

Dental Council application to designate oral health therapy as a profession under the Health Practitioners Competence Assurance Act 2003

January 2017

Contents

| | | |
|----|---|----|
| 1. | Introduction | 3 |
| 2. | Executive summary | 3 |
| 3. | Background | 5 |
| | Changes in education..... | 5 |
| | Dental Council engagement with the sector..... | 6 |
| | Regulation of oral health therapy in overseas jurisdictions..... | 6 |
| 4. | Dental Council's current actions..... | 7 |
| 5. | Unusual characteristics of the current application | 8 |
| 6. | Request for an abridged application process..... | 9 |
| 7. | Preliminary discussions with the Ministry of Health | 9 |
| 8. | Primary criteria for regulation | 10 |
| | Criterion A: The profession delivers a health service as defined by the Act..... | 10 |
| | Criterion B: The health services concerned pose a risk of harm to the health and safety of the public | 10 |
| | Criterion C: It is in the public interest that the provision of health services be regulated as a health profession under the Act | 11 |
| 9. | Secondary criteria for regulation | 13 |
| | Criterion 1: Existing regulatory or other mechanisms fail to address health and safety issues | 13 |
| | Criterion 2: Regulation is possible to implement for the profession in question | 13 |
| | Criterion 3: Regulation is practical to implement for the profession in question | 14 |
| | Criterion 4: The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation | 14 |
| | Conclusion..... | 16 |

1. Introduction

The Dental Council requests that the Minister of Health makes a recommendation to the Governor-General¹ to:

- designate oral health therapy as a health profession; and
- add oral health therapy to the five existing professions² which currently fall within the Dental Council's regulatory authority.

This application provides information relevant to the criteria of designating health services as a profession, described in section 116 of the Health Practitioners Competence Assurance Act 2003 (the Act), to assist the Minister of Health to make a decision regarding the Dental Council's request.³

2. Executive summary

The Dental Council believes oral health therapy should be recognised as a standalone profession under the Act.

This paper will provide the background and reasoning behind this position, and set out how the application meets the primary and secondary criteria for recognition of a new health profession under the Act.

The Dental Council has recently approved a new oral health therapy scope of practice, due to come into effect on 1 November 2017. This new scope reflects changes to this sector of the oral health workforce, which is in transition from a workforce of dental hygienists and dental therapists to one of oral health therapists.

This application is a logical progression from the approval of the new scope, as it will enshrine in law what is increasingly the reality in the workforce.

The transition is a result of structural changes to the undergraduate oral health programmes delivered in New Zealand. The changes mean no new dental hygienists or dental therapists will graduate in New Zealand—only oral health therapists. The introduction of a new “oral health therapy profession” will reflect the changing face of the dental professions. It will also future-proof the oral health workforce by recognising the significant shift in education and workforce demographics that has taken place over the past 10 years, and the direction the workforce is likely to move in over the next decade and more. This is an opportunity for the Act to demonstrate that it is able to readily adapt to the type of structural changes in the health professions that will inevitably occur as time passes.

It is in the public interest that the professions recognised under the Act accurately reflect the professions as they operate in practice. The Dental Council believes designating oral health therapy as a profession is in the public interest as it will provide clarity on a title the public will become

¹ Pursuant to section 115(1) of the Health Practitioners Competence Assurance Act 2003

² The five existing professions are dentistry, dental hygiene, clinical dental technology, dental technology and dental therapy—section 114(2) of the Health Practitioners Competence Assurance Act 2003

³ The application follows the primary and secondary criteria in the Ministry of Health's Guidelines for Applying for Regulation under the Act—advised by Ministry of Health representatives as the appropriate application process to follow

increasingly used to hearing when visiting their dental practice. It will help the public gain confidence in the quality and safety of the profession.

It is the Dental Council's view that oral health therapists have acquired a unique body of knowledge and skills due to their education, roles and responsibilities in practice. Although there are overlaps with two existing professions, dental hygiene and dental therapy, oral health therapists' integrated approach to care and heightened capabilities in some practice areas distinguish their practice from these existing professions.

Oral health therapists are valued members of an integrated dental team. They provide oral health assessment, diagnosis, management, treatment and preventive care for their patients. A core focus of oral health therapy is disease prevention through education and promotion. In this way, oral health therapists contribute to the overall health and wellbeing of individuals and families in New Zealand communities. Statutory recognition of the profession will provide clarity to oral health therapists and other oral health professionals.

Legal standing of oral health therapy as a profession will enable recognition in other related legislation—such as Medicine Regulations and Radiation Safety Regulations. It will further support administering the Trans-Tasman Mutual Recognition Act 1997, as oral health therapy is already a recognised profession in Australia.

The Dental Council believes this application meets the primary criteria for regulation of a new profession, in that:

- oral health therapists do deliver a health service as defined by the Act
- services provided by oral health therapists pose a risk of harm to the health and safety of the public
- the regulation of oral health therapy as a profession under the Act is in the public interest.

The secondary criteria are also met, as this application demonstrates that statutory recognition of oral health therapy as a profession is practical, appropriate and beneficial to the public and oral health therapists. Recognising oral health therapy as a profession does not require the set-up of a new regulator, or add additional regulatory burden or costs to the oral health therapists, or their employers—as these practitioners are already regulated.

Detailed discussion on the primary and secondary criteria is set out in sections 8 & 9 of the application.

The Dental Council considers this application unique for a number of reasons.

The main distinguishing feature is that the eligible oral health therapists are already practising as dental hygienists and/or dental therapists and therefore already regulated and registered under the Act. The Dental Council has also consulted with its stakeholders on multiple occasions on this matter.

For these reasons the Dental Council proposes an abridged application process.

3. Background

Oral health therapy is a relatively new practice, integrating the previous separate educational programmes of dental hygiene and dental therapy. Aspiring practitioners wishing to obtain a degree in oral health in New Zealand have been able to do so since 2006. The Dental Council currently has around 440 oral health therapy graduates on its register.

The introduction of a three-year, tertiary level oral health degree, combining the dental hygiene and dental therapy programmes, marked the beginning of a significant shift in the oral health workforce. Auckland University of Technology (AUT) introduced the new oral health programme in 2006, followed by the University of Otago in 2007. There are no longer any standalone educational programmes for dental hygienists or dental therapists offered in New Zealand.

The effect of the change in the university programmes is that, since 2007/08, there have been no new New Zealand educated dental hygienist or dental therapist graduates—while on average over 60 oral health therapists graduate each year. With a median age of 50 for dental therapy, and only a very small number of overseas applicants seeking registration in New Zealand in the dental hygiene scope of practice (and fewer to none in dental therapy) the total number of registrants in dental hygiene and dental therapy will dwindle in the long term. This means that, over time, the professions of dental therapy and dental hygiene might cease to exist.

This change in education delivery is one of the main reasons behind the Dental Council's current application. Some of the main implications of this educational change are summarised below:

Changes in education

- The main difference between the oral health programmes and the previous dental hygiene and dental therapy programmes is that oral health programmes instil an integrated approach to oral health care, and heightened capabilities in some practice areas.

These heightened capabilities relate particularly to the areas of oral health assessment (including risk assessment), planning (including disease management and preventive strategies and clinical activities to be performed) and community health promotion.

- Oral health graduates currently register with the Dental Council in either the dental therapy and/or dental hygiene scope of practice. To reflect the full breadth of their education, oral health graduates have to register in both dental hygiene and dental therapy. However, this does not acknowledge the integrated approach to care and heightened competencies.
- There are differences in the supervision levels required for dental therapists and dental hygienists carrying out the same clinical activity, dependent on the scope of practice within which they are operating. For example, administering local anaesthesia is a permitted activity within both scopes of practice but hygienists can only perform this activity under the direct clinical supervision of a dentist or dental specialist, while there is no requirement for supervision of therapists undertaking the same activity.

Some of these issues have been addressed through the development of the new oral health therapy scope of practice. However, a new scope of practice can only be a partial solution to what is a fundamental structural change in the relevant professions.

Dental Council engagement with the sector

Since the new educational programmes were introduced, the Dental Council has engaged with the sector to fulfil its regulatory function of accurately describing the scope of practice and the associated prescribed qualifications. Through this engagement, the Dental Council has identified difficulties with the current regulatory approach that requires oral health graduates to register in the dental hygiene and/or dental therapy scopes of practice.

The Dental Council consulted on proposals to establish an oral health therapy scope of practice for oral health graduates in 2008, and then again in 2014 and 2016^{4,5}.

The Dental Council established a working group⁶ in 2013 tasked with providing advice for the Dental Council on the development of an oral health therapy scope of practice. The group's investigation included a review of both of the oral health programmes' curricula mapped against the Dental Council's competencies for the scopes of practice for dental hygiene and dental therapy. The working group also looked at information available from overseas jurisdictions, especially to comparable oral health therapy scopes of practice.

These processes have provided the Dental Council with a comprehensive understanding of the issues and benefits associated with the development of an oral health therapy scope of practice. They have informed the Council's decision to apply for oral health therapy to be recognised as a profession under the Act.

Concerns identified by the working group and the Council, and reported in the consultation documents, include:

- Oral health graduates being, effectively, without a distinct professional identity. They are commonly referred to as "dual graduates", which is technically incorrect as they have qualified with a single bachelor's degree.
- Oral health graduates being identified as either a dental hygienist or a dental therapist, depending on the scope activity being performed; the practice environment within which the activity is being performed (such as, public or private); and their employment agreement in the particular setting. This does not accurately reflect their full set of capabilities.
- There are no longer any standalone educational programmes for dental hygienists or dental therapists provided in New Zealand while an average of 60 oral health therapists graduate in New Zealand every year. This means that in the long term, oral health therapists will be the dominant group amongst these oral health providers, and establishing this profession recognises the direction this workforce is moving in.

Regulation of oral health therapy in overseas jurisdictions

Oral health therapy is a recognised profession in Australia and Singapore; the two countries which currently have a combined scope of practice as well as dental therapy and dental hygiene scopes of practice. The United Kingdom has similar joint oral health programmes, but its graduates are registered in the dental hygiene and dental therapy scopes of practice.

⁴ The November 2014 consultation document is attached as Attachment 1.

⁵ The March 2016 consultation document is attached as Attachment 2.

⁶ The working group comprised oral health graduates, educationalists from both accredited New Zealand oral health programmes as well as practitioners from the dental hygienists, dental therapists, dentist and dental specialist professions.

The Dental Board of Australia has recognised both New Zealand oral health qualifications as having equivalence with the oral health therapy programmes in Australia; on the basis of comparable competencies and shared Australasian accreditation standards for dental programmes. This allows New Zealand oral health graduates to register as oral health therapists in Australia. This is significant due to the ease of workforce movement between the two jurisdictions under the Trans-Tasman Mutual Recognition Act 1997.

4. Dental Council's current actions

In October 2016, the Dental Council confirmed an oral health therapy scope of practice and related regulatory documents.⁷ At this meeting the Dental Council also:

- agreed to publish a notice in the New Zealand Gazette on 3 November 2016 describing an oral health therapy scope of practice, to come into effect on 1 November 2017⁸
- approved an implementation plan that includes an action to apply for oral health therapy to be recognised as a standalone profession under the Act.

The Council intends that this application process continues in parallel with the implementation of the oral health therapy scope of practice.

Although stakeholders have been notified of these decisions, the Dental Council has not consulted with them on the merits of this application. This is because the Dental Council understands that the Ministry of Health is responsible for consulting on the recognition of new professions under the Act.

The Dental Council also agreed to make an application to the Medicines Classification Committee for reclassification of local anaesthetic medicines for oral health therapists. The purpose of the application (in relation to the Medicine Regulations 1984) would be to extend the existing supply provision for dental therapists to include oral health therapists.

The Dental Council's reason for seeking an extension of the Medicine Regulations to include oral health therapists is twofold. First, access to medicines is a fundamental component of oral health therapy. The extension would therefore assure oral health therapists have continued and uninterrupted access to local anaesthetic medicines.

Second, the Dental Council does not consider that the use of standing orders is a viable solution for access to these medicines. The use of standing orders is not common in private dental practices. In the public sector, the scale of administration would be very difficult to manage effectively and safely, with approximately 500,000 children cared for under the school dental services.

⁷ The October 2016 outcome of the follow-up consultation document is attached as Attachment 3.

⁸ NZ Gazette no.99—refer to Attachment 5

5. Unusual characteristics of the current application

This application differs from other applications made to the Minister of Health under section 115, which relate to unregulated persons performing health services.

Key points of difference include:

- Eligible registrants for the oral health therapy scope of practice are already regulated by the Dental Council, by virtue of their registration in the dental hygiene and/or dental therapy scopes of practice. Therefore, while this would be an application for a new 'health profession' it would not involve the regulation of any person who is not currently registered under the Act. Nor would it open the door to regulation under the Act to anyone who is not already eligible for registration.
- There is no need for establishing a new responsible authority; nor is this a situation where a new profession needs to be "made to fit" within another responsible authority. The Dental Council already regulates the individuals who would be regulated by the new profession and knows the issues well. This is a clear and natural fit.
- There is also no expected increase in costs for the public health system, employers or individual practitioners for regulation of oral health therapists, beyond the initial establishment and implementation costs that have already been covered by the 2015/16 and 2016/17 annual practising fees. In essence, this would be an 'updating' of the oral health professions as described under the Act.
- There are already two well established, accredited and monitored, New Zealand oral health programmes educating these practitioners to practise competently and safely for the members of the New Zealand public.
- A framework of regulatory standards already exists, and these practitioners are already complying with these obligations to ensure appropriate standards of care.

6. Request for an abridged application process

The Dental Council is aware the Minister of Health is required to consult with any organisation that has an interest in a recommendation to add a health profession to those regulated under the Act. Nevertheless, the Dental Council is seeking an abridged application process for the regulation of the oral health therapy profession because:

- The Dental Council has already undertaken extensive, multiple consultations with stakeholders (including the Ministry of Health) and oral health practitioners on establishing oral health therapy as a new scope of practice and associated issues⁹.
- Although stakeholder support is not unanimous on the need for an oral health therapy scope of practice (as evident from comments the Dental Council received during consultation¹⁰), the majority of submitters agreed with the proposed scope activities as consulted on in the follow-up consultation.
- As noted above, this application is unusual in that oral health graduates are already regulated by an established responsible authority and there are no substantive costs to the public health system, employers or individual practitioners associated with establishing this new profession.

The Dental Council proposes that the Ministry of Health can dispense with the step of convening an expert panel to initially assess whether the public is at risk of harm and/or whether it would be in the interest of the public to regulate the health service.

The Dental Council also favours the use of a targeted, rather than general, consultation process.

7. Preliminary discussions with the Ministry of Health

The Dental Council has, and will continue to engage with the Ministry of Health on this application. With regards to this application, the Dental Council notes that staff:

- have met with officials from the Ministry of Health to discuss this and procedural matters, in June and September 2016
- have kept the Associate Minister of Health, Hon Peter Dunne, informed since the establishment of the working group in 2013 on progress in this matter, via his quarterly meetings with the Dental Council.

⁹ A list of the external stakeholders that were issued with the two consultations is included as Attachment 4 (excluding names of oral health practitioners that received consultations)

¹⁰ All submissions on the follow-up consultation on the proposed oral health therapy scope of practice are available on the Dental Council's website at <http://dcnz.org.nz/resources-and-publications/publications/closed-consultations/new-content-page/>. Submissions were not yet made public in 2014, at the time of the first consultation, and the Council has not obtained permission to publish these.

8. Primary criteria for regulation

The primary criteria are specific requirements set out in the Act which must be met in order for a profession to be regulated under the Act. Each of the three primary criteria are addressed below to support the application for recognition of oral health therapy as a profession under the Act.

Criterion A: The profession delivers a health service as defined by the Act

The Dental Council's view is that oral health therapists deliver a health service¹¹ as defined in section 5 of the Act. This view is based on the following:

- Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice for oral health therapy, and commensurate with their approved education, training and competence.
- Disease prevention and oral health education and 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 therapy will be practised within a consultative professional relationship between the oral health therapist and one or more dentists or dental specialists.
- Patients can, and do, directly access health care offered by an oral health therapist—that means a referral from another oral health practitioner is not required.

Criterion B: The health services concerned pose a risk of harm to the health and safety of the public

The services that would be provided by members of the new profession are all captured within services currently provided by oral health practitioners registered as dental hygienists, dental therapists or dentists. This means that the health services concerned have already been found to meet the "risk of harm" threshold under the Act.

A large number of activities performed by oral health therapists are restricted activities, according to the definitions in the Restricted Activities Order 2005. This is relevant to Criterion B for two reasons:

- the status of these activities specifically recognises there is a risk of serious or permanent harm to members of the public who have these types of procedures performed on them
- these restricted activities can only be performed by competent and registered health practitioners.

¹¹ See Attachment 5 for information about the scope of practice for oral health therapy incorporating the prescribed qualifications. See Attachment 6 for the competency standards and measures of oral health therapists.

Activities with a potential risk of harm to patients performed by oral health therapists include:

- administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques
- applying and dispensing prescription medicines and preventive agents—with an increased risk to patients with medical conditions
- extracting primary teeth
- preparing cavities and restoring primary and permanent teeth using direct placement of dental materials
- recontouring and polishing of restorations
- removal of hard and soft deposits from tooth surfaces
- taking and interpreting intra and extra-oral radiographs
- placing of stainless steel crowns and performing pulpotomies on patients up to the age of 18-years
- performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings.

Oral health therapists treat young children, adolescents and adults—with restorative care provided to patients up to 18 years of age.

The delivery of safe practice is dependent on an oral health therapist having the necessary skills and knowledge to perform these tasks, including an understanding of their personal limitations within their scope of practice and competencies.

In general terms oral health therapists exercise judgement and make decisions, in the normal course of their work, which impact on patient health or welfare. A failure to recognise abnormalities and to refer a patient appropriately for further diagnosis or treatment poses a risk of harm to patients.

Oral health therapists and dentists have a consultative professional relationship for the practice of oral health therapy. When advice is sought by the oral health therapist, the dentist and oral health therapist are jointly responsible and accountable for the standard of decisions and care delivered.

Criterion C: It is in the public interest that the provision of health services be regulated as a health profession under the Act

It is the Dental Council's view that it is in the public interest that the public has access to good information about their health providers. This helps ensure a basic understanding about the healthcare provider they are seeing, and what they can expect from them. Improved consumer knowledge empowers them to make informed choices about their oral health care.

The Dental Council considers the current situation, where oral health graduates have to register in two individual professions in order to reflect their integrated competencies, has the potential to confuse the public, or at minimum, not accurately reflect the full capability of the practitioners being consulted by the public.

Recognising oral health therapy as a profession under the Act would help establish the title “oral health therapist” more widely, and improve the public’s understanding of what oral health therapists offer. It will further allow the public to gain confidence in the quality and safety of the profession as the

transition from a workforce of dental hygienists and dental therapists to one of oral health therapists takes place.

The restriction in section 7 of the Act on the use of names, words, titles, etc. prevents a person from stating or implying that they are a health practitioner of a particular kind unless they are a health practitioner of that kind. Recognition of an oral health therapy profession will result in clear statutory protection of the title “oral health therapist”, under section 7. This will protect the public by helping to prevent non-qualified people misrepresenting themselves as oral health therapists.

There are provisions in the Act that require members of the particular profession to undertake certain roles. For example, the panel for the Health Practitioners Disciplinary Tribunal must include members from the same profession as the practitioner who faces a disciplinary charge. Similarly, professional peers are required to help with competence reviews and professional conduct committee investigations. It is in the public interest that such bodies accurately reflect the workforce they seek to regulate (rather than have, say, a dental hygienist reviewing the actions of an oral health therapist).

Accordingly, the Dental Council’s submissions on the primary criterion are that:

- oral health therapists are delivering a range of health services to members of the public
- some of the activities performed by oral health therapists have the potential to harm patients if they are not carried out by competent and skilled practitioners
- it is in the public’s interest that oral health therapy be regulated as a profession under the Act.

9. Secondary criteria for regulation

The secondary criteria are focused on the practicalities of a profession being regulated under the Act and whether this is, in fact, the most appropriate means to protect the health and safety of the public.

Information to support the four secondary criteria for regulation follows.

Criterion 1: Existing regulatory or other mechanisms fail to address health and safety issues

It is the Dental Council's view that the current regulatory framework creates a lack of clarity for the growing workforce of oral health therapists and this has potential to create health and safety issues.

From a health and safety perspective, it is vital there is clarity around the legislation governing a particular practitioner, and the parameters within which they work. This has ramifications for the practitioner, their employer, and the patients they treat.

The Dental Council has established an oral health therapy scope of practice on the basis that oral health therapy can reasonably be described as part of one or more of the professions of dentistry, dental hygiene, or dental therapy. Consequently, the Council is able to regulate oral health therapists without oral health therapy being named a standalone profession.

However, categorising oral health therapy as part of one of the existing dental professions risks confusing the public and other health professionals. Public health and safety is best assured by accurate descriptions of the health professional groups—descriptions that reflect the undergraduate training completed and the services that are provided.

Legal recognition of oral health therapy as a profession under the Act will enable recognition in other related legislation, such as the Medicines Regulations and the Radiation Safety Regulations, making it easier for an oral health therapist to deliver health care without unnecessary regulatory burden (i.e. the use of standing orders to access local anaesthetic or need to apply for a use licence to take radiographs).

This will in turn reduce the potential for health and safety issues by reducing the regulatory burden, making it easier for oral health therapists to ensure they comply with relevant legislation.

Statutory recognition for oral health therapists will create a more direct and simple regulatory system for these professionals. This in turn will better facilitate their provision of care, and benefit patients.

Criterion 2: Regulation is possible to implement for the profession in question

The Dental Council's view is that these practitioners are already regulated, albeit under other professional titles, and so regulation is certainly possible and indeed simple to implement for the profession in question.

The profession of oral health therapy is well defined in the scope of practice for oral health therapy, the competency standards, and prescribed qualifications for oral health therapy.

There are established professional standards in relation to conduct, performance and ethics, applicable to all registered oral health practitioners. The Dental Council Standards Framework for Oral

Health Practitioners describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and the public can expect from oral health practitioners.

Consequently, mechanisms are in place to reduce the risk of harm to the public from oral health therapy practitioners and help achieve the public interest by ensuring practitioners are competent and accountable.

Criterion 3: Regulation is practical to implement for the profession in question

The Dental Council believes statutory recognition of their profession would not impose a greater burden on oral health therapists.

There is no need to establish a new responsible authority to regulate oral health therapists.

Oral health therapists are presently subject to the costs of regulation (such as registration fees, annual practising fees) and are required to comply with existing regulatory obligations (such as continuing professional development and biennial resuscitation training).

Regulating oral health therapy as its own profession would not add financial burden to the Dental Council, beyond the initial implementation of the oral health therapy scope of practice—already recovered through the previous two years' practising fees. Nor would it create additional regulation costs for employers of oral health therapists.

The New Zealand Dental and Oral Health Therapists Association is a well-established professional association representing and supporting dental therapists and dental hygienists; and has been advocating for the establishment of oral health therapy as a scope of practice since 2008. In 2012, the New Zealand Dental Therapists' Association decided to rename itself as the New Zealand Dental and Oral Health Therapists Association (NZDOHTA), to reflect both changes in the professional environment over the years and the evolution of the practice of oral health therapy. It is further worth noting that NZDOHTA and the New Zealand Dental Hygienists' Association are actively pursuing an amalgamation of the two professional associations—this adds to the argument that new oral health programmes have created an environment towards a single profession in the future, being oral health therapy.

The existence of an established professional association for oral health therapists serves two distinct functions. It promotes professionalism and encourages regulatory compliance among its members, and provides strong representation and advocacy on behalf of its membership.

NZDOHTA supports the Dental Council's efforts to seek statutory recognition for its oral health therapists as a distinct profession. Similarly, the Dental Council is confident that oral health graduates will welcome statutory recognition of the profession of oral health therapy.

Criterion 4: The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation

The Dental Council is not aware of any potential negative impacts on the public should oral health therapy be recognised as a profession. However, the Dental Council considers there would be benefits for the public and oral health therapy practitioners should this application be accepted. These benefits include:

- i. The recognition and promotion of oral health therapy as a profession will allow the public to gain confidence in the quality and safety of the profession, and alleviate confusion about the new title that will be used in dental practices.
- ii. The restriction in section 7 of the Act on the use of names, words, titles, etc. prevents a person from stating or implying that they are a health practitioner of a particular kind unless they are a health practitioner of that kind. Recognition of an oral health therapy profession will result in clear statutory protection of the title “oral health therapist”, under section 7. This will benefit the public by helping to prevent non-qualified people misrepresenting themselves as oral health therapists; and providing greater clarity for patients.
- iii. Recognition of an oral health therapy profession will help to foster, develop and sustain a sound ethos of professionalism amongst oral health therapists. At this time, oral health graduates are often referred to as “dual graduates” and lack a distinct professional identity. They are generally registered in both the dental hygienist and dental therapist professions, although some have chosen to register under just one professional title. The respective title they work under can depend on where they work (the public or private sector), or the type of clinical practice they are contracted for in a specific dental setting. These profession labels do not acknowledge their full set of capabilities and breadth of qualification. The development and strengthening of the profession will result in better service to the public.
- iv. There is no negative impact in terms of material increase in costs or administrative infrastructure. In reality, recognition of oral health therapy as a profession would be an ‘updating’ of the oral health professions named in the Act—recognising the significant changes that have occurred in oral health therapy since the Act was first enacted.
- v. As noted earlier, legal recognition of oral health therapy as a profession under the Act will enable recognition in other related legislation. This has the potential to benefit the public by reducing the regulatory burden (and associated costs and logistical requirements) on oral health therapists.
- vi. Alignment with profession recognition in Australia would further support reciprocity under TTMR, further strengthening the workforce and improving services to the public.
- vii. Once oral health therapy is recognised as a profession and fully integrated as such within the oral health professions, there may be some future opportunities to further harness and develop the capabilities of oral health therapists through further education and training to satisfy unmet oral health needs—in particular in low socio-economic and under-served areas in New Zealand.

Conclusion

The protection of the public interest will be enhanced through the addition of oral health therapy as a profession under the Act. Statutory recognition of the profession will provide greater clarity for, and protection of, the public. It will provide valuable recognition of the particular health services offered by oral health therapists. Furthermore, it will offer assurance to the public of safe delivery of care by a regulated health profession. Improved knowledge and awareness by the public empowers health consumers to make informed choices about their own oral health.

This application meets the primary criteria for regulation of a new profession, in that:

- oral health therapists do deliver a health service as defined by the Act
- the services provided by oral health therapists pose a risk of harm to the health and safety of the public
- the regulation of oral health therapy as a profession under the Act is in the public interest.

The secondary criteria are also met, by demonstrating that statutory recognition of oral health therapy as a profession is practical, appropriate and beneficial to the public and oral health therapists.

Professional recognition of oral health therapy is:

- a progressive means of addressing health and safety issues arising from the practice of oral health therapy
- acknowledgment of educational developments within the oral health sector, resulting in a practitioner with a particular skillset, distinct from other oral health professions currently described in section 114(2) of the Act
- possible and straightforward to implement
- practical to implement; and
- the benefits to the public outweigh any potential negative impact of regulation.