinical guidance¹² provided by a practising dentist/s.

Prescribed Qualifications

- Certificate in Dental Therapy (issued by the Department of Health or a New Zealand educational institution); registration in the Scope of General Dental Therapy practice and a DCNZ accredited qualification in adult dental therapy practice¹³; or
- Diploma in Dental Therapy (issued by a New Zealand educational institution); registration in the Scope of General Dental Therapy practice and a DCNZ accredited qualification in adult dental therapy practice; or
- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; registration in the Scope of General Dental Therapy practice and a DCNZ accredited qualification in adult dental therapy practice; or
- Bachelor of Health Science in Oral Health, Auckland University of Technology; registration in the Scope of General Dental Therapy practice and a DCNZ accredited qualification in adult dental therapy practice; or
- Bachelor of Oral Health, University of Otago; registration in the Scope of General Dental Therapy Practice and a DCNZ accredited qualification in adult dental therapy practice.

For applications received before 19 September 2004

- Certificate in Dental Therapy (issued by the Department of Health or a New Zealand educational institution); registration in the Scope of General Dental Therapy Practice and approved experience in the provision of oral healthcare to adults under the direction and supervision of a dentist, who can attest to competency; or
- Diploma in Dental Therapy (issued by a New Zealand educational institution); registration in the Scope of General Dental Therapy Practice and approved experience in the provision of oral healthcare to adults under the direction and supervision of a dentist, who can attest to competency; or
- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; registration in the Scope of General Dental Therapy practice and approved experience in the provision of oral healthcare to adults under direction and supervision of a dentist, who can attest to competency.

¹² Clinical guidance means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the adult patient group.

¹³ Currently no training programmes have been accredited.