

Outcomes from the consultation on the age limit for restorative activities in the oral health therapy scope of practice

26 September 2019

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About the consultation

On 21 February 2019, Council issued a [consultation document](#) seeking feedback from practitioners and stakeholders about its proposal to remove the 18-year age limit for restorative activities from the oral health therapy (OHT) scope of practice.

The consultation closed on 18 April 2019 but was extended for a further week from 7 to 14 May 2019 to allow people who had inadvertently used the wrong survey link to resubmit their feedback.

Council received a record number of 737 submissions from a range of stakeholders about the proposal. Just over half the submissions received supported the proposal.

Council thoroughly reviewed all the information and views put forward. We thank everyone who provided feedback and shared their views.

Outcome of consultation

After carefully considering all the submissions received, Council has decided to proceed with the proposal to remove the 18-year age limit for restorative activities from the OHT scope of practice. The updated OHT scope of practice will **come into effect on 1 November 2019**.

Council extensively discussed and analysed the feedback both in favour and against the proposal before reaching its final decision.

Council is satisfied that potential clinical risks from allowing OHTs to perform restorative activities for adult patients will be sufficiently minimised by:

- practitioners understanding their clinical capabilities and boundaries
- appropriate education and clinical experience to ensure OHTs practise competently and safely
- OHTs meeting their ethical, professional and legal obligations under the Standards Framework
- established and effective consultative professional relationships between OHTs and dentists/dental specialists.

Council concluded that performing simple restorative care **within the OHT scope of practice** will not pose greater clinical risks to patients from the risks associated with OHTs already performing periodontal treatment on adults. Removing the 18-year age limit for restorative activities from the OHT scope of practice does not extend the range of activities OHTs can perform, it just changes the age range for their restorative patients.

Consequently, Council determined it would not impose direct clinical supervision or clinical guidance/oversight for OHTs performing restorative treatment on adults. OHTs will continue to practise within a consultative professional relationship with a dentist or dental specialist. In reaching its decision, Council emphasised the importance of an effective consultative professional relationship between each OHT and a dentist/dental specialist as an essential safeguard.

Accordingly, Council has also reviewed the guidance document on the consultative professional relationship between dentists/dentist specialists and OHTs to ensure it remains fit for purpose with the amended OHT scope of practice.

A minor amendment, marked-up in Appendix 2, has been made to satisfy Council that patients will remain safe, receive appropriate care and can make informed decisions about their treatment options. A further administrative update is also shown in the guidance.

The *Implementation – next steps* section of this document (from page 7) sets out more information specifically for OHTs and what the outcome to this consultation means for them in practice.

From 1 November 2019, OHTs will have the exclusion – Restorative treatment on patients 18 years and older – placed on their scope of practice registration. This exclusion will remain on their registration until such time as they complete the further training required to perform restorative treatment on patients over the age of 18. OHTs should note that until this exclusion has been removed from your scope that you cannot provide restorative treatment to patients 18 years or older.

Feedback

Council received submissions from a range of stakeholders including individuals who identified themselves as students, overseas practitioners, and patients or consumers.

Feedback themes

The main themes from the feedback supporting the proposal to remove the 18-year age limit for restorative activities from the OHT scope of practice were:

- OHTs already treat adults when performing dental hygiene-related activities
- undergraduate training equips OHTs with the fundamental base knowledge, experience and skills for them to provide basic restorative care to adult patients following some further training
- removing the age limit will improve access to more affordable restorative treatment, especially for lower-income and other vulnerable groups.

The main themes from the feedback disagreeing the proposal were:

- concern about the potential financial and workforce impacts given that meeting the oral health needs of young New Zealanders is already under significant pressure
- the greatest long-term impact on the population's oral and general health will come from focussing OHTs on preventive and restorative care for younger patients
- the inability of current oral health training to provide graduates with the necessary knowledge, skills and experience to provide safe and appropriate quality restorative treatment to adult patients
- a possible adverse effect on low-income and vulnerable groups who usually have complex medical and dental histories, requiring treatment outside of the OHT scope of practice
- the need for improved clinical supervision by a dentist/dental specialist to limit the risks to patients if the proposal is accepted
- submitters queried whether the proposal would result in lower treatment costs to patients and suggested it may increase risks of compromised patient care due to commercial pressure on OHTs
- concern about patients' perception of multi-tier care provided by "lesser-qualified" practitioners and a potential increase in healthcare inequality.

Council's consideration

Council carefully considered and discussed the key themes and concerns from the feedback, and the range of views from submitters in reaching its decision to accept the consultation proposal.

Throughout its discussions, Council referred to its statutory functions described in section 118 of the Health Practitioners Competence Assurance Act 2003 (the Act) and its obligations to:

- ensure the OHT scope of practice was fit for purpose
- consider the risk of harm to public safety if the age restriction of the OHT scope was removed, and whether safeguards already in place are sufficient to minimise any potential risk to patients
- ensure that it does not place unnecessary regulatory barriers on practitioners or patient care
- promote and facilitate interdisciplinary provision of care.

Scope of practice

Overall, Council decided that removing the 18-year age limit on performing the restorative activities from the OHT scope of practice would not increase risks to patient safety.

Council emphasised that its decision to remove the age limit from the OHT scope of practice does not broaden the OHT scope or activities. Rather, the effect of this decision is to broaden the patient pool on which restorative care can be provided once OHTs have completed the programmes to attain the necessary competencies. The activities OHTs can currently perform remain the same.

Council's decision to remove the 18-year age limit on restorative activities from the OHT scope of practice is based on the following:

- the OHT scope of practice clearly states that OHTs are required to practise as part of the dental team and have a consultative professional relationship with a dentist or dental specialist
- Council encourages a greater dental team approach to care and believes accepting the proposal will give practitioners an opportunity to strengthen and foster inter-disciplinary care
- OHTs must meet their professional and ethical obligations under Council's Standards Framework to treat patients within their scope and capabilities, and seek clinical advice or refer to another practitioner when practising outside their approved training and competence
- OHTs already see dental and medically complex adult patients while performing periodontal treatment and have been trained with the skills required to examine, plan and deliver treatment to these patients within their scope, competence and experience; or refer when outside of their capabilities
- accredited OHT education programmes deliver graduates with appropriate education and clinical experience to understand their clinical boundaries and practise competently and safely
- Council did not want to create unnecessary regulatory barriers for the oral health profession and considered the current age limit on restorative care for OHTs to be a barrier for educational developments and inconsistent with international trends
- Council was not presented with evidence to support the arguments that the proposal would impact – either positively or negatively – on oral health care costs or access to treatment for patients. However, Council noted costs and access to oral health treatment is beyond its ambit of regulation
- the Ministry of Health supported the proposal to amend the OHT scope of practice and did not raise any concerns about potential workforce issues that would negatively impact the delivery of oral health services to the public.

The Gazette notice for the updated oral health therapy scope of practice is included as Appendix 1.

Council noted that while the OHT scope of practice and activities are clearly defined, a team approach achieved by an effective consultative professional relationship between OHTs and dentists/dental specialists is essential to ensure patient safety and appropriate care.

Council carefully considered the supervision requirements of the OHT scope and reviewed the guidance document on the consultative professional relationship between dentists/dentist specialists and OHTs to ensure it remains fit for purpose with the amended OHT scope of practice. Council has made a minor amendment to the guidance document to further clarify practitioners' responsibilities as shown in Appendix 2. A minor update to remove the reference to radiation source licensing was made to reflect the changes in the Radiation Safety Act 2016.

Accredited prescribed qualifications

Currently, there are no courses available in New Zealand to provide oral health graduates with the education and training to provide restorative care for adult patients. Submitters did not raise any objection to the need for New Zealand or overseas adult restorative courses to be accredited.

Council noted submitters' concerns about the lack of course details and suggestions about appropriate admission criteria for these courses.

The objective of any training programme would be for OHTs to be able to perform simple restorative treatment on adult patients within their scope of practice, education and capabilities; and refer when required. By removing the 18-year limit on restorative activities Council removes any regulatory barriers for educational providers to develop the necessary courses for OHTs to attain these competencies.

Council's responsibility is to ensure adult restorative education programmes it accredits deliver graduates who can perform restorative activities competently and safely on adult patients within the OHT scope.

Proposed scope exclusion

Limited feedback was received on the proposed exclusion on OHTs scopes of practice; and those who responded supported the proposed exclusion.

Council decided to proceed with the proposal to place the exclusion – *Restorative treatment on patients 18 years and older* – on OHTs scopes of practice effective from 1 November 2019. This exclusion will remain until an OHT completes an accredited adult restorative programme to attain the necessary competencies.

Implementation – next steps

What does this mean for OHTs?

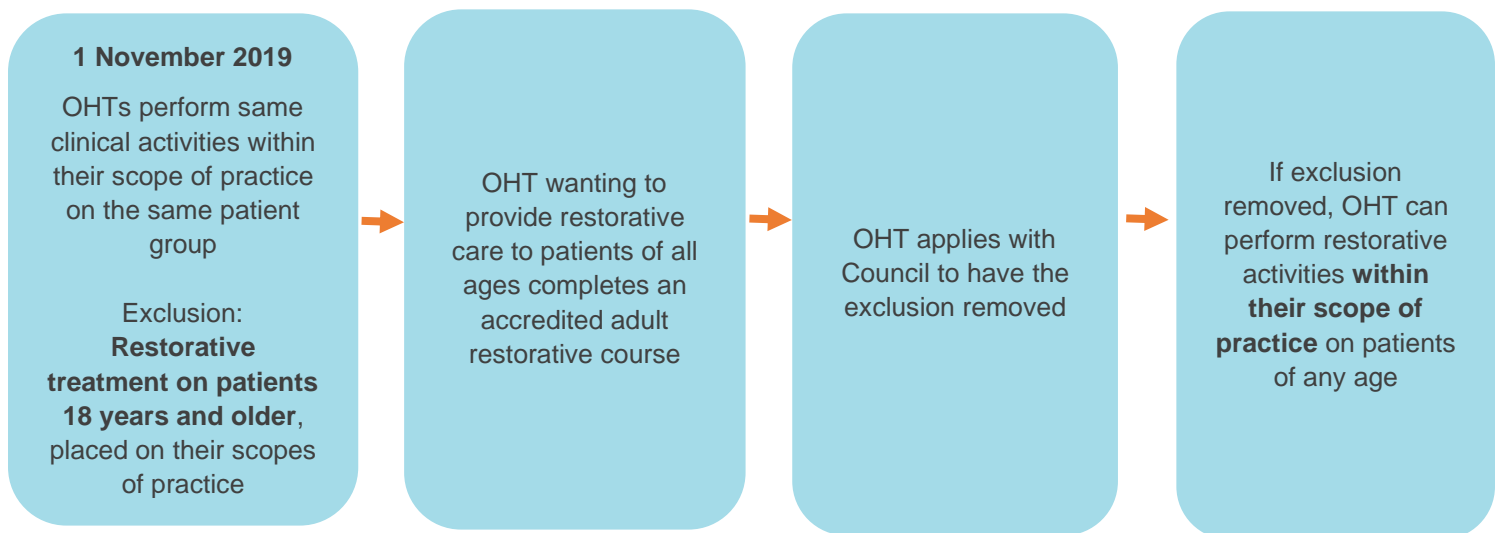
OHTs will continue to perform the same clinical activities within their scope of practice, until they can satisfy Council that they have completed appropriate education to remove the exclusion from their scope of practice.

Registered OHTs will continue to be registered in the OHT scope of practice, meet the consultative professional relationship obligations and the ethical and legal responsibilities under the Standards Framework.

Once the exclusion – *Restorative treatment on patients 18 years and older* – has been placed on their scope of practice, OHTs will receive a new APC by email and a new registration certificate by mail. We expect these will be sent by mid-November 2019.

OHTs who graduate or are registered after 1 November 2019 will have the exclusion – *Restorative treatment on patients 18 years and older* – placed on their scope of practice at registration.

In summary:



Other registration related queries

OHT registration applicants with Australian qualifications

OHTs who have completed a qualification included in the table below after the date specified will not have an exclusion – *Restorative treatment on patients 18 years and older* – placed on their scope of practice. Please note that the [recency of practice principles](#) apply.

Educational Institution	Qualification	Adult restorative component introduced from -
Central Queensland University	Bachelor of Oral Health	01 Jan 2016
Curtin University of Technology	Bachelor of Science (Oral Health Therapy)	01 Jan 2016
La Trobe University	Bachelor of Oral Health Science	01 Jan 2019
University of Newcastle	Bachelor of Oral Health Therapy	01 Jan 2018
University of Sydney	Bachelor of Oral Health	01 Jan 2018

OHTs with any other Australian oral health qualifications will have an exclusion placed on their scope of practice at registration.

OHT registration applicants with other overseas qualifications

Overseas trained practitioners who consider their education, training and experience equivalent to one of the OHT prescribed qualifications (listed at the end of this section) can apply for registration using the individual assessment pathway under section 15(2) of the Act.

If their education, training and experience includes an equivalent adult restorative component, then no exclusion will be placed on their scope of practice. If not, an exclusion – *Restorative treatment on patients 18 years and older* – will be applied to their scope of practice.

Section 15(2) applications are considered on an individual basis by a senior academic and Council. Further information on this process is available on Council's website:

<http://www.dcnz.org.nz/i-want-to-practise-in-new-zealand/assessment-of-individualqualificationstraining-and-experience/>.

This option does not apply for New Zealand obtained qualifications.

As an OHT with an exclusion, how do I apply to get the exclusion removed?

Currently, there are no Dental Council accredited programmes available in New Zealand to provide oral health graduates with the education and clinical experience to enable them to provide restorative care for adult patients.

To remove an exclusion from your oral health therapy scope of practice, you must undertake further training in adult restorative care, to the equivalent level of that offered in an accredited adult restorative course.

Some overseas qualifications include training in adult restorative treatment. If you can provide satisfactory evidence to us that you have received appropriate training, you can apply to have the exclusion removed from your scope of practice.

Any assessment of a non-approved course will be considered on an individual basis by a senior academic against an accredited programme which includes the adult restorative treatment. The application and assessor report are then considered by Council.

What does this decision mean for dental therapists?

Council's decision to proceed with the proposal to remove the 18-year age limit for restorative activities from the OHT scope of practice **does not change the dental therapy or the adult care in dental therapy scope of practice**. There are no accredited courses for the adult care in dental therapy scope of practice, and the new adult restorative courses referenced in this consultation will only be considered for the OHT scope.

Prescribed qualifications for the scope of practice for oral health therapy

1. University of Otago Bachelor of Oral Health¹ and a Dental Council New Zealand accredited Adult restorative programme; or
2. Auckland University of Technology Bachelor of Health Science in Oral Health² and a Dental Council New Zealand accredited Adult restorative programme; or
3. New Zealand Oral Health Therapist Registration Examination and a Dental Council New Zealand accredited Adult restorative programme; or
4. Dental Board of Australia-approved programmes that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia. For those Australian programmes where the adult restorative treatment is not accredited as part of the undergraduate programme, a Dental Council New Zealand accredited programme is required to remove the Adult restorative treatment exclusion.

¹ Qualification obtained since 2009 onwards

² Qualification obtained since 2008 onwards

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

Coming into effect on 1 November 2019

Introduction

Oral health therapists are registered oral health practitioners who for example 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 ('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

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.

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; when the patient's care plan requires input from both the oral health therapist and the dentist in order to provide comprehensive and appropriate care; 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.

Gazette notice

Scope of practice for oral health therapy

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

Effective date: 1 November 2019

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.

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.

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.

Areas of oral health practice not included in an oral health therapist’s education 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 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
- Taking and interpreting intra and extra-oral radiographs
- Taking intra and extra-oral photographs
- Diagnosing dental caries for patients
- 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
- Extracting primary teeth
- Restorative activities for patients:
 - Preparing cavities and restoring primary and permanent teeth using direct placement of dental materials
 - Performing pulpotomies on primary teeth
 - Preparing primary teeth for, and placing, stainless steel crowns
- 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.

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