



New Zealand Dental Therapists' Association

The Future of the Oral Health Workforce

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Oral Health Workforce Planning Meeting
Nelson
15 May 2009**





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The NZDTA view of the future

1. The oral health workforce, particularly oral health therapists will be deployed more flexibly in both the public & private sectors.
2. A ratio of 1:1 dental/oral health therapists to assistants will enhance productivity.
3. Hours of work will include week ends and evenings, providing better access for the public & more flexibility for practitioners.





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4. A flexible, highly-skilled, and educated oral health workforce will be up to date with current trends, research & best practice, providing an improved and more acceptable service to the public.
5. Dental and oral health therapists will treat adults and have additional scopes of practice that include prescribing rights, pulpectomies, and extraction of permanent teeth.
6. More dental & oral health therapists will own their own practices and pick up Government contracts.



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7. More dentists will provide oral health care in the public sector.
8. Whanau based delivery of oral health care by oral health teams will make services more accessible and acceptable.
9. Therefore, disease prevention and health promotion will be more effective for extended families and for Maori and Pacific people, particularly in rural areas.





The Implications

1. Segmentation and distinctions between the professional disciplines (dentists, dental/oral health therapists, dental hygienists) will reduce as a result of:
 - i) The team based community approach
 - ii) The increased movement of oral health professionals between public & private sectors





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2. There will be greater opportunities to develop a strong inter-disciplinary professional ethic.
3. Oral health service delivery and oral health outcomes will improve.



The Barriers

1. Scarce resources.
2. Government health priorities
3. Capped student numbers.
4. The need for:
 - i) Dental therapy/Dental Hygiene transition courses
 - ii) Clear pathways for post graduate study
 - iii) Updated/upgraded oral health therapy education to meet emerging & future needs.





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5. Current segmentation & distinctions between the various oral health disciplines that hinder collaboration and innovative thinking.
6. Low priority placed on oral health by the public.
7. Public perception that the oral health profession (all disciplines) has less status than the medical profession (doctors & nurses).





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8. The fragmentation of services by using multiple providers may lead to a potential lack of efficiency & effectiveness.
9. Inefficiencies caused by the under utilisation of the dental/oral health therapist workforce in the public sector.
10. Current imbalance in the gender and ethnic mix of dental/oral health therapist workforce.



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11. The balance between protecting the public and supporting oral health practitioners to provide safe & effective services is a delicate one that is currently out of kilter.

12. The demands of burgeoning bureaucracy & administration requirements are increasing the cost of compliance.



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In Summary

1. Provision of effective, efficient oral health services is paramount.
2. Development of strategies that surmount or make the best of the obstacles to achieving effective, efficient services is essential.
3. The value of good oral health and a positive image of oral health professionals must be marketed.



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4. The Government must be vigorously lobbied to prioritise oral health.
5. A collaborative approach is required between the oral health professions, educational institutions, the Ministry of Health, the Dental Council and employers.



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In Conclusion

Within dental teams, with expanded duties, the dental & oral health therapist workforce can make a significant difference to reducing oral health disparities & inequalities...

...and this meeting is the ideal forum for developing an action plan to achieve this.



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Thank you!

