

26 October 2016

Dear practitioner,

Outcome of the follow-up consultation on the proposed oral health therapy scope of practice

In March 2016 the Dental Council ('the Council') issued a [follow-up consultation](#) to stakeholders on the proposed oral health therapy scope of practice. A total of 63 submissions were received; almost 60 percent of those were from dentists and dental specialists. The Council thanks all stakeholders who engaged in the consultation process for generously sharing their views.

The Council considered this matter at its August and October meetings.

The consultation outcome document comprises:

- a summary of the Council's decisions on the consultation questions
- information on the implementation of the scope of practice
- the final oral health therapy scope of practice and other related documents.

Executive summary of consultation outcome and implementation process

After careful consideration of the submission feedback, the Council reaffirmed its view that there is a need for an oral health therapy scope of practice. The Council confirmed that the name oral health therapy scope of practice would be used—with no alternative titles gazetted, or allowed to be used.

The oral health therapy scope of practice will be gazetted on 3 November 2016, but will only come into effect on 1 November 2017. This is to allow for a number of implementation steps to be finalised.

As part of this implementation process, the Council has decided to apply to the Minister of Health for oral health therapy to be recognised as a standalone profession under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). This decision was made after careful consideration of the legal implications of introducing the new scope, and consideration of the benefits of recognising it as a standalone profession. The Minister will consult with stakeholders that, in the Minister's opinion, has an interest in the recommendation.¹

¹Refer to the Ministry of Health website at the following link for details on the application process http://www.health.govt.nz/system/files/documents/pages/20160719_apply_for_regulation.pdf

This has been a long journey—that started in 2008. I am glad that a final decision on the future of the oral health therapy scope of practice has been reached. We can now focus on the next steps to implement the new oral health therapy scope of practice.

My sincere thanks to everyone who has contributed towards this project over the last few years—the working group members, educational institutions, Ministry of Health and Health Workforce New Zealand, Council members and staff, legal advisors, and every submitter that took the time to share their views and concerns with us on this matter. All of this input helped shape the outcome of this project, and ultimately ensures that we fulfil our primary function in ensuring all regulated oral health practitioners are competent and safe to practise in New Zealand.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marie Warner', with a small dot at the end.

Marie Warner
Chief Executive

Outcome of the follow-up consultation on the oral health therapy scope of practice

October 2016

Summary of the Council's decisions

The Council considered all the feedback received and made the following decisions on the consultation questions:

Consultation question 1: Do you agree with the proposed changes to the oral health therapy scope of practice? In particular, the removal of the provision for restorative care by oral health therapists for patients 18 years and over, performed under prescription of a dentist.

Removal of restorative care to patients 18 years and over

The majority of submitters agreed with the proposal to remove the provision for restorative care by oral health therapists for patients 18 years and over, performed under prescription of a dentist. However, some submitters still disagreed with the need for an oral health therapy scope of practice.

Based on the balance of information provided by the oral health programmes, the oral health graduates did not receive the necessary clinical experience during training or have the necessary competencies to provide restorative care for patients 18 years and over. The Council has maintained the position throughout this process, that it was fundamental that the proposed oral health therapy scope of practice reflect the education delivered by the New Zealand oral health programmes.

From a patient safety perspective, the Council confirmed its position that restorative activities on patients 18 years and over, performed under prescription of a dentist, should not form part of the proposed oral health therapy scope of practice.

Diagnosing periodontal disease

A concern related to the following detailed scope activity was raised: *diagnosing periodontal disease instead of provisional periodontal diagnosis*.

The key concerns raised, mostly by dentists/dental specialists and some professional bodies representing them, were whether an oral health therapist could accurately diagnose periodontal disease(s)—in particular any underlying condition (such as lichen planus, pemphigoid). The submitters argued that an oral health therapist's ability to diagnose periodontal disease only equated to recognition of an abnormality. In addition, it was argued that a patient's periodontal and restorative care should be provided as part of an overall care plan.

The Council considered that some of the concerns raised by submitters and examples offered for diagnosis of underlying conditions were comparing capabilities of an oral health therapist with those of a dental specialist—these were generally not even capabilities expected of a general dentist. The Council believed that the oral health therapist would have the capabilities to identify abnormalities and/or recognise when treatment was not successful, and refer those patients accordingly.

The oral health therapist will practise within a consultative professional relationship, which allows access to the dentist/dental specialist to seek advice, when required. The scope definition also states that the oral health therapist only provides care *commensurate with their approved education, training and competence*.

Detailed scope of practice activities

Oral health therapy will be practised within a consultative professional relationship (including the administration of local anaesthetics); except for the orthodontic activities identified in the detailed scope of practice—these must be performed 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.

No change to the proposed oral health therapy scope of practice, as consulted on in the follow-up consultation, was made. The final oral health therapy scope of practice is reflected in *Attachment 1*.

Consultation question 2: 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?

No objection on the requirement for a consultative professional relationship was raised. There was still disagreement, mostly by dentists/dental specialists and some organisations, on the proposal to not require a signed agreement.

No disagreement or recommended changes to the proposed guidance document was offered.

Following extensive consideration of the submission views, the Council reaffirmed its position that a consultative professional relationship between the oral health therapist and one or more dentists or dental specialists is required for the practise of oral health therapy. This serves to provide a clearly identifiable and reliable means for the oral health therapist to seek professional advice, when needed.

The Council maintains that no written agreement is required for regulatory compliance purposes. **However, this does not preclude practitioners (or employers) from choosing to have a signed agreement.**

The guidance document for the establishment and maintenance of the consultative professional relationship was accepted without any changes (available as *Attachment 2*). This will be made available on the Council's website, as part of the roll-out of the oral health therapy scope of practice.

The Council emphasised that it is the professional responsibility of the oral health therapist to ensure that they have an effective professional relationship with a dentist/dental specialist.

Consultation question 3: 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:

- tracing cephalometric radiographs
- fabricating retainers and undertaking simple laboratory procedures of an orthodontic nature.

Only one submitter disagreed with the proposal, while others supported it subject to the requirement for a signed agreement to support the consultative professional relationship.

The Council considered there was no risk of harm to patients with the changed supervision level for these two orthodontic activities, hence this was approved.

Consultation question 4: 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.

No objection was received on this proposal—the proposal was approved. The updated prescribed qualifications for dental hygiene, dental therapy and orthodontic auxiliary scopes of practice is available as *Attachment 4*.

Consultation question 5: Do you agree with the proposed competency standards for oral health therapists?

Several submitters suggested rewording of competency standards and/or competency measures. Following consideration of these suggestions, a few minor changes were accepted by the Council—highlighted as red text in *Attachment 3*.

Consultation question 6: Do you agree with the proposed registration transition for oral health graduates?

A number of submitters disagreed with the proposed registration transition proposals, primarily related to assurance of maintenance of competence across the full oral health therapy scope of practice. The submitters disagreeing mostly represented dentists/dental specialists and their professional bodies.

The Council reaffirmed its consultation positions and agreed:

- All oral health practitioners have the same requirement to remain competent in their registered scope(s) of practice. The creation of an oral health therapy scope of practice would not prevent or limit these practitioners from maintaining 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 for other oral health practitioners.
- All oral health graduates with a University of Otago Bachelor of Oral Health, obtained from 2009 onwards; or an Auckland University of Technology Bachelor of Health Science in Oral Health, obtained from 2008 onwards, 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.
- 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 at the time of the oral health therapy scope of practice implementation, will automatically be registered in the oral health therapy scope of practice and issued with a corresponding APC.
- No time limit will apply for eligible practitioners to register in the oral health therapy scope of practice, if not automatically transferred.

More information on different registration options based on an oral health graduate’s registration and practising status is available as *Attachment 5*.

Implementation of the oral health therapy scope of practice

As indicated, the Council will gazette the oral health therapy scope of practice on 3 November 2016, with an [effective date of 1 November 2017](#).

The reason for delaying the effective date of the scope of practice is to allow for multiple implementation aspects to be finalised. An overview of these implementation steps is provided in this section.

What does this mean for oral health graduates?

- The oral health therapy scope of practice only becomes active on 1 November 2017
- Eligible oral health graduates with current APCs in both dental hygiene and dental therapy at that time will be automatically registered as an oral health therapist. They will be issued with a new registration certificate and APC in early November 2017.
- Supplementary information relevant to various registration scenarios based on registration and practising status of oral health graduates is available in Attachment 5.
- The Council will provide further information directly to all oral health graduates a few months before the implementation date, to explain to registrants what to expect before the effective date.
- Until 1 November 2017, oral health graduates' registration and practising status will remain unchanged.

This means:

- ❖ the scopes of practice in which they practise remain either dental hygiene and/or dental therapy
- ❖ supervision levels of current registered scopes of practice remain unchanged
- ❖ requirement for current professional working relationship(s) and signed agreement(s) remains
- ❖ all other regulatory obligations remain the same—including the APC renewal cycle in March 2017, continuing professional development requirements etc.
- Oral health students who will graduate in 2016 will still register in dental hygiene and/or dental therapy scopes of practice.
- Oral health students who will graduate in 2017 will register in the oral health therapy scope of practice.

Next implementation steps

A number of legislative and operational implementation steps need finalisation before the oral health therapy scope of practice can come into effect.

Legal implementation

- [Application for recognising oral health therapy as a standalone profession under the Health Practitioners Competence Assurance Act 2003 \(HPCA Act\)](#)

In considering the implementation process, the Council explored whether there was any need and/or benefit for oral health therapy to be recognised as a standalone profession under the HPCA Act.

The Council is clear that from a legal perspective, there is no need for oral health therapy to be a recognised profession under the HPCA Act to gazette the oral health therapy scope of practice, provided that oral health therapy can reasonably be described as part of one or more of the professions of dentistry, dental hygiene, or dental therapy—which the Council is satisfied it can be.

However, while there may be no legal need to recognise oral health therapy as a standalone profession, the Council considered there were benefits in doing so. These include:

- a. Recognition of oral health therapy as a profession will acknowledge oral health graduates' integrated approach to care and heightened capabilities in some practice areas which distinguish their practice from the practices of dental hygiene and dental therapy.

The heightened capabilities, as identified by the educational institutions, related in particular to the areas of oral health assessment (including risk assessment), care planning (including disease management and preventive strategies, and clinical activities to be performed), and community oral health promotion.

- b. Recognition of oral health therapy will address the perceived lack of distinct professional identity experienced by oral health graduates.

Currently, these practitioners are commonly referred to as “dual graduates” or referred to as either a dental hygienist or a dental therapist, depending on where they work (public or private) or the type of clinical practice they are contracted for in a specific dental setting. These terms do not acknowledge their full set of capabilities or breadth of qualification.

- c. Recognition of the profession will result in protection of the title “oral health therapy”, under section 7 of the HPCA Act. This will help prevent non-qualified people misrepresenting themselves as oral health therapists. It could also assist in greater clarity for patients.
- d. Recognition of the profession will assist operational aspects of the HPCA Act. For example, composition of professional conduct committees, competence review committees, and the Health Practitioners Disciplinary Tribunal—which must comprise members from the same profession as the practitioner whose case is under review.
- e. Legal standing as a profession under the HPCA Act will facilitate recognition in other related legislation such as Medicines Regulations, Radiation Safety Regulations etc.
- f. No single stream hygiene or therapy educational programmes available in New Zealand; and only a very small number of overseas applicants applying for registration in the dental hygiene scope of practice in New Zealand. For this reason recognition of oral health therapy in the long term will be beneficial.

Following careful consideration, the Council believes that oral health therapy could be considered a standalone profession, and on balance the benefits of applying for it to be recognised as such are significant and would be a positive step.

The Council agreed that it would apply to the Minister of Health for recognition of oral health therapy as a profession under section 115 of the HPCA Act. The Council will continue working with the Ministry of Health and Health Workforce New Zealand on this application, which will be lodged soon. The Council will keep practitioners updated on the progress of this application.

- [Reclassification of local anaesthetic and fluoride medicines](#)

The Council also discussed the process to apply for reclassification of local anaesthetic and fluoride medicines² with the Medicines Classification Committee—to extend the existing supply provision for dental therapists under the Medicine Regulations to oral health therapists.

Assuring continued and uninterrupted access by oral health therapists to local anaesthetic and fluoride medicines is fundamental to the practice of oral health therapy. The use of standing orders was not considered a viable solution for access to these medicines.

The Council agreed to proceed with this application process as a matter of priority. The next available meeting is scheduled in April 2017, with an outcome anticipated around July 2017.

- [Radiation Safety Regulations](#)

The Cabinet Social Policy Committee paper on the proposed Radiation Safety Regulations was released by the Minister of Health at the beginning of October.

The cabinet paper lists oral health therapy in Table 2—as a group that is currently unable to demonstrate that they have the required knowledge, but who may satisfy the requirements in the future, to operate without a use licence. This is in response to the Council’s submission on the draft Radiation Safety Regulations, advising the Office of Radiation Safety of the proposed oral health therapy scope of practice consultations—ongoing at the time of the submission earlier this year.

Following gazetting of the oral health therapy scope of practice, work will proceed with the Office of Radiation Safety to ensure oral health therapy is recognised in a similar way to other oral health practitioners as meeting the requirements that enable them to operate a radiation source without a use licence.

² The four local anaesthetics included in the Regulations are: Articaine, Felypressin, Lignocaine and Prilocaine. Fluorides are also included.

Operational implementation plan

A number of operational systems and processes need changes to implement the oral health therapy scope of practice—including the registration system; financial accounts, operational budgets and reserves, fees; website profession-specific pages; application forms, policies and practice standards.

The operationalisation of the new oral health therapy scope of practice is a significant project, and sufficient lead-in time is necessary to make sure that all aspects are in place for a seamless transition for oral health graduates to the oral health therapy scope of practice.

The Council will provide regular updates on this project, especially to oral health graduates, over the next year.