

REFRAMING THE ROLE OF DENTAL AND ORAL HEALTH THERAPISTS: A CALL FOR RECOGNITION AS ADVANCED PRACTITIONERS IN NEW ZEALAND'S HEALTH SYSTEM

Arish Naresh^{*1,2}, Diane Pevreal³, William Carlson-Jones⁴

1. College of Health and Medicine, University of Tasmania, Hobart, Australia
2. Registered Oral Health Practitioner, Tairāwhiti, New Zealand
3. Registered Oral Health Practitioner, Waikato, New Zealand
4. Sydney Dental School, Faculty of Medicine & Health, University of Sydney, Sydney, Australia

Correspondence: acnaresh@hotmail.com

ABSTRACT

Dental and Oral Health Therapists (DOHTs) have been integral for improving oral health equity in New Zealand for communities of all ages. Although DOHTs have a three-year health sciences degree and clinical control to diagnose, prescribe and interpret radiographs, undertake treatments including minor surgery, provide oversight and guidance for non-registered staff to do minor procedures, their current Public Service Association Allied Health, Scientific and Technical Multiemployer Collective Agreement scale (PSA MECA) which dictates the salary and conditions in the public sector does not reflect their skills or public health contributions, contributing to systemic workforce shortages. Using results from the Dental Council of New Zealand (DCNZ) workforce data and analysis of trends affecting the oral health field, this paper presents why it is essential to reform policies to address the inequalities DOHTs face in the public sector, keep them satisfied in their jobs, and recognise the level of complexity displayed by the profession. This perspective paper proposes DOHTs have same status as Nurse Practitioners or Clinical Psychologists and suggests that they should be given a separate pay structure from other Allied Health practitioners, thereby reflecting the nature of their autonomous role and the clinical responsibilities they independently undertake post-graduation, compared to other health sciences degrees.

KEYWORDS

workforce equity, institutional reform, advanced practitioner, salary scale, sustainable development, new zealand, oral health workforce

INTRODUCTION

Dental and Oral Health Therapists (DOHTs) play a critical role in promoting the health of people of all ages through direct dental care services at primary care settings. However, DOHTs are underrepresented and underappreciated professionally and financially when compared to other highly skilled healthcare workers. We propose that DOHTs are officially acknowledged and rewarded as advanced health professionals with independent responsibilities in the Aotearoa-New Zealand setting.

The inception of DOHTs stem from the establishment of the Dental Nurse (DN) in New Zealand in 1921 [1]. DNs received 2 years of training in a government department health course and were tasked with the primary objective of treating the rampant level of dental disease in New Zealand's children [1]. Since then, we have seen the evolution of the DN role which has developed into the DOHT profession that we see today; broadened in their professional responsibilities, service profile, training and education to better meet the oral healthcare needs of New Zealanders over their life course. This paper aims to reframe the role of DOHTs and argue for their recognition as advanced practitioners within the New Zealand health system.

THE ROLE AND TRAINING OF DOHTS

DOHTs in New Zealand undergo a rigorous three-year Bachelor of Oral Health program that combines classroom learning with practical experience in the field. The curriculum equips students to practice independently in a variety of settings that serve vulnerable populations over their life course. DOHT academics value early diagnosis, caries prevention, and adaptable care for Māori and Pasifika communities [2]. DOHTs are trained to provide both dental therapy, dental hygiene care, and promote oral health. Their role includes, but is not limited to, various core competencies outlined by the Dental Council of New Zealand (DCNZ) summarised in Table 1. They can fulfill roles in public health and at the same time offer hands-on clinical care (Table 2). The tasks they perform, such as assessing, diagnosing, developing treatment plans, and carrying them out, are comparable in both responsibility and the level of clinical decision making to other registered health practitioners, however the broadness of scopes is more similar to a medical physician without prescribing rights (3).

TABLE 1. SUMMARY OF CORE COMPETENCIES OUTLINED BY THE DCNZ FOR DOHTS [4] [5]

Core competencies	Dental therapists	Oral health therapists
Professionalism	✓	✓
Communication	✓	✓
Cultural competence & safety	✓	✓
Critical thinking	✓	✓
Scientific & clinical knowledge	✓	✓
Patient care (comprised of the following below)		
<i>Clinical information gathering</i>	✓	✓
<i>Diagnosis and risk determination</i>	✓	✓
<i>Oral health care planning</i>	✓	✓
<i>Establishing and maintaining oral health (including preventive care, periodontal management, dental management, extractions, pain management, dental emergencies, application, administering and suppling of prescription medicines, monitoring and assisting in orthodontics)</i>	✓*	✓
	*gingivitis management only	
<i>Safe practice</i>	✓	✓
<i>Teamwork</i>	✓	✓
<i>The practice environment</i>	✓	✓

TABLE 2. COMPARISON OF COMPETENCIES ACROSS SELECTED NEW ZEALAND 3-YEAR HEALTH DEGREE PROFESSIONS.

Profession	Diagnose independently	Dispense meds independently	Perform clinical interventions	Take radiographs independently	Interpret radiographs	Carry out surgical procedures without supervision/direction	Take impressions and create prosthetic devices	Practice in settings as independent and lead clinician	Provide leadership in reprocessing and sterilisation at an advanced level
Dental and Oral Health Therapy	✓	X	✓	✓	✓	✓	✓	✓	✓
Nursing	✓	✓	✓	X	X	X	X	X	X
Occupational Therapy	✓	X	✓	X	X	X	X	✓	X
Social Work	X	X	X	X	X	X	X	✓	X
Radiographers	X	X	X	✓	✓	X	X	✓	X

However, DOHTs are treated the same as other allied health professionals on the generic Public Service Association Allied Health, Scientific and Technical Multiemployer Collective Agreement scale (PSA MECA), even though their training differs significantly from that of roles requiring less specialised or intensive clinical scope [6]. Other professions with similar levels of education, like midwives and physiotherapists, are designated separate salary scales and career ladders. The disproportion between how DOHTs are educated, the duties assigned, and the compensation they receive, combined with the fact that they're needed most by underserved communities, has resulted in the inability to maintain a sustainable oral health workforce [7], resulting in increased inequity in rural and other communities. Identifying that DOHTs have more extensive training than many other health professionals is key to building a stronger, more diverse, and fairer oral health workforce.

A COMPARATIVE LENS: NURSES VS. DOHTS

Nurse Practitioners (NPs) are highly valued as clinical leaders in the New Zealand healthcare sector. They undergo additional training and experience supervised care to obtain the ability to perform both prescribing and diagnostic duties (8). They are given their own salary scale and professional recognition in acknowledgement of the independence they bring to their jobs. DOHTs are registered health practitioners who are well-prepared to diagnose, treat, and oversee the care of children, adolescents and patients of all ages with various oral health problems and frequently with underlying health conditions. DOHTs play a crucial role in delivering oral health services in schools, general dental practices and rural communities, operating autonomously most of the time.

Independently developing and implementing a plan of care that may include surgical interventions is distinctive within Allied Health professions. DOHTs focus also includes developing a preventative plan for individual patients that may include oral health promotion and oral education for individuals, families, groups, classes or communities. Their evidence-based knowledge is unique to their professional group, with frequent comments from other health professionals advising they know very little about oral health care and oral health systems. DOHTs have also shown their value in the field of teledentistry by reducing access barriers for rural communities through innovative models of care delivery(9). They perform advanced therapies including extractions, restorations, and radiograph interpretation, injections and administration of dental-specific medications, comparable to those performed by other advanced practitioners such as NPs.

In contrast, DOHTs are grouped as general allied health professionals under the PSA MECA, failing to acknowledge their authority, autonomy and expectations placed on them in the workplace. There is a significant discrepancy in how they are remunerated, how their careers progress, versus the positive effects they have in healthcare generally. The mismatch in stature and remuneration has already and will continue to hinder the availability of the necessary workforce committed to reducing disparities in oral health outcomes throughout the country. DOHTs have the training, scope of practice, and

autonomy to be considered advanced practitioners. Aligning their duties and responsibilities with those of NPs is crucial to creating a just, viable, and dynamic oral health workforce.

PROFESSIONAL MARGINALISATION: THE WAGE GAP AND ITS IMPLICATIONS

DOHTs are a critical part of the New Zealand allied health workforce, yet they appear a low-valued group. The 2023–2025 PSA MECA sets the rate for DOHTs with Bachelor's degrees as starting at \$77,000 per annum. By comparison, psychologists on a separate salary scale begin their careers earning \$85,000 [10]. The starting base salaries of NPs on the NZNO agreement currently sit at over \$114,000 [11]. The DOHT pay disparity also clashes with that of, for example, dental assistants who can earn between \$72,000 and \$86,000 without requiring formal training or professional registration responsibility. Attracting and maintaining DOHTs is challenging in areas of the country with the highest oral health needs. Burnout rates are caused in part by ongoing staffing challenges and larger patient loads. Lack of rewards discourages new professionals and drives experienced clinicians away or to private practice where pay rates greatly exceed those in public service.

Pay inequity within Public Health pay structures is reflected in anecdotal comments from both recently graduated and experienced DOHTs who advise they are attracted to and plan to retain higher paid positions in private practice. DOHT's are also investing in private practice ownership reflecting a clear movement away from public service being the predominant employer.

Furthermore, statistics from the DCNZ Workforce analysis 2020-2022 depicts several alarming trends in the DOHT workforce. Progressively, the number of dental therapists (DTs) has declined from 458 in the year 2017/18 to 337 in 2021/22 whereas the number of oral health therapists (OHTs) have grown from 505 in the year 2017/18 to 753 in 2021/22 [11]. The main concern however is the reported median age and employment types between DTs and OHTs. In 2022, DT workforce in New Zealand had a median age of 56.8 years and 83.6% of those working as employees were in district health boards (public service) [11]. Conversely, the OHT workforce in 2022 were reported to have a median age of 31.5 years and only 35.6% of those working as employees were in district health boards (public service) [11]. A larger proportion of OHTs were also reported to be self-employed (10.3%) compared to only 4.6% of DTs [11]. These trends can be attributed to the significant pay discrepancies between public and private practice settings and the phasing out of DT training programs in preference for OHT courses.

As a result, essential aims of the New Zealand health system, such as reducing disparities, promoting child oral health, and developing a resilient, risk-focused approach to oral care, are jeopardised. The oral health sector may not achieve stability if resources are not allocated specifically for the development and reimbursement of DOHTs. Classifying DOHTs as advanced practitioners and linking their remuneration to their expertise are both essential for achieving sustainability and meeting the long-term needs of oral health services.

Recognising that this group also requires ring fenced time and financial recompense for ongoing professional development is also essential for ensuring that children's oral health care follows the evidence-base and that isolated clinicians have the time to continue evidence-based learning, adapt their practice and meet the needs of maintaining an annual practicing certificate

A CALL FOR POLICY REFORM

DOHTs play a key role in helping Aotearoa-New Zealand combat inequality in oral health and building a long-term, sustainable health system. DOHTs are currently underserved and undervalued by their classification under the umbrella of generic allied health workers within the PSA MECA. It runs counter to global health initiatives that stress the need for strengthening the oral health workforce to reduce existing inequalities [6]. DOHTs should be provided with separate salary levels equivalent to those given to NPs and psychologists. This change would recognise the many ways in which DOHTs

are clinically involved, skilled professionals who mostly operate independently. This provides an added advantage in attracting a diverse pool of talented DOHTs and increases the long-term stability of the workforce in hard-to-reach areas. It would strengthen recruitment, retention and job satisfaction of the workforce.

The WHO Oral Health Strategy (2023–2030) advocates for the development of oral health workforce strategies focused on designing skilled teams whose duties include providing children from disadvantaged communities with preventive oral health care. DOHTs are meeting the requirements of the mandate, and it has been proven over more than 100 years that they make a significant impact in the care delivered to Māori and Pasifika communities, but they still face neglect at the institutional level. With the implementation of Pae Ora, presently underway, we should integrate oral health equity into the very foundations of our healthcare systems. The Health New Zealand acknowledged the issue of a declining workforce in the Health Workforce Plan 2023/2024. With a projected shortage of 220 DOHTs. The NZDA Roadmap Towards Better Oral Health for New Zealand 2025-2030 acknowledges that while the scopes of DOHTs are broadening, with the ongoing issues of workforce numbers, the impact is uncertain. A distinct salary scale specifically for DOHTs represents a practical step toward achieving oral health goals set out by both New Zealand and international health agendas, and the ring-fenced availability of funding and time, similar in approach to that in the Senior Medical Officer Collective Agreement will help the profession to continue to build and maintain their skills and develop the evidence base

CONCLUSION

DOHTs are crucial practitioners in advancing oral health for the whole population in New Zealand. The qualifications and contributions of DOHTs merit identifying them as advanced healthcare professionals. Creating a clear professional pay band and professional development support will increase the attractiveness of DOHT as a desirable career and help integrate dental services with health and environmental targets.

Without implementing this system level reform, workforce shortages will be exacerbated during 2025-2030 with an increase in underserved populations, often rural and isolated, and the length of time between recalls, which are ideally set at 12 months. The flow on effect will be an increase in the number of children who are requiring oral health care under general anaesthetic due to their severity of decay. The experience of decay in childhood has a direct correlation to decay experience in adulthood, thereby condemning the next generation of adults to a lifetime of expensive dental care and/or pain and lost teeth, affecting their health and wellness beyond their childhood years.

References

1. Moffat, S. M., Foster Page, L. A., & Thomson, W. M.. New Zealand's School Dental Service over the Decades: Its Response to Social, Political, and Economic Influences, and the Effect on Oral Health Inequalities. *Frontiers in public health*. 2017; 5, 177. <https://doi.org/10.3389/fpubh.2017.00177>
2. New Zealand Dental Association (NZDA). Oral Health Practitioners in Aotearoa: Scope, Training and Equity Considerations. (2022). Wellington, NZ: NZDA. <https://www.nzda.org.nz/>
3. Dental Council of New Zealand (DCNZ). Dental therapist competencies. (2021)
4. Dental Council of New Zealand (DCNZ). Oral health therapist competencies. (2021)
5. Foláyan MO, Cachagee M, Poirier B, Booth J, Neville P, Naresh A, Fleming E. Decolonise oral health care: calling for a rights-based, accountability framework approach. *Frontiers in Oral Health*. 2025 Feb 28;6:1539846. <https://www.frontiersin.org/journals/oral-health/articles/10.3389/froh.2025.1539846/full>
6. New Zealand Oral Health Association (NZOHA). COHS is struggling due to inadequate pay and lack of recognition. [Media Release] (2022, May 8). <https://www.nzoha.org.nz>
7. Fisher J, Berman R, Buse K, Doll B, Glick M, Metz J, Touger-Decker R. Achieving oral health for all through public health approaches, interprofessional, and transdisciplinary education. *NAM Perspect*. 2023;10.31478/202302b. doi:10.31478/202302b

8. Naresh A, Morse Z, Bettiol SS. Teledentistry and One Health: A Sustainable Framework for Oral and Planetary Health. *Front Dent Med.* 2025;6:1631548. doi: 10.3389/fdmed.2025.1631548.
9. Public Service Association (PSA). (2023). Allied, Public Health, Scientific and Technical Collective Agreement 2023–2025. Available at: <https://www.psa.org.nz>
10. New Zealand Nurses Organisation (NZNO). (2023). NZNO–Te Whatu Ora Health New Zealand Nursing and Midwifery Multi-Employer Collective Agreement 2023-2024. Available at: <https://www.nzno.org.nz>
11. Dental Council of New Zealand (DCNZ). Dental Council Workforce Analysis 2020-2022. (2022)