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**From:** Neil Croucher (NDHB)  
**Sent:** Friday, 27 May 2016 4:59 p.m.  
**To:** Consultations  
**Subject:** Oral Health Therapist Scope of Practice

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

I am deeply disappointed to hear that the ability for oral health therapist's to provide restorative care to adults 18 years and over under the prescription of a dentist has been removed from the proposed scope of practice of an oral health therapist.

From a public dental service perspective we could utilise an oral health therapist to provide restorative care under prescription of a dentist, to treat a variety of low income and vulnerable adult population groups in a variety of settings (hospital and rural practice). There is a very high need for affordable dentistry in NZ and this may be one way to help to address this.

If we are going to have an age limit on a scope of practice then why not raise that age limit from 18 years to 25 years old. That way we could focus more public sector resources (whether free or subsidised) on continuing to treat young adults, especially those who have just turned 18 years old and/or are still in full time education. Adults between the age of 18 and 25 years are much more likely to have a clear medical history and the caries profile and diagnosis skillsets are very similar to that of adolescents.

The education establishments should be producing graduates 'fit for purpose' for the workforce within the NZ oral health sector and the NZ research community and in doing so meet the oral health needs of the NZ public. I believe that the educational establishments can and should modify their training programmes to include a module for oral health therapy students to provide routine restorative care to adults under prescription of a dentist.

Q2: Do you agree with the proposed consultative professional relationship between an oral health therapist and one, or more, dentists/dental specialists, without the need for a signed agreement? If not, please explain.

I like the signed professional relationship agreement, as it clearly defines the responsibilities and roles of both dentist and oral health therapist and the interface between them. Signing a form is a good reminder that one really has committed to this professional relationship and provides some assurance that both dentist and oral health therapist really do understand their roles and responsibilities prior to signing.

The existence of a signed written professional relationship is especially helpful at times when a patient may receive shared care between the oral health therapists and a dentist and when dealing with a complaint or medico-legal process.

However as long as there is a code of practice that covers the expectations of what a professional relationship should and must look like then I am happy for the need for a signed written professional relationship agreement to be removed.

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

If not, please explain.

YES

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.

YES

Q5: Do you agree with the proposed competency standards for oral health therapists? If not, please explain.

YES

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

YES

Pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003, the Council

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