

31 March 2016

Dear practitioner,

## Follow-up consultation on a proposed oral health therapy scope of practice

At the end of 2014 the Dental Council ('the Council') consulted with stakeholders on the proposed oral health therapy scope of practice. A total of 86 submissions were received; approximately half of those from dentists and dental specialists, and the balance from oral health graduates, professional associations, universities, dental therapists, dental hygienists, and government and regulatory agencies. The Council thanks all the stakeholders that engaged in the consultation process for generously sharing their concerns and for their time commitment.

Due to the nature and level of detail contained in the consultation feedback, the Council established a committee to consider all the submissions. The committee presented its recommendations to the Council in February 2016.

The Council agreed that there is a need for an oral health therapy scope of practice, and that the education currently delivered by the New Zealand oral health programmes must underpin the proposed scope of practice. The draft scope of practice was reconsidered due to the concerns expressed in the submissions that the proposed oral health therapy scope of practice was not aligned with the education provided, and as a result some changes have been made.

The proposed competencies for an oral health therapist have also been amended to take into consideration the specific concerns raised, and to reflect the changes made to the proposed scope of practice. The value and requirement for a signed working relationship was also discussed in detail.

An approach for the transition of oral health graduates registered in the dental hygiene and/or dental therapy scopes of practice, to the oral health therapy scope of practice is proposed. Oral health therapists that transition to register in the oral health therapy scope of practice can continue to perform the same activities as they currently do, based on their current registration and practising status, and within the oral health therapy scope of practice.

The Council is now consulting on a revised oral health therapy scope of practice, updated draft competency standards for oral health therapists, and related topics.

During the consultation phase the Council will be hosting webinars for its stakeholders to provide an opportunity to engage on the consultation proposals – the dates and registration links can be found on page 15.

## Consultation Questions

Stakeholders are invited to comment on the proposed oral health therapy scope of practice and associated matters, by responding to the following consultation questions:

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

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.

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.

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

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

Pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003, the Council must describe the contents of its professions in one or more scopes of practice, and the prescribed qualifications for the relevant scope of practice.

The objective of the consultation is to gather views from the sector to inform the Council's decision on finalising the proposed oral health therapy scope of practice.

The consultation document has been made available to all practitioners, relevant associations and societies, educational institutions, the Ministry of Health, District Health Boards and other organisations with an interest in this matter.

The Council encourages your comments on the proposal by close of business on **27 May 2016**.

*by post:*

Dental Council  
PO Box 10-448  
Wellington 6143

*by fax:*

04 499 1668

*or by email:*

consultations@dcnz.org.nz

Yours sincerely



Marie Warner  
Chief Executive

# **Follow-up consultation on the proposed oral health therapy scope of practice**

**Issued: 31 March 2016**

**Submission closing date: 27 May 2016**

# Contents

Introduction .....	3
Proposals.....	4
The need for a new scope of practice .....	4
The name for the proposed scope of practice .....	5
The proposed scope of practice activities .....	6
Consultative professional relationship .....	7
Supervision levels for the proposed Oral Health Therapy Scope of Practice .....	9
Ongoing competence assurance.....	11
Prescribed Qualifications .....	11
Competencies and performance measures .....	12
Registration transition.....	12
Communication.....	14
Consultation Questions .....	16
Proposed Scope of Practice for Oral Health Therapy .....	17
Guidance for the consultative professional relationship between an oral health therapist and dentist/ dental specialist .....	20
Proposed Prescribed Qualifications .....	24
Competency Standards for Oral Health Therapists .....	27

# 1. Introduction

---

At the end of 2014 the Council consulted with stakeholders on the proposed oral health therapy scope of practice. A total of 86 submissions were received.

Due to the nature and level of detail contained in the consultation feedback, the Council established a committee to consider the submissions for the proposed oral health therapy scope of practice, and then make recommendations to the Council. <sup>1</sup> The committee held three meetings: 29 July 2015, 30 November 2015 and 18th January 2016.

The concerns from the initial consultation were mainly focussed on the proposal for restorative activities to be performed on adults 18 years and over, under prescription of a dentist or dental specialist.

The submissions highlighted some confusion on the intent of the proposed “under prescription”.

“Under prescription of a dentist” was defined as the dentist or dental specialist completing the treatment plan and obtaining consent from the patient for the oral health therapist to complete the restoration(s). There was no requirement for the dentist or dental specialist to be on-site while the restorative procedure was being performed.

The intent of the proposal was that the dentist would:

- verify the medical history of the patient
- perform the examination
- diagnose and risk assess
- formulate the treatment plan, and
- obtain the patient’s informed consent.

This included consent for the oral health therapist to perform the required restorative treatment, on recommendation of the dentist. It is acknowledged that this was not clearly communicated in the initial consultation document, resulting in misinterpretation and confusion.

In response to the initial submissions, the committee investigated and discussed the following areas:

- i. Oral health graduates’ ability to perform restorative activities for patients 18 years and over under prescription of a dentist.

As a consequence of concerns expressed in the submission from the Faculty of Dentistry, University of Otago regarding the capabilities of oral health graduates to deliver some of the proposed scope activities, additional information was requested from the University of Otago Bachelor of Oral Health programme. In particular, clarification was sought regarding the ability of the programme’s oral health graduates to perform restorative activities for patients 18 years and over, under prescription of a dentist, and their ability in caries diagnosis.

The principle for the development of the proposed scope of practice was that the education, training and competencies of the oral health graduates must underpin the development of the oral health therapy scope of practice.

---

<sup>1</sup> Committee comprised of Lyndie Foster Page – dental specialist and Chair of the Oral Health Therapy Working Group, Robin Whyman – dental specialist, Leslea Eilenberg – dental hygienist, Minnie McGibbon – dental therapist, Kate Hazlett – laymember.

- ii. Additional literature, beyond that already considered by the working group, on the clinical care outcomes for adults treated by dental therapists or oral health therapists.
- iii. The need and value of a professional working relationship.

After considering all the submissions and the additional information obtained, the committee presented its recommendations to the Council in February 2016.

Key feedback from the initial submissions is included at the start of each section<sup>2</sup>, followed by the decisions and draft positions proposed for consultation.

## 2. Proposals

Keys:



Decisions



Proposed positions



Consultation questions

### 2.1 The need for a new scope of practice

#### Initial consultation feedback

A number of submitters expressed a preference for the status quo to maintain two separate scopes of practice, as:

- this is a clear and concise demarcation of the graduates' practice
- the current dental hygiene and dental therapy scopes of practice were considered to adequately cover the competencies of the oral health programmes
- this allows flexibility to reflect the current employment situation of the oral health graduates; and reflects the provision of care across the public and private sector in New Zealand
- this allows the established professional identities of dental hygienists and dental therapists to continue "as subsets of dentistry"
- no new profession was created with the introduction of the new combined qualification – consequently there is no need to establish a new scope of practice and title
- the proposal for a new profession appears to have been driven by academic institutions which have developed the degree programmes without necessarily having determined demand or need from within the professions.

**D1**

The Council reconfirmed that there is a need for an oral health therapy scope of practice.

The reasons for the proposed oral health therapy scope of practice were detailed in the initial consultation document. In summary these are as follows:

- i. The oral health programmes are not equivalent to the dental hygiene-only or dental therapy-only programmes gazetted as prescribed qualifications for the dental hygiene and dental therapy scopes of practice, respectively.

<sup>2</sup> This is not a comprehensive list of all the related submission feedback.

- ii. Requiring practitioners to register in both the dental hygiene and dental therapy scopes of practice does not acknowledge the oral health graduates' integrated approach to care.
- iii. A perceived lack of distinct professional identity for the oral health graduates, as they are generally referred to as "dual graduates" - which technically is incorrect as they obtain a single bachelor degree. Furthermore, they are often defined by a subset of their clinical practice within a specific practice environment, or directed by employment arrangements.
- iv. Discrepancies in supervision levels for the same clinical activity between the dental therapy and dental hygiene scopes of practice, in particular for the administration of local anaesthesia.
- v. An oral health therapy scope of practice exists in Australia, where both New Zealand accredited oral health programmes are approved for the oral health therapy scope of practice. This is of particular significance due to the ease of workforce movement between the two jurisdictions under the Trans-Tasman Mutual Recognition Act 2003.

## 2.2 The name for the proposed scope of practice

### Initial consultation feedback

- Approximately half of the submitters agreed with the proposed name for the scope of practice, and they were generally of the view that the name reflects the level of knowledge and skills achieved by oral health graduates.
- The submitters who disagreed with the proposed name for the scope of practice also disagreed with the need for a new scope of practice.
- Several submitters disagreed with the oral health therapy registrants having the option to use multiple titles, including oral health therapist, and/or a dental therapist, and/or a dental hygienist, as this was potentially confusing for the public.

The Council agreed with the submitters' concerns that allowing multiple titles to describe a scope of practice would undermine the purpose of establishing the new scope of practice, and could potentially confuse the public.

**D2**

The Council resolved that the name oral health therapist scope of practice be accepted, with no alternative titles gazetted.

## 2.3 The proposed scope of practice activities

### Initial consultation feedback

- Support for the content of the proposed scope of practice was divided, with approximately one third of submitters agreeing in principle with the contents of the proposed oral health therapy scope of practice and the remaining respondents disagreeing with the scope content.
- Lack of support was focussed mainly on:
  - The education and clinical exposure provided to oral health undergraduates being insufficient for them to achieve the proposed competencies within the new scope, in particular for the provision of restorative and periodontal (emphasis added by a handful of submitters) treatment for patients 18 years and older, even “under prescription” of a dentist.
  - The respective roles of the oral health therapist and dentist in the oral health assessment, diagnosis, treatment planning and gaining of informed consent. Associated concerns related to the inability of the oral health therapist to develop a complete health care plan, provide comprehensive care and obtain informed consent for patients of all ages due to their limited education in a) oral medicine and pathology and b) advanced restorative and periodontic procedures.

As highlighted earlier, the University of Otago Faculty of Dentistry expressed concerns in its submission regarding the ability of its oral health graduates to diagnose “complex carious lesions for all ages” and formulate an oral health care plan across all ages within the proposed scope of practice. In light of this, further clarification and information was sought from the University of Otago Bachelor of Oral Health (BOH) programme.

In addition, the Council secretariat revisited the curriculum mapping from both oral health programmes, prepared for the oral health therapy working group deliberations earlier in the development phase, with respect to the periodontal and caries diagnostic capabilities of oral health graduates.

The BOH programme confirmed that, at this point, its graduates did not have the necessary clinical experience and competence to perform restorative procedures on patients 18 years and over.

This position did not align with the Council’s legal obligation that the education currently delivered by the New Zealand oral health programmes must underpin the proposed oral health therapy scope of practice. Accordingly, the original proposal was reconsidered.

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.

The oral health therapy scope of practice definition and scope activities proposed in the first consultation were amended to reflect this revised position. The updated draft of the oral health therapy scope of practice is included as Attachment 1 - the proposed changes are reflected in red text.

Q1

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



## 2.4 Consultative professional relationship

### Initial consultation feedback

- Approximately two-thirds of submitters disagreed with the proposed removal of the working relationship document.
- In summary, the primary areas of concern were:
  - the ability to safely administer local anaesthesia without direct clinical supervision, in particular for medically complex patients
  - allowing the oral health therapist access to prescription medicine
  - the use of a licensed x-ray machine when taking radiographs.

The need for a 'consultative professional relationship' was unanimously supported by the Council, but the need for a signed agreement was reconsidered. During discussions it was acknowledged that the majority of submitters disagreed with the proposal to remove the working relationship document (current practice standard).

Since the introduction of the Health Practitioners Competence Assurance Act 2003, and with the implementation of the Council's Standards Framework for Oral Health Practitioners the need for working relationships has diminished.

The signed agreement is often perceived as a regulatory compliance exercise with limited or no value to the signatories. The question was posed if the signed agreement added additional mechanisms to assure patient safety. The Council believes that potential patient risks would not in themselves be mitigated by a signed agreement, but the focus should be on an effective professional relationship.

Consideration was given to how an oral health therapist would have timely access to a dentist/dental specialist for advice, in particular in bigger institutions such as district health boards with a limited number of dentist employees and remote practice environments.

The difference between an employment contract and a professional relationship was also highlighted. Some employers might choose to include some clinical governance requirements within the employment contracts, but from the Council's perspective the professional consultative relationship is distinct from employment or performance obligations.

Practitioners are reminded that the duty of care for a patient rests with the individual practitioner, and that also, a health facility has a responsibility, under the Health and Disability Commissioner Code of Rights and employment laws, to protect the safety of patients and its staff. Both have a role to play in ensuring that measures are put in place to keep patients safe.

The oral health practitioner's professional and ethical obligations to practise within their scope of practice and in the patient's best interest needs to be acknowledged and relied upon.

P2

A consultative professional relationship between the oral health therapist and one or more dentists or dental specialists is required for the practice of oral health therapy, to provide a clearly identifiable and reliable means for the oral health therapist to seek professional advice, when needed; no written agreement is required.

P3

A guidance document for the establishment and maintenance of the consultative professional relationship be published by the Council. The guidance document would identify some suggested areas for consideration and discussion between the parties involved.

The scope of practice definition has been redefined to emphasise the need and basis for a consultative professional relationship. It remains the oral health therapist's responsibility to ensure a consultative professional relationship is established and maintained with a dentist or dental specialist, to practise oral health therapy.

Guidance to assist the parties involved in establishing and maintaining the consultative professional relationship has been developed, included as Attachment 2.

Some submitters commented on the need for a "working relationship" for access to an x-ray machine for taking radiographs, and for accessing prescription medicine. It is the Council's view that a signed agreement is not required to enable access to these items, and that there are other regulatory instruments available to achieve these objectives. More specifically –

*Access to prescription medicines can be achieved through a standing order*

A standing order is a written instruction issued by a medical practitioner or dentist. It authorises a specified person or class of people (eg, paramedics, registered nurses) who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs.

The Ministry of Health developed and has maintained a guideline for health professionals working with standing orders. These guidelines assist issuers of the standing order to comply with the Medicines Regulations when developing a standing order, and people administering and/or supplying the medicines under standing orders. These guidelines are available on the Ministry of Health website at <http://www.health.govt.nz/publication/standing-order-guidelines>

A standing order can be developed between the oral health therapist and the dentist/dental specialist with whom the consultative professional relationship is established.

**NOTE:** At the moment dental therapists are exempted under Schedule 1 of the Medicines Regulations 1984 from requiring a standing order for the administration of certain medicines associated with local anaesthesia (Articaine, Prilocaine, Lignocaine and Felypressin).

The Council will work with the necessary ministerial agencies to propose an extension of these exemptions to oral health graduates, based on their education.

Dependent on how long this legal process could take, standing orders could be used in the interim.

*Access to an x-ray machine for taking radiographs*

Currently, Clause 15 of the Radiation Protection Act 1965 states no person may use a diagnostic x-ray machine unless that person is the holder of a licence issued under the Act (the dentist or institution); or is acting under the supervision or instruction of a licensee.

The dentist can authorise the oral health therapist to use the x-ray machine based on his/her understanding of the oral health graduate's education and competence in taking radiographs. There is no guidance on the requirements of such an instruction, but a signed authority by the dentist would be appropriate as evidence of such an arrangement.

The Council does not believe this on its own necessitates a signed "working relationship".

**NOTE:** The Radiation Safety Act was recently enacted and come into effect on 7 March 2017. This introduces a number of changes relevant to dental practice, including a new licensing

requirement for owners of radiation sources. The Act also removes the previous restriction that user licences for dental purposes could only be issued to dentists or medical practitioners.

There is a provision that enables users to avoid user licensing if they are authorised under regulations to be made under the Act. The Council has worked closely with the Office of Radiation Safety in the hope that dentists, therapists, hygienists and orthodontic auxiliaries can avoid user licensing requirements, if allowed within their scope of practice. This process is still underway.

If the regulations are approved, then the Council would canvas for similar exemption status for oral health therapists.

If the proposal that a signed agreement is not required to support the consultative professional relationship was accepted, consideration will be given to the need and requirements of the working relationships and signed agreements for the other professions.

Q2

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

## 2.5 Supervision levels for the proposed Oral Health Therapy Scope of Practice

### Initial consultation feedback

- While there was some agreement with the proposal to remove the requirement for clinical guidance and direct clinical supervision from the oral health therapy scope of practice, opposition to this change predominantly focussed on ensuring that practitioners working within this new scope can identify when to refer, and the restriction of restorative activities to those patients under 18 years of age.
- The majority of submitters were of the view that where basic preventive and restorative treatments were provided for patients under the age of 18, that the proposed supervision levels were appropriate.
- There were a small number of submitters who disagreed with the removal of direct clinical supervision for the administration of local anaesthesia, irrespective of the circumstances and the patient profile.
- Concern was raised regarding the apparent anomaly of requiring orthodontic procedures to be carried out under direct clinical supervision, while more invasive techniques were proposed on adults, autonomously.

The proposed oral health therapy scope of practice must be supported by the education received currently within the oral health programmes, and a confidence that the oral health therapist can identify when a case falls outside his/her scope of practice, competence or confidence level, and refer or seek advice, as appropriate.

Based on the current education the oral health therapist does not require the dentist on-site for the majority of proposed scope activities, however it is acknowledged that an identifiable and reliable means for the oral health therapist to seek professional advice from a dentist/dental specialist, particularly for complex cases, is needed.

P4

That the proposal to not require direct clinical supervision and clinical guidance for the proposed oral health therapy scope of practice remain unchanged, subject to the requirement for a consultative professional relationship.

## Administering local anaesthesia

The oral health therapy working group agreed there was no concern about the competence of the oral health graduates to administer local anaesthesia (LA) with the appropriate and correct technique. In addition, the medical emergency training level for an oral health therapist was equivalent to that of dentists/dental specialists – NZRC Core Level 4 or equivalent.

The primary question related to whether the oral health graduates had sufficient knowledge to identify potential risk factors and decide when not to administer LA, and to seek further advice. Review of the information provided to the oral health therapy working group from both oral health programmes confirmed oral health graduates have this capability.

Oral health graduates were required to understand potential interactions between patient medications and LA; the complications of LA administration and their management; and are responsible for their own clinical outcomes and, as such “... do know what they don't know”.

The consultative professional relationship would ensure an oral health therapist has access to a dentist or dental specialist to seek advice for medically complex patients before administering LA, or to refer, as appropriate.

P5

To leave the proposed supervision for the administration of local anaesthetic unchanged, that is, performed within a consultative professional relationship.

## Orthodontic related activities

The objections to the direct clinical supervision requirement for orthodontic related activities related mostly to the proposal of restorative activities on patients 18 years and over.

However, there were some valid comments about direct clinical supervision being disproportionate for some activities. The list of orthodontic-related scope activities was critically reviewed and a few minor amendments proposed.

P6

The orthodontic activities remain under direct clinical supervision of the dentist/dental specialist, except for the following activities to be moved from the list of activities requiring 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.

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?

## 2.6 Ongoing competence assurance

### Initial consultation feedback

- Concerns were raised by submitters on the assurance of ongoing competence across all aspects of the proposed oral health therapist scope of practice. The concern related mainly to the employment and dental service arrangements acting as barriers for oral health therapy practitioners to maintain competence across all restorative and hygiene activities.

The point was made that an employee of a District Health Board would realistically be restricted to carrying out dental therapy work. Those employed as hygienists in private practice would have limited opportunity to maintain competence in the restorative activities carried out within the current dental therapy scope of practice.

The Council is of the view that oral health therapists would not necessarily require two jobs to maintain competence across all scope activities, as private dental practices deliver dental care to adolescents, and some district health boards offer dental hygiene-related services – although limited at this stage.

Assurance of competence is no different from any other oral health professional, for example dentists did not necessarily practise across the full general dental scope of practice. It was the practitioner's personal responsibility to maintain competence, and if the practitioner was not competent or lacked confidence in performing a specific activity then they should refer the patient appropriately. Similar to other oral health practitioners, an oral health therapist might choose to limit his/her scope of practice to a specific area of practice.

Practitioners could always refresh or upskill their knowledge and skills, if required, underpinned by the fundamental knowledge base and skills gained through the bachelor degree.

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.

## 2.7 Prescribed qualifications

### Initial consultation feedback

- The response to the proposed prescribed qualifications was almost evenly divided amongst submitters. Some submitters believed the listed qualifications did not adequately prepare graduates for practising in the proposed oral health therapy scope of practice – in particular, performing restorative activities for patients 18 years and over.

The two oral health programmes are currently gazetted as prescribed qualifications for the orthodontic auxiliary scope of practice. The orthodontic-related activities in the dental hygiene and orthodontic auxiliary scopes of practice are exactly the same, and registration in both scopes of practice has no benefit and could potentially cause public confusion.

The updated draft prescribed qualifications for the oral health therapy and orthodontic auxiliary scopes of practice is included as Attachment 3. The proposed changes to the dental hygiene and dental therapy prescribed qualifications remain unchanged from the previous consultation.

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.

An oral health therapist may choose to limit his/her scope of practice in that area of practice, without the need to register 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.

## 2.8 Competencies and performance measures

### Initial consultation feedback

- Approximately half of submitters felt the proposed competencies and measures reflected both the dental hygiene and dental therapy scopes of practice accurately.
- Constructive input on the proposed changes was received.
- Those submitters who disagreed, either disagreed with the scope of practice to be established or with the proposed restorative activities on patients 18 years and over.

Competencies were revisited, and suggested changes were considered. The competency structure has been slightly amended, with the competency standards ordered differently. Some of the professional standards within the Standards Framework for Oral Health Practitioners were also introduced. An updated draft competency standards for oral health therapists is included as Attachment 4.

Q5

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

## 2.9 Registration transition

### Initial consultation feedback

- The majority of submitters disagreed with the proposed transition. The primary concern related to 'significant recency of practice issues', due to a belief that the majority of oral health graduates only practise in either the dental hygiene or dental therapy scope of practice.
- Several submitters suggested a two or three year transition period was more appropriate and would allow for factors such as practitioners being on parental leave, or having taken a break from the workforce for a period, or allow professional associations to "educate and inform" their members of the change.

Following consideration of the submission comments, the following amended transition approach is proposed.

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.

There are currently 437 oral health graduates<sup>3</sup> registered with the Council, who could be eligible for registration in the oral health therapy scope of practice. Of these, 89% are registered and have an APC in both the dental hygiene and dental therapy scopes of practice.

---

<sup>3</sup> Oral health graduates are those practitioners holding a University of Otago Bachelor of Oral Health (obtained since 2009) or Auckland University of Technology Bachelor of Health Science in oral health (obtained since 2008) qualification.

Some sample scenarios follow that explains the outcomes of the proposed registration transition:

Oral health graduate registered in both dental hygiene and dental therapy scopes of practice			
	Dental hygiene scope of practice	Dental therapy scope of practice	Outcome
Oral health graduate has a current practising certificate in...	✓	✓	<ul style="list-style-type: none"> <li>➤ will be registered as an oral health therapist</li> <li>➤ registration removed from the dental hygiene and dental therapy scopes of practice; and from orthodontic auxiliary scope of practice if registered as an orthodontic auxiliary</li> <li>➤ practising certificate issued for oral health therapy scope of practice</li> </ul>
Oral health graduate has a current practising certificate in...	✗	✓	<ul style="list-style-type: none"> <li>➤ can choose to register as an oral health therapist</li> <li>➤ If they do so, registration removed from the dental hygiene and dental therapy scopes of practice; and from orthodontic auxiliary scope of practice if registered as an orthodontic auxiliary</li> <li>➤ APC issued for oral health therapy scope of practice activities, with a condition not to perform dental hygiene related activities</li> <li>➤ if practitioner applies for practising restrictions to be lifted for dental hygiene activities – recency of practice considerations will apply</li> </ul>
Oral health graduate has a current practising certificate in...	✗	✗	<ul style="list-style-type: none"> <li>➤ can choose to register as an oral health therapist</li> <li>➤ remove registration from the dental hygiene and dental therapy scopes of practice; and from orthodontic auxiliary scope of practice if registered as an orthodontic auxiliary</li> <li>➤ cannot practise until such time as an APC application has been considered and approved. Individual consideration for recency of practice considerations will apply.</li> </ul>

Once implemented, future cohorts from the oral health programmes can only register as an oral health therapist.

Q6

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



## 2.10 Communication

Oral health graduates that are registered with the Council will receive individualised communications regarding their specific transition or registration requirements.

During the consultation phase the Council will be hosting webinars for its stakeholders to provide an opportunity to engage on the consultation proposals – details below.

### Webinars

Two webinar streams will be held for the following audiences:

- Oral health graduates who would be eligible for registration as an oral health therapist, to consider the consultation proposals, with particular focus on the registration transition on a principle level - exploring different scenarios depending on the registration and practising status of oral health graduates.
- Other registered practitioners and interested parties to discuss the consultation proposals.

The following dates are available to register for a webinar:

**Oral health graduates only sessions** – consultation proposals and registration transition

**12 April 2016 6:30 – 7:30pm**

**13 April 2016 6:30 – 7:30pm**

**Other stakeholders' sessions** – consultation proposals

**18 April 2016 6:30 – 7:30pm**

**21 April 2016 6:30 – 7:30pm**

**Click on your preferred option to register**

## Consultation Questions

---

Stakeholders are invited to comment on the proposed Oral Health Therapy Scope of Practice by responding to the following questions:

Q1

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

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.

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.

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.

Q5

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

Q6

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

## Proposed Scope of Practice for Oral Health Therapy

Dental Council  
Health Practitioners Competence Assurance Act 2003

Notice of Scopes of Practice  
Issued by the Dental Council pursuant to section 11 of the Health  
Practitioners Competence Assurance  
Act 2003

### Oral Health Therapy

#### Scope of Practice for Oral Health Therapy

The scope of practice for oral health therapy is the practice of oral health therapy as set out in the documented "Detailed Scope of Practice for Oral Health Therapy" produced and published from time to time by the Dental Council. ~~Oral health therapy is a part of the practice of dentistry.~~

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients ~~in accordance~~ with the detailed scope of practice, ~~and~~ commensurate with their approved education, training and competence. ~~Restorative treatment for patients 18 years and over is provided under prescription<sup>4</sup> of a dentist or dental specialist, within the detailed scope of practice.~~

Oral health education, disease prevention and oral health promotion for individuals and communities are core activities, aimed at achieving and maintaining oral health as an integral part of general health. ~~throughout the lifespan as an integral part of general health.~~

Oral health therapists practise as part of the dental team, and work collaboratively with other oral health practitioners and health practitioners to provide appropriate and comprehensive care to the benefit of patients' overall health.

~~Oral health therapists and dentists have a consultative professional relationship. The relationship may be held by the oral health therapist with one dentist or dental specialist, or with a number of dentists/dental specialists. The establishment and maintenance of the consultative professional relationship is required for the practice of oral health therapy.~~

~~Practitioners within the consultative professional relationship are jointly responsible and accountable for the standard of decisions and care delivered to patients based on professional advice sought and given. Practitioners may wish to jointly develop a document containing agreed processes to support the consultative professional relationship and ensure advice is readily available when needed, however this is not mandatory.~~

---

<sup>4</sup>~~Under prescription means the dentist or dental specialist would complete the treatment plan and obtain consent from the patient for the oral health therapist to complete the restoration(s). However, there is no requirement for the dentist or dental specialist to be on-site while the restorative procedure is being performed.~~

Areas of oral health practice not included in an oral health therapist's education ~~should~~ **must** not be undertaken unless the practitioner has since completed appropriate further education and practises within the detailed oral health therapy scope of practice and to the standards required by the Council.

### Detailed Scope of Practice for Oral Health Therapy

Practised commensurate with the oral health therapist's approved education, training and competence, oral health therapy involves:

- Obtaining and assessing medical and oral health histories
- Examining oral tissues and recognising abnormalities ~~and diagnosing dental caries and periodontal disease.~~
- Taking and interpreting intra and extra-oral radiographs
- Taking intra and extra-oral photographs
- **Diagnosing dental caries for patients up to age 18**
- **Diagnosing periodontal disease**
- Preparing oral health care plans
- Consulting with other health practitioners as appropriate
- Referring as necessary to the appropriate practitioner/agency
- Obtaining informed consent
- Providing oral health education, information and counselling to patients
- Applying and dispensing non-prescription preventive agents
- Applying **and dispensing** prescription **medicines** and preventive agents
- Applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- Applying fissure sealants
- Administering topical local anaesthetic
- Administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques
- Removing hard and soft deposits from all tooth surfaces
- **Restorative activities for patients up to age 18:**
  - Preparing cavities and restoring primary and permanent teeth using direct placement of dental materials
  - Extracting primary teeth
  - Performing pulpotomies on primary teeth
  - Preparing **primary** teeth for, and placing, stainless steel crowns ~~on primary teeth~~
- Recontouring and polishing restorations
- Taking impressions, recording occlusal relationships, and making study models
- Constructing and fitting mouthguards and bleaching trays
- Performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings
- Promoting the oral health of communities by:

- raising awareness of oral health and its effect on general health and well-being
- designing and implementing oral health promotion projects, and evaluating their effectiveness, in response to the oral health needs of specific communities
- Assisting the dentist or dental specialist in implementing orthodontic treatment plans through performing the following orthodontic procedures:
  - Tracing cephalometric radiographs
  - Fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- Assisting the dentist or dental specialist in implementing orthodontic treatment plans, as directed by the dentist or dental specialist who is responsible for the patient's clinical care outcomes and is on-site at the time, through performing the following orthodontic procedures:
  - Placing separators
  - Sizing and cementing metal bands including loose bands during treatment
  - Preparing teeth for bonding fixed attachments and fixed retainers
  - Indirect bonding of brackets as set up by the dentist or dental specialist
  - Placing archwires when necessary (as formed by the dentist or dental specialist) and replacing ligatures/closing self- ligating brackets
  - Trial fitting removable appliances. This does not include activation
  - 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
  - Fitting passive removable retainers
  - Bonding preformed fixed retainers.
  - ~~Tracing cephalometric radiographs~~
  - ~~Fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature~~

# Guidance for the consultative professional relationship between an oral health therapist and dentist/ dental specialist

## Introduction

Oral health therapists are registered oral health practitioners who practise as part of the dental team, and work collaboratively with other oral health practitioners and health practitioners to provide comprehensive care to the benefit of patients' overall health.

The oral health therapy scope of practice is described by the Dental Council ('the Council'), and details the activities that oral health therapists may perform, commensurate with their education, training and competence.

To practise oral health therapy in New Zealand an oral health therapist must have a consultative professional relationship with one or more dentist(s) and/or dental specialist(s); for the purposes of this guidance the term 'dentist' will be used.

## Purpose

The purpose of this guidance is to further explain the role and nature of the consultative professional relationship, and the responsibilities of practitioners within it; and provide direction for the oral health therapist and dentist when establishing a consultative professional relationship.

## The consultative professional relationship

The Council envisages a team approach in the delivery of oral health care, with each of the dental team members delivering care within their own unique set of skills, competencies and scope of practice, in collaboration with other team members, to the benefit of the patients' overall health.

The Council acknowledges that the patient's presenting condition or their treatment or management needs may fall outside the education, skills, competence, experience or scope of practice of a particular practitioner. Each practitioner has a duty of care to recognise these situations and seek professional advice or assistance, or refer appropriately, as applicable to the circumstance.

The consultative professional relationship is the arrangement established between an oral health therapist and dentist to provide professional advice in relation to the treatment and management of patients, within the oral health therapy scope of practice. It provides a recognisable and reliable means for the oral health therapist to seek advice, and a potential pathway for referral.

This relationship is founded on the willingness of the parties to communicate openly and respectfully, and to work in a collegial and collaborative manner, each recognising the other's scope of practice and expertise while working to enhance patient outcomes.

To enable the dentist to give appropriate advice the oral health therapist needs to inform the dentist of the particulars of their scope of practice and individual level of knowledge, skills and experience; and any conditions or exclusions on their scope of practice.

The dentist giving advice must hold a current annual practising certificate (APC) in a scope of practice that is relevant to the advice being sought, and have no conditions on their scope of practice that would limit their ability to offer advice.

It is anticipated that when advice is required it will be sought from the dentist in the consultative relationship; however the oral health therapist may seek advice or assistance from other health practitioners, or refer to them.

### Responsibilities of practitioners

- All oral health practitioners are personally responsible and accountable for the decisions they make and the care they provide for their patients.
- When activities are outside the oral health therapist's individual knowledge or skills, they have a responsibility to seek professional advice; this may result in referral.
- Particular circumstances may be identified through discussion between the dentist and the oral health therapist in which it is anticipated that the oral health therapist would seek advice. For example, the interpretation of complex medical histories and their potential significance when planning to administer local anaesthetic, or when anticipated treatment outcomes have not been met.
- The practitioner offering the professional advice is obliged to give timely advice, appropriate to the practising environment.
- When decisions related to the diagnosis, planning and care of patients are made based on the professional advice given, the dentist and oral health therapist are jointly accountable for the standard of those decisions.
- Both the practitioner seeking advice and the practitioner giving advice are responsible for keeping independent, accurate and up-to-date records of advice sought and provided.
- The oral health therapist is responsible for ensuring an appropriate standing order is in place with a dentist, to enable them to administer or supply a patient with prescription medicines, when appropriate and within their scope of practice. The dentist is responsible for ensuring that the necessary measures are in place to facilitate the safe administration or supply of medicines, and appropriately documented. The Ministry of Health has guidelines to assist practitioner to comply with the Medicines Regulations, and is available on the Ministry of Health's website at <http://www.health.govt.nz/publication/standing-order-guidelines>
- Only a registered dentist may be granted a licence for a diagnostic x-ray machine under the Radiation Protection Act 1965. The dentist can authorise the oral health therapist to use the x-ray machine based on his/her understanding of the oral health graduates education and competence in taking radiographs.

## Establishing and maintaining a consultative professional relationship

When establishing a consultative professional relationship, it is anticipated that the oral health therapist and dentist will discuss their individual and shared responsibilities within the relationship, and develop some agreed processes to ensure:

- That the oral health therapist has access to timely advice from the dentist when needed
- That the relationship is workable from all practitioners' perspectives, taking into account their particular practice contexts and working styles.

It is anticipated that the oral health therapist and dentist will reliably meet their responsibilities within the consultative professional relationship. Consequently, a signed written agreement is not required.

The points below may be useful in guiding the discussion in establishing and maintaining a consultative professional relationship. Practitioners may choose to record the positions reached and the processes developed through this discussion, however this is not mandatory.

### Discussion Guidance

- Acknowledge the requirement for the oral health therapist to have a consultative professional relationship in place in order to meet the requirements of practising oral health therapy.
- Confirm the willingness of the dentist to provide advice or assistance for the oral health therapist, when required.
- Approach the establishment of the consultative professional relationship in a collegial and collaborative manner to ensure the relationship works from all practitioners' perspectives.
- Acknowledge the need for the oral health therapist to inform the dentist of the particulars of their scope of practice, and their individual level of knowledge, skills and experience; and any conditions or exclusions on their scope of practice.
- Consider whether the scope of practice of the dentist enables them to give advice related to the complete oral health therapy scope of practice, or whether additional practitioners might need to be included in the consultative professional relationship for certain aspects of clinical care.
- Confirm that the dentist holds a current APC and does not have any conditions on their scope of practice that could limit their ability to give advice or assistance related to oral health therapy.
- Consider the individual and shared responsibilities of practitioners within the consultative professional relationship, as outlined in this guidance, and come to an agreed understanding of these.
- Identify any specific circumstances in which it is expected the oral health therapist will ask for professional advice or assistance, for example, the interpretation of complex medical histories and/or polypharmacy, and their potential significance when administering local anaesthetic.
- Consider and agree on the preferred form of communication for consultation – e-mail, text messaging, telephone, face-to-face?
- Discuss and agree on an understanding of 'timely advice', for example, would advice be received on the same day as it was sought?



- Consider and agree on the alternative arrangements if a practitioner within the consultative professional relationship is unavailable to give advice, for example, the practitioner is on holiday or unwell.
- Acknowledge that the oral health therapist may seek advice or assistance, or refer, to a dentist outside the consultative professional relationship.
- Develop a process for the management of referrals from the oral health therapist within the consultative professional relationship; and referrals from the dentist to the oral health therapist.
- Confirm the existence of, or establish, a standing order to enable the oral health therapist to administer and/or supply a patient with prescription medicines, when appropriate.
- Consider and agree on a process to enable access by the oral health therapist to appropriate prescription medicines, prescribed by the dentist, for example, antibiotics for the management of infection, or antibiotic prophylaxis for at-risk patients before treatment.
- Acknowledge that the professional relationship will evolve over time, and changes may be necessary. Consider and agree on a time period for review of the consultative professional relationship.

## Proposed Prescribed Qualifications

### Dental Council Health Practitioners Competence Assurance Act 2003

#### Notice of Scopes of Practice Issued by the Dental Council pursuant to section 11 of the Health Practitioners Competence Assurance Act 2003

### Prescribed qualifications for the Scope of Practice for Oral Health Therapy

1. University of Otago Bachelor of Oral Health; or
2. Auckland University of Technology Bachelor of Health Science in Oral Health; or
3. New Zealand Oral Health Therapist Registration Examination; or
4. Dental Board of Australia-approved ~~Australian-accredited qualifications~~ programmes that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia.

### Prescribed qualifications for the Scope of Practice for Dental Hygiene

1. Bachelor of Oral Health, University of Otago ~~and registration as a Dental Hygienist with the Dental Council as at dd/mm/yy (gazette date of oral health therapy scope of practice)~~; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology ~~and registration as a Dental Hygienist with the Dental Council as at dd/mm/yy (gazette date of oral health therapy scope of practice)~~; 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 and Extra-oral Radiography, or

7. Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago; 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 Australia<sup>5</sup>; or
9. an undergraduate dental hygiene degree or diploma, or undergraduate dental degree; and 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 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.

## Prescribed qualifications for the Scope of Practice for Dental Therapy

1. Bachelor of Oral Health, University of Otago and registration as a Dental Therapist with the Dental Council as at dd/mm/yy (gazette date of oral health therapy scope of practice); or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology and registration as a Dental Therapist with the Dental Council as at dd/mm/yy (gazette date of oral health therapy scope of practice); or
3. Certificate in Dental Therapy or Certificate in Dental Nursing (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 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

---

<sup>5</sup> 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.

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 Dental Council approved courses for Pulpotomies and Stainless Steel Crowns and Radiography and Diagnostic Radiography (excluding a Diploma in Dental Therapy issued by University of Otago 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 that included education in Pulpotomies, Stainless Steel Crowns, Radiography and Diagnostic Radiography and registration in Australia; or
7. Undergraduate dental therapy degree or diploma, or an undergraduate dental degree; and a pass in the Dental Council Dental Therapy Registration Examination.

## Prescribed qualifications for the Scope of Practice for Orthodontic Auxiliary

1. Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting; possession of a dental therapy, dental hygiene or dentistry qualification 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 competency <sup>1</sup>.
2. Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme 2.
3. Bachelor of Oral Health, University of Otago and registration in the Scope of Dental Hygiene Practice, **as at dd/mm/yy (gazette date of oral health therapy scope of practice)**.
4. Bachelor of Health Science in Oral Health, Auckland University of Technology conferred from 2011, and registration in the Scope of Dental Hygiene Practice, **as at dd/mm/yy (gazette date of oral health therapy scope of practice)**.
5. Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice.
6. Diploma in Dental Hygiene, University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice, and Dental Council approved course for Extra-oral Radiography.

<sup>1</sup> The Dental Council approved this prescribed qualification on 10 July 2006.

<sup>2</sup> The Dental Council approved this prescribed qualification on 15 February 2010.

## Draft Competency Standards for Oral Health Therapists

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice, and commensurate with their approved education, training and competence.

The purpose of this document is to:

- set out the entry level competency standards which applicants for registration as an oral health therapist must meet in order to be registered;
- provide criteria against which an individual's performance in meeting these standards may be measured.

A competent oral health therapist is one who meets the competency standards; applying knowledge, skills, attitudes, communication and judgement to the delivery of appropriate oral health care, in accordance with the scope of practice within which they are registered.

Competency standard	Measure A competent oral health therapist will:
<p><b>Understand the legal requirements of practising in an oral health workplace</b></p> <p>Understand and comply with the ethical responsibilities and legislative requirements relating to the safe and competent practice of oral health therapy in New Zealand</p>	<ul style="list-style-type: none"> <li>• Demonstrate familiarity with, and comply with relevant legislation and Dental Council standards</li> </ul>
<p><b>Behave professionally</b></p>	<ul style="list-style-type: none"> <li>• Understand and apply the ethical principles, professional standards and practice standards that govern their behaviour as oral health professionals</li> <li>• Prioritise the health needs and safe care of patients</li> <li>• Treat patients with dignity and respect at all times</li> <li>• Put the interests of patients ahead of personal, financial or other gain</li> <li>• Respect patients' right to complain and enable them to seek redress</li> </ul>
<p><b>Understand current scientific knowledge related to oral health</b></p> <p>Understand current biological, physical, cultural, social and psychological factors which influence the attainment and maintenance of oral health</p> <p>Use these factors to inform best practice</p>	<ul style="list-style-type: none"> <li>• Show an understanding of biological, physical, cultural, social and psychological factors in oral health therapy</li> <li>• Use this knowledge in the development and delivery of oral health care for individuals and communities</li> <li>• Communicate this knowledge to patients, parents/carers, and the wider community</li> </ul>

<p><b>Provide culturally competent practice</b></p> <p>See issues from the perspective of people of other cultures</p> <p>Adhere to the Treaty of Waitangi</p>	<ul style="list-style-type: none"> <li>• Demonstrate awareness of New Zealand's cultural diversity and recognise that culture is not confined to ethnicity</li> <li>• Recognise the unique place Māori hold as tangata whenua in New Zealand and the importance of the Treaty of Waitangi</li> <li>• Honour the Treaty of Waitangi principles of partnership, participation and protection in the delivery and promotion of oral healthcare</li> <li>• Practise in a way which respects each patient's identity</li> <li>• Observe cultural etiquette</li> <li>• Consider cultural perspective in decision-making</li> <li>• Assist patients to receive oral health therapy services which take into account their cultural needs</li> <li>• Treat patients fairly and without discrimination, respecting cultural values, personal disabilities and individual differences</li> </ul>
<p><b>Communicate effectively</b></p> <p>Communicate effectively with patients, other health professionals and the public on oral health matters</p>	<ul style="list-style-type: none"> <li>• Communicate honestly, factually and without exaggeration</li> </ul> <p><i>With patients</i></p> <ul style="list-style-type: none"> <li>• Demonstrate good rapport and empathy</li> <li>• Assure patients' dignity</li> <li>• Listen to patients, and respect and consider their preferences and concerns</li> <li>• Explain findings, treatment options and likely outcomes in easily understood language to ensure informed consent</li> <li>• Recognise communication barriers and meet patients' individual communication needs</li> <li>• Adapt information to patients' level of comprehension</li> <li>• Confirm patients' understanding of the information provided</li> </ul> <p><i>With other health professionals</i></p> <ul style="list-style-type: none"> <li>• Communicate openly in inter-and intra-professional teams for the enhancement of patient care</li> <li>• Provide written information and copies of records when making a referral, or providing information, to another health practitioner involved in patient care</li> </ul>

	<ul style="list-style-type: none"> <li>• Behave respectfully in communication to and about colleagues and other health professionals</li> </ul>
<p><b>Promote the oral health of individuals and communities</b></p> <p>Raise awareness of oral health and its effect on general health and well-being</p>	<ul style="list-style-type: none"> <li>• Educate patients at all stages in their life, or patients' family, carers or guardians, about the aetiology and prevention of oral diseases using effective and evidence-based education and communication strategies</li> <li>• Promote awareness and understanding of the relationship between oral health and general health</li> <li>• Provide 'one on one' counsel and advice to encourage sound health attitudes and practices</li> <li>• Communicate importance of issues such as diet, smoking, and oral hygiene on oral and general health</li> <li>• Design and implement oral health promotion projects and evaluate their effectiveness, in response to the oral health needs of specific communities</li> <li>• Demonstrate a commitment to oral health promotion by working with other health personnel and/or educational staff where appropriate</li> <li>• Express a professional view on fluoride, amalgam and other topical public issues related to oral health</li> <li>• Facilitate patients' access to services and resources</li> </ul>
<p><b>Obtain patient information</b></p> <p>Obtain by interview and examination patient information relevant to the delivery of oral health care; record this information logically, legibly; and store securely</p>	<ul style="list-style-type: none"> <li>• Record an accurate patient history to inform patient care</li> <li>• Perform an extra-oral examination</li> <li>• Detect hard and soft tissue abnormalities, e.g. dental erosion, enamel defects, oral ulceration</li> <li>• Detect dental caries for patients up to age 18</li> <li>• Detect periodontal disease(s), plaque and calculus</li> <li>• Use posterior bitewing and periapical radiographs, and other appropriate tests, to aid in the detection of dental caries and periodontal disease</li> <li>• Take intra- and extra-oral photographs</li> <li>• Record examination findings, demonstrating that all orofacial tissues have been examined closely</li> <li>• Record information on teeth present/missing or restored</li> <li>• Ensure records are legible, accurate, up-to-date, complete and relevant</li> </ul>

	<ul style="list-style-type: none"> <li>• Store patient records securely to protect patient confidentiality</li> </ul>
<p><b>Analyse patient information and develop an oral health care plan</b></p> <p>Assess information to identify oral health problems and formulate an evidence based oral health care plan that addresses the aetiology of dental and oral disease, the attainment or maintenance of oral health, priority of management, patient options, anticipated outcomes and the duration of treatment</p>	<ul style="list-style-type: none"> <li>• Assess patient information gathered in the interview and assessment</li> <li>• Recognise significant medical, dental and social history and develop the oral health care plan accordingly</li> <li>• Diagnose dental caries for patients up to age 18</li> <li>• Diagnose periodontal disease(s)</li> <li>• Evaluate individual patient risk for oral disease(s)</li> <li>• Develop evidence based, prioritised oral health care plans which include individualised strategies for: <ul style="list-style-type: none"> <li>• managing and preventing oral disease and its consequences</li> <li>• promoting the attainment and maintenance of oral health</li> </ul> </li> <li>• Consider and discuss management options, including preventive strategies, and anticipated outcomes</li> <li>• Make recall/review arrangements</li> <li>• Seek advice, or refer, to other practitioners when appropriate</li> </ul>
<p><b>Provide or make provision for oral health care</b></p> <p>Communicate the requirements of an oral health care plan to patients in order to obtain informed consent; where necessary carry out agreed procedures, and manage any complications.</p>	<p><i>Informed consent:</i></p> <ul style="list-style-type: none"> <li>• Provide patients, parents or carers with full explanations and information to make informed decisions</li> <li>• Allow patients the time they need to make an informed decision</li> <li>• Respect the autonomy and freedom of choice of the patient</li> <li>• Record the adopted oral health care plan, including any treatment declined or deferred by the patient</li> <li>• Record informed consent to the agreed oral health care plan</li> <li>• Ensure informed consent remains valid at all times</li> </ul> <p><i>Preventative care:</i></p> <ul style="list-style-type: none"> <li>• Place fissure sealants and preventive coatings according to clinical findings and evidence based practice guidelines</li> </ul>



	<ul style="list-style-type: none"> <li>• Apply topical fluorides based on the assessment of the caries risk of the patient, according to clinical findings and evidence based practice guidelines</li> <li>• Apply and dispense non-prescription preventive agents</li> <li>• Construct and fit mouthguards</li> <li>• Recontour and polish restorations</li> <li>• Apply and dispense prescription medicines and preventive agents</li> <li>• Apply and dispense topical agents for treatment of tooth sensitivity and tooth discolouration</li> </ul> <p><i>Periodontal management:</i></p> <ul style="list-style-type: none"> <li>• Debride plaque and calculus from supra and subgingival tooth surfaces</li> <li>• Address predisposing factors</li> <li>• Give and record self-care instructions</li> <li>• Place and remove periodontal dressings</li> <li>• Remove sutures</li> <li>• Determine a recall regime</li> <li>• Manage acute periodontal infection by seeking advice and/or patient referral</li> <li>• Refer appropriately</li> </ul> <p><i>Restorative intervention:</i></p> <ul style="list-style-type: none"> <li>• Determine the need for restorative intervention</li> <li>• Consider current clinical practice guidelines and scientific evidence in decision-making</li> <li>• Select the appropriate restorative procedure and dental materials</li> <li>• Restore the integrity and function of teeth</li> <li>• Alleviate tooth discomfort and/or pain by restorative intervention or deciduous tooth extraction, as appropriate</li> </ul> <p><i>Use of topical and local anaesthetic:</i></p> <ul style="list-style-type: none"> <li>• Identify potential risk factors for local anaesthetic administration and respond appropriately; this may include seeking advice, or patient referral</li> <li>• Administer topical anaesthetic</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>• Use the correct local anaesthetic solution and technique</li> <li>• Achieve adequate anaesthesia</li> <li>• Understand and manage complications of local anaesthetic</li> </ul> <p><i>Radiography:</i></p> <ul style="list-style-type: none"> <li>• Use bitewing, periapical and extra-oral radiographs appropriately</li> <li>• Relate radiographs to patient's needs with relevant structures in view</li> <li>• Ensure adequate image quality</li> <li>• Ensure ideal view(s) for diagnosis</li> <li>• Maintain radiation safety for the patient, staff, public and environment</li> <li>• Record radiographic findings</li> </ul> <p><i>Clinical Records:</i></p> <ul style="list-style-type: none"> <li>• Maintain accurate, time-bound and up-to-date patient records</li> <li>• Store and label extra- and intra-oral photographs, and radiographs, to enable identification</li> <li>• Store and label study models to enable identification</li> </ul> <p><i>Orthodontics:</i></p> <ul style="list-style-type: none"> <li>• Trace cephalometric radiographs</li> <li>• Place separators</li> <li>• Prepare teeth for bonding of fixed attachments and fixed retainers</li> <li>• Size and cement metal bands, including loose bands during treatment</li> <li>• Trial fit removable appliances and fit passive removable retainers</li> <li>• Remove or replace elastomeric or wire ligatures, and open and close self-ligating brackets</li> <li>• Place and remove archwires</li> <li>• Carry out indirect bonding of brackets</li> <li>• Remove fixed orthodontic attachments and retainers</li> </ul>
--	---

	<ul style="list-style-type: none"> <li>• Bond preformed fixed retainers</li> <li>• Remove adhesives</li> <li>• Fabricate retainers</li> </ul> <p>Other</p> <ul style="list-style-type: none"> <li>• Take impressions and make study models</li> </ul>
<p><b>Refer and collaborate with the appropriate health professionals</b></p> <p>Refer for advice and/or treatment where diagnosis and management planning indicates that the patient requires a level of knowledge and/or skills greater than those of the oral health therapist</p>	<ul style="list-style-type: none"> <li>• Understand the importance of a team-based approach to patient care</li> <li>• Establish a collaborative professional relationship with a dentist(s) /dental specialist(s)</li> <li>• Obtain advice from colleagues and other health professionals where necessary</li> <li>• Collaborate with colleagues and other health practitioners, and contribute to teamwork for enhanced patient outcomes</li> <li>• Make appropriate referrals</li> </ul>
<p><b>Assess the effectiveness of oral health strategies</b></p> <p>Objectively assess both short term and long term outcomes of oral health strategies</p>	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of the prognosis for treatment strategies offered to individuals and to the community at large</li> <li>• Communicate this knowledge to patients, parents and the wider community</li> <li>• Review and assess outcomes of care</li> </ul>
<p><b>Understand scientific methodology</b></p> <p>Undertake research and/or analyse relevant scientific literature and apply findings to the delivery of appropriate oral health care</p>	<ul style="list-style-type: none"> <li>• Read and critically analyse scientific publications in oral health</li> <li>• Share experiences and case studies of oral health therapy practice with colleagues</li> <li>• Demonstrate understanding of current issues including: <ul style="list-style-type: none"> <li>○ Recent developments in oral health</li> <li>○ Evidential base of practice; of new materials and treatment techniques based on research</li> </ul> </li> <li>• <b>Use scientific knowledge and practice experience to inform oral health practice</b></li> </ul>
<p><b>Prevent and control infection</b></p> <p>Undertake procedures to ensure compliance with Dental Council Infection Prevention and Control practice standard</p>	<ul style="list-style-type: none"> <li>• Treat all patient body fluids as potentially infectious</li> <li>• Practise standard precautions routinely, including appropriate hand hygiene protocols, use of personal protective equipment and safe management of sharps and waste</li> <li>• Define contaminated and uncontaminated zones and control the extent and spread of contamination in and between these zones</li> </ul>

	<ul style="list-style-type: none"> <li>• Clean all surfaces and equipment in contaminated zones after each patient treatment</li> <li>• Reprocess all contaminated reusable items appropriately for their intended use</li> <li>• Follow required monitoring and validation protocols for equipment and processes</li> <li>• Maintain infection prevention and control documentation</li> </ul>
<p><b>Maintain a safe work environment</b></p> <p>Undertake occupational health and safety procedures to ensure compliance with relevant laws and practice standards</p>	<ul style="list-style-type: none"> <li>• Monitor emergency plans and accident/incident protocols</li> <li>• Control identified hazards by using/taking the protective measures supplied/identified</li> <li>• Arrange equipment in the surgery to enable practitioners and patients to be able to move safely within this environment</li> <li>• Check materials for expiry dates and rotate as required</li> <li>• Handle, and dispose of, hazardous and contaminated clinical waste safely</li> <li>• Report all actual and potential incidents</li> </ul>
<p><b>Maintain and develop professional practice</b></p> <p>Reflect upon, self-assess and develop professional practice by continually monitoring the outcomes of oral health care delivery, and undertaking continuing personal professional development</p>	<ul style="list-style-type: none"> <li>• Show commitment to learning throughout their career</li> <li>• Identify skills, knowledge and attitudes to be developed</li> <li>• Identify learning needs for personal professional development</li> <li>• Implement an active professional development programme</li> <li>• Discuss professional issues with colleagues</li> <li>• Fulfil Dental Council recertification programme requirements</li> </ul>