

Marie Warner
Chief Executive Officer
Dental Council
P.O. Box 10-448
Wellington 6143

26th May 2016

Dear Marie,

Submission for:

Follow-up consultation on a proposed Oral Health Therapy Scope of Practice

Below are my comments on the consultation questions:

P1. Based on the balance of information provided by the oral health programmes, it is proposed that restorative activities on patients 18 years and over under prescription of a dentist, be removed from the proposed oral health therapy scope of practice.

Q1: Do you agree with the proposed changes to the oral health therapy scope of practice? If not, please explain.

I agree with the removal of restorative activities on patients 18 years and over under prescription of a dentist, as originally proposed in the Oral Health Therapy Scope of Practice Consultation document.

- If there is limited training provided for treatment of adult patients, then the scope of practice should not allow for restorative treatment for all ages. **This was the most inappropriate part of the proposal.**
- The fact that the diagnosis and treatment of adult patients needs to be prescribed by a dentist indicates that the graduate will not be able to operate in an autonomous environment with respect to restorative care for adult patients.
- If an Oral Health graduate wishes to provide restorative care, diagnosis of caries/periodontal disease, treatment planning and overall care for patients of all ages, then graduates should enrol for a degree in Bachelor of Dental Surgery.
- I am concerned that with the limited ability to manage more difficult restorative care (i.e. crowns) and teeth with endodontic complications, inadequate treatment will be provided. This may also provide time concerns, as the appropriate treatment will not be able to be completed if a pulpal exposure occurs during removal of caries. Patients will then have to wait to see a dentist, which could lead to the risk of an acute infection and pain.
- Patients over the age of 18 years old (particularly the elderly) are more likely to have medical complications (i.e. poly-pharmacy) that can affect the treatment and without adequate medical knowledge and training this will serve as a risk to the general community.

of an orthodontic nature.

Q3: 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?

a. tracing cephalometric radiographs;

b. fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature.

I agree that the orthodontic activities be moved from direct clinical supervision to being performed within the consultative professional relationship (but with a signed document still required).

An Orthodontist would still determine the subsequent orthodontic treatment plan, as a result of cephalometric radiograph analysis.

It seemed bizarre that within the newly proposed scope for an Oral Health graduate, they would still require clinical supervision for orthodontic auxiliary procedures, when it was proposed previously to remove supervision for much more technically demanding procedures that have a higher risk of more serious complications (i.e. restorations on adult patients compared with tracing cephalometric radiographs etc.).

P7. All oral health practitioners have the same requirement to remain competent in their registered scope(s) of practice, and the creation of an oral health therapy scope of practice would not prevent or limit these practitioners to maintain 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 other oral health practitioners.

P8. An oral health graduate registered in the oral health therapy scope of practice does not need to additionally register in the orthodontic auxiliary scope of practice. The two oral health programmes would be end-dated as prescribed qualifications for the orthodontic auxiliary scope of practice, similar to the dental hygiene and dental therapy scopes of practice. Oral health graduates that register as an oral health therapist will be removed from the orthodontic auxiliary scope of practice, if registered as an orthodontic auxiliary.

Q4. 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. If you do not agree with the proposal, please explain.

I agree with the proposal to end-date the two oral health programmes as prescribed qualifications for the orthodontic auxiliary scope of practice.

P9. All oral health graduates with a University of Otago Bachelor of Oral Health, obtained since 2009; or an Auckland University of Technology Bachelor of Health Science in oral health, obtained since 2008, 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. This is further explained in the scenarios listed on the next page.

P10. 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, will automatically be registered in the oral health therapy scope of practice and issued with a corresponding APC.

P11. The registration transition process would start after the Council's final decision has been made and the oral health therapy scope of practice has been gazetted.

P12. No time limit will apply for eligible practitioners to register in the oral health therapy scope of practice, if not automatically transferred.

Q6: Do you agree with the proposed registration transition for oral health graduates? If not, please explain.

I disagree with the proposed registration transition for oral health graduates.

I did not agree that there should be a new oral health therapy scope of practice and that the degree titles should remain unchanged.

The requirements for assessment of competency are ambiguous, if an Oral Health graduate has not maintained dual scopes of practice and wishes to transition to the Oral Health therapy scope of practice.

Many oral health graduates only practice in one scope; either dental hygiene or therapy. To have automatic registration would mean those who are not competent and have not practised in that area for many years would be able to do so.

The two scopes of dental hygiene and dental therapy appear to function well; building a team approach between dentists (with higher training and competency) and hygienists/dental therapists to give overall improved outcomes for patients.

Kind regards

Dr. Amir Russell



A handwritten signature in black ink, followed by the date '20/9/16' written below it.