



Māori Oral Health Service Providers Toolkit





A toolkit to assist the planning, development, and implementation of Hauora Māori - Māori oral health services in Aotearoa New Zealand

February 2020

Final

Review of Toolkit

This toolkit is reviewed and updated bi-annually by Te Rōpu Niho Ora.

Review	Date	Amendments made	Signed off
Toolkit finalised	February 2020	Final document	
Reviewed	February 2022	No changes made	
Reviewed	July 2023	Updates to reflect establishment of new organisation Te Rōpū Hauora Māori a Niho o Aotearoa	
Reviewed	January 2024	Updates to reflect changes to health policy, planning and delivery landscape	
Next review	January 2026		

Mihi

E ngā mana, e ngā reo, e ngā hau e whā, tēnā koutou katoa. Koia nei te mihi ki a koutou ngā rōpū whakahaere i whai mahi te huarahi hauora hei hāpai te iwi Māori.

Te Rōpu Niho Ora (formerly The Māori Oral Health Quality Improvement Group) acknowledge Māori Health Providers across Aotearoa for their commitment to pursue and provide the health services that whānau Māori rightfully deserve. This toolkit takes Māori Health Providers a step further by encouraging them to consider the difference they can make to whānau health and wellbeing through the provision of oral health care.

You may like to start with the simple checklist on Page 21 and reference back to the relevant pages within the Toolkit for further information where needed.

Te Rōpu Niho Ora is available to provide further advice to Māori Health Providers about this toolkit and support to establish oral health services, as needed.

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Nāku noa, nā



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Introduction

Hauora Māori Partners - Māori health service providers (Providers) are an integral part of the health system in Aotearoa. As Māori owned and governed organisations, Providers deliver a range of health services to whānau Māori and wider communities from primary care, child health, community health, maternity, mental health, mobile nursing, public health and much more. However, among the 200+ Providers across Aotearoa, less than 10 have established a oral health services, despite the overwhelming unmet oral health need among whānau Māori.

Oral health disease is one of the most prevalent yet preventable chronic conditions impacting on whānau Māori. Māori disproportionately experience the greatest burden of poor oral health than any other population group in Aotearoa. These outcomes are evidence of an oral health system that has not delivered oral health services that are accessible, appropriate, and culturally responsive for Māori. Providers have a strong history of providing health services to whānau Māori and are well positioned to be part of the solution to improve access to dental care for Māori and improve Māori oral health outcomes.

Te Tiriti o Waitangi sets out the right of Māori to participate in the delivery of health services for Māori. There is significant scope to grow and contribute to Māori oral health service delivery, and while this isn't an easy task, Providers are familiar with the health sector and what's involved to ensure Māori aspirations and rights to health are achieved. Whānau Māori have a right to good oral health, which requires access to affordable, accessible, and culturally responsive services.

As Hauora Māori Providers there are increasing opportunities to challenge traditional models of dentistry. Except for tamariki and rangatahi, oral health services have sat outside the mainstream provision of publicly funded health care, with most of the adult population required to pay for dental care out of their own pocket. Therefore, whānau-centred approaches that aim to achieve health and well-being of all whānau, as per Providers, are important.

Purpose of the Toolkit

This toolkit was developed by Te Rōpu Niho Ora (TrNO) to support Providers who are considering the establishment of an oral health service. The toolkit provides information to plan, develop and implement an oral health service. It guides Providers through necessary steps to informed decision-making and provides important information for the current environment of service delivery. .

Establishing an oral health service requires significant time, planning and investment. The toolkit does not provide a review of the evidence for oral health delivery, rather the process for implementation and relevant resources in the hope to make the task more manageable. The toolkit will be of most use to;

- Health service and project managers involved in the planning and design of oral health facilities.
- Health personnel who have a role to oversee and monitor projects and services.

Te Rōpu Niho Ora

Originally established by the Ministry of Health (MOH) in 2009 as The Māori Oral Health Quality Improvement Group, the rōpu had a key purpose in supporting the clinical quality and service delivery of the Providers and provided the MOH with expertise on Māori oral health matters. In 2023, we established as a Charitable Trust, Te Rōpu Hauora Māori a Niho o Aotearoa (Te Rōpu Niho Ora (TrNO)). The rōpu is the peak body for the Hauora Māori Partner Oral Health sector and is currently comprised of six Providers, along with invited experts. Further information on TrNO follows:

The rōpu is:

- a collective of Māori oral health experts who provide evidence-based advice and strategic direction to relevant organisations on improving the oral health sector and advancing Māori oral health. The rōpu comprises representation of both clinical and non-clinical kaimahi from Providers and other Māori oral health experts who provide specialist support.

The vision of the rōpu is:

- a sustainable Māori oral health provider sector and equitable publicly funded services delivering whānau-centred preventative care leading to orally fit whānau and equity in oral health outcomes for Māori.

The primary purpose of the rōpu is:

- to champion Māori oral health equity by identifying priorities for the Māori oral health provider sector, developing and leading projects and providing advice to relevant organisations¹ that is focused on enabling equitable and sustainable oral health services and improved oral and general health outcomes for Māori.

Māori Oral Health Providers

History of Māori Oral Health Providers

The first Māori Oral Health Service Providers (MOHP) were established in the mid-1990s. The establishment of MOHP was in direct response to the unmet oral health needs among Māori, and the lack of response by health and government authorities to improve access to oral health care in these communities. Providers such as Te Manu Toroa in Bay of Plenty, and Tipu Ora in Rotorua – both members of TrNO - are examples of pioneering kaupapa Māori based oral health services. The success of service responsiveness to whānau Māori soon saw the establishment of other Providers in the early 2000s. Since then, the MOHP sector has remained a small, yet valuable, part of the oral health sector contributing to improved oral health outcomes for Māori.

In 2003, the MOH undertook a review of Providers delivering any oral health service.² The review assessed the types of services being delivered and the successes and the challenges faced by Providers. The review found many Providers were delivering health promotion aspects of oral health, but only a few were involved in the delivery of comprehensive dental treatment and prevention services. Recognising an opportunity to support and expand the MOHP sector, the MOH commenced a business case process to enable Providers to establish or enhance their existing oral health services. Through this process five Providers had their business cases approved for funding³ and, in 2006 commencement of these new and additional oral health services began.

In 2009, the MOH undertook an evaluation of the business case process to determine if the funding had led to increased capacity and capability to deliver oral health services.⁴ The findings showed that the ability of Providers to participate in oral health services had increased. However, while there was greater awareness of MOHP service capability within some DHBs, not all MOHP were accepted and valued for their contribution to oral health planning and service delivery in their community. Despite the challenges involved in developing oral health services, the MOHP involved stated they would recommend other Providers participate in a similar process to develop and deliver oral health services.

Māori models of oral health service delivery

Māori Oral Health Service Providers are unique as they operate in a space of public/private dentistry and deliver a model of care based on kaupapa Māori practices and principles. Therefore, MOHPs are distinctly different to mainstream models of dentistry. Key differences include the provision of⁵:

- kaupapa Māori based services grounded within Māori principles and practices
- whānau centred services that support all whānau
- a model of community-based health care that aligns and integrates dentistry with wider publicly funded health services
- integration with primary care and primary health care and social support services

¹ Relevant organisations including but not restricted to - Māori Oral Health Providers, Ministers, The Ministry of Health, Te Whatu Ora, Te Aka Whai Ora, Health Localities, Māori Partnership Boards, Te Puni Kōkiri, Research Institutes, Tertiary Institutes, Dental Council NZ, Oral Health Professional Organisations.

² Review of Māori Child Oral Health Services, Mauriora Associates, 2004

³ A total of \$1.2million was invested in the capacity and capability of Providers to procure capital equipment for their dental services. Fifteen Providers were invited to submit a business case; twelve responded; and five met the Ministry criteria to receive capital funding.

⁴ Evaluation of the Māori Oral Health Providers Project, Ministry of Health, 2011

⁵ Mauriora Associates, 2004 and TRNO communications, 2022

- strong foundations and emphasis on oral health education, prevention, and treatment
- predominately oral health services for high-need, low income and vulnerable clients

Traditionally, models of oral health service focus on the treatment of disease, with mainly clinical solutions. Practices which focus on preventative and whānau ora approaches ensure individuals, whānau and communities have greater potential to prevent the need for acute dental treatment and achieve long term improved oral health outcomes. This is a distinctive point of difference as Providers consider the right model of dental care for their communities and a shift away from predominantly acute and emergency dentistry.

Table 1: Overview of the services and funding arrangements TrNO Providers have in place.

Provider	Population Group	Funding Arrangement
Ora Toa, Porirua	Rangatahi, low-come adults	CDA ⁶ , private co-payment, WINZ ⁷ , ACC ⁸
Tipu Ora, Rotorua	Rangatahi, low-come adults	CDA, private co-payment, WINZ, ACC, ROP
Te Tāiwhenua o Heretaunga, Hastings	Pēpi, Tamariki, Rangatahi, low-come adults	Tō Waha ⁹ , CDA Private/co-payment
Te Manu Toroa, Tauranga	Pēpi, Tamariki, Rangatahi, low-come adults	DHB, CDA, private/co-payment, hāpu māmā via Kahu Taurima
Raukura Hauora o Tainui, Hamilton and Sth Auckland	Rangatahi	CDA
Te Hiku Hauora, Kaitia	Rangatahi, low-come adults	CDA, Private/co-payments, ROP

CDA = Combined Dental Agreement – a contract for rangatahi treatment

ROP = Relief of Pain – a contract for low-income adults previously held with respective DHBs (now Te Whatu Ora)

WINZ = Work and Income NZ – a \$1,000 non-refundable payment for emergency and essential dental treatment

ACC = Accident Compensation Corporation – in case of dental injury

Strategic Context

Strategic documents - relevant to the context of oral health, oral health services, and how Māori aspirations and rights to good oral health should be supported - shape how Providers will establish their services.

Te Tiriti o Waitangi

Te Tiriti o Waitangi in health and health care services is well established. However, it has not been fully recognised, and enabled in health structures, systems and services. The WAI2575 Health Services and Outcomes Kaupapa Inquiry identified consistent failures of the Crown in its commitment to achieve equity of health outcomes for Māori, including in oral health. There are opportunities for the oral health system and services to be redesigned in way that embraces and elevates Māori models of oral health and meets the obligations of the Health System under te Tiriti. This requires Te Whatu Ora to consider models of care that are whānau centred, with an oral health workforce that is culturally and clinically safe to work with Māori communities.

Good Oral Health for all, for Life

In 2006, the MOH published the Good Oral Health for All, for Life, which set out to ensure oral health services were accessible and responsive to the needs of all children, with subsequent government investment to strengthen community based oral health services (Ministry of Health, 2006). DHBs were asked to consider Providers in the planning, implementation and delivery of oral health services in communities. However, Provider input into DHB business planning was variable, and when it came to the implementation DHB needs were dominant. Therefore,

⁶ CDA – Combined Dental Agreement. A service provided by private dentists (or in this case TrNO providers) that are contracted to deliver free basic dental care for adolescents Year 9 until their 18th birthday.

⁷ Work and Income New Zealand. A WINZ administered special needs grant available to beneficiaries requiring emergency dental care.

⁸ Accident Compensation Corporation will pay for some dental care required as a result of an accident.

⁹ Kaupapa Māori oral health service for hāpu māmā.

the model did not markedly change, and the re-orientation of oral health services from school to community-based services was a missed opportunity to do something different such as implementing a more whānau-centric approach¹⁰.

Oral Health Services and Funding

In Aotearoa oral health care is provided via a mix of private and publicly funded services. Overall, the total amount of funding spent on oral health per year in 2019 was \$962 million, which can be broken down into public and private funded arrangements as outlined below. A full description of services for specific age groups is provided further in this section.

Table 2: Oral health funding in Aotearoa (at time of report, 2019)¹¹

	Age Group	Service provider	Funding Source	Funding amount
Publicly funded	Children aged 0 – 12 years or Year 8	DHB provider arm	Publicly funded	\$200m
	Youth aged 13 to 17 years	Private dentists in the community via CDA contracts with DHBs	Publicly funded	
	All age groups	Private and hospital dentists	ACC	\$29m
	Sub-total public funding			\$229m
Privately Funded	Adults 18 years and over	Private dentists	User pays	\$702m
	Private insurance	Private dentists	User pays	\$31m
	Sub-total private funding			\$733m
	TOTAL ORAL HEALTH FUNDING			\$962M

While Aotearoa provides some publicly funded oral health care, there are significant inequities in oral health outcomes for Māori across all age groups. Cost is a major barrier in accessing care for whānau, with 36% having visited a dental health care worker in the previous year compared to 53% of European/Other. Adults living in socioeconomically deprived areas are nearly twice as likely to only visit for dental problems compared to adults in least deprived areas (74% vs. 38%). Thus, affordability is crucial in the development and delivery of oral health services and should be considered in the business model development in balance with Provider sustainability.

Commissioning of Services

Under the revised health care system, Te Whatu Ora and Manatū Hauora are the two rangatira entities that have a shared vision of improving the hauora and oranga of Māori in Aotearoa. Te Whatu Ora will be the commissioning organisation who whakamana services that that meet the diverse needs of Māori whānau and hapū.

Note that at the time of this toolkits review (January 2024) investigations are underway for a common and sustainable national whānau-centred contract for MOHPs which may negate the need for the piece-meal and age-limited contracts described below.

Tamariki and rangatahi to 18 years of age

Tamariki in Aotearoa who meet the eligibility criteria for publicly funded health and disability services are entitled to free basic oral health services from birth to 17 years of age (until their 18th birthday). The aim is to promote good oral health from an early age so that the benefits flow on into adulthood.

¹⁰ ESR. 2016. An Evaluation of the Reorientation of Child and Adolescent Oral Health Services. Wellington: Ministry of Health.

¹¹ New Zealand Health & Disability System Review, 2019.

Community Oral Health Clinics provide dental services for tamariki. Tamariki are enrolled at birth via new born enrolments or Well Child Tamariki Ora services. Oral health care is provided by oral health/dental therapists in schools, community or mobile dental clinics from a child's first birthday until the end of Year 8.

Rangatahi can access free dental care via an identified dentist. At Year 8 or age 12 years students are enrolled with a dentist of choice by the Community Oral Health Service. The dentist must have a contract with Te Whatu Ora under the Combined Dental Agreement (CDA) to provide dental care for rangatahi, whether in or out of school. The treatment covered under this agreement includes regular examinations, fillings, extractions and preventive services such as fissure sealants and fluoride treatments. A fee may apply for other services such as larger tooth-coloured fillings in back teeth. Other specialised services such as orthodontic and cosmetic work (e.g., tooth whitening) is not covered.

Pakeke and Kaumatua

Low-income adults or those on a benefit with a Community Services Card (CSC) are eligible for immediate and essential dental treatment, for example, fillings and treatment of gum infection, via WINZ. This grant can be accessed on behalf of MOHP clients. It is available once per annum to the maximum value of \$1000 and is non-recoverable.

Non-trauma related after-hours dental care is usually provided by private dentists working on an on-call roster. The cost of this care is the responsibility of the individual.

Hospital Services

Hospital dental services offer dental treatment to vulnerable and medically compromised inpatients. Patients who require surgery and/or chemotherapy may also receive necessary dental care at no cost as part of their care plan, although not always follow-up dental care.

Adults with a CSC can also access hospital dental services as an outpatient. These services are limited to extractions and/or basic restorations. Dental care is also available from hospital-based services for people with medical conditions, intellectual or physical disabilities, mental illness or severe dental disease that prevents patients from using private dental services. Part charges will often apply to these services, referral criteria varies by region and services are not available across all Te Whatu Ora sites with access is largely dependent on hospital capacity and capability.

Oral trauma care is provided by hospital emergency departments with any ongoing treatment costs funded by ACC and provided by a MOHP or private dental practice.

Private Dental Services

Most adults receive their dental treatment privately at their own cost. There is no standard fee structure nationally, therefore fees are set by individual dental practices, as private business owners. Compared to publicly funded services, there are often more treatment options available such as whitening and implants. Information on private dental fees for dental services can be found on the New Zealand Dental Associations (NZDA) website.

Developing a Business Plan

Business plans will set the direction and outline the type of services and model of care to be provided, and determine the dental equipment, workforce and type of facility required. These plans should also align with wider Provider services, Te Whatu Ora, and primary care developments. Providers can access support from TrNO and are encouraged to pursue support from sector partners. The New Zealand Dental Association (NZDA) has a large number of resources on developing a Practice, Business Planning and Practice Management available to members through a membership portal.

Main sections of the oral health business plan include;

- Ownership model
- Model of care
- Facility and equipment requirements
- Workforce requirements
- Compliance

- Promotion and launch of the service

Te Puni Kokiri Māori Business Growth Support fund helps Māori organisations to grow their business. They can provide services, by Māori, for Māori and with Māori, to support the growth and sustainability of your business. The aim is to help Māori enterprises build their capacity and capability to ensure they are supported to thrive¹².

Ownership Model

A range of ownership and/or partnership approaches are possible to enable the right model and mix of service for any respective community. For example, ownership plans may include;

- 100% owned and operated by Providers (total facilities/contracts/equipment/kaimahi)
- joint venture
 - public and/or
 - private dental operator – either party may provide contribution to joint venture from; contracts, kaimahi, equipment, premises, mobile dental unit, any other services
 - partnership arrangement with each partner providing agreed components necessary to operate the oral health service with an agreed share of revenue and costs
- sub-contractual arrangement
 - the Provider supplies contracts, patients, facilities and subcontractor can provide own kaimahi, delivery of services, and day to day management, for an agreed fee arrangement share
- lease arrangement
 - Provider leases facilities, equipment and staff from another oral health service provider

The joint-venture, partnership or sub-contract type business could be negotiated with a public entity such as Te Whatu Ora or with a private service provider or through an arrangement with a tertiary education provider. Such business arrangements are negotiated and agreed to by the parties, in addition they should be clearly recognised in a set of formal legal documents. Importantly, there are both positives and negatives associated with each of the oral health ownership models, consideration to determine the most suitable ownership model available to a new Provider.

Model of care

Service model considerations include:

- patient type; tamariki, adolescent, adult
- service type; treatment, oral health education, prevention, promotion, other i.e. social services
- population type; urban, rural, mixed, mobile
- clinician type; dentist, dental therapist, oral hygienist, oral health educator, other

Choice of premise could include but not limited to:

- mobile dental unit, towed or self-drive, single or multiple chair
- fixed dental surgery; community health setting, whānau ora centre, combination of both
- other community setting(s)

For each of these options, there are best practice guidelines readily available from several sources both in Aotearoa and internationally, such as www.ada.org to assist a Provider to define a set of criteria for the most suitable business model based on needs and budget.

Service Agreements

The majority of current MOHP deliver a range of treatment-type oral health services to whānau, largely adolescents under the CDA, as well as some for fee paying adult services. MOHP also operate other types of services under contract to their DHB (now Te Whatu Ora). These include oral health promotion, hapu māmā programmes, community dental services, adult “relief of pain” treatment services and other unique one-off programmes. These types of service agreements require a Provider to have access to a dental surgery (fixed site

¹² [Pakihi Māori – Māori Enterprise. www.tpk.govt.nz](http://www.tpk.govt.nz).

or waka), clinicians (both dentists and dental therapist - with adolescent scope) and auxiliary staff, such as chairside assistants and reception services.

In order to obtain the Combined Dental Agreement¹³ to treat adolescents, a Provider will require to negotiate such an arrangement with Te Whatu Ora. Therefore, it is critical for Providers to identify and build a relationship with the relevant decision makers at Te Whatu Ora. Including, input into the Te Whatu Ora strategic oral health and Māori health service plans as these documents underpin the approach for a service agreement and funding. In addition, the CDA is currently a nationally negotiated contract with little ability for additional funding and scope within these arrangements.

If a dentist is part of its clinical staff component, a Provider may also have service agreements with other Crown Agencies, such as ACC or Ministry of Social Development (MSD), under which specified dental care can be provided to individuals. These claims are paid by the funder on an individual basis following submission of relevant documentation. For treatment services provided under ACC and MSD, the agreement is the sole requirement of the dentist providing the oral health service who is currently registered with the Dental Council of New Zealand (DCNZ). Again, the services which a Provider can provide to patients under either ACC or MSD for “emergency dental treatment” are tightly specified and have largely unnegotiable payment terms attached to them.

Most MOHP also provide services to private fee-paying patients. To treat fee-paying patients there is no need for a contract with any organisation. However, there are strict and mandatory requirements established by organizations including the DCNZ, New Zealand Dental Association (NZDA), the MOH and other agencies, that will need to be addressed before a Provider is able to deliver such services.

Risk Management

Developing a Business Plan should include time assessing business risks and planning to mitigate them. Following is a list of the things you could think about.

- Clinicians maintaining an annual APC or DCNZ registration
- Professional negligence or mistakes
- Fire, damage or theft in the workplace (buildings and contents)
- Damage (public property)
- Personal injury (public or employees)
- Unknowingly breaking laws governing businesses (statutes)
- Major catastrophe (earthquake, tsunami, pandemic)

In many of these instances, even after minimising the risk, it is a good idea to look at insurance options. This will help to cover the financial costs or loss should the worst happen.

Dental Facilities

See also *Community Oral Health Service: Facility Guideline*, while an older document centred on establishing a whole of population service it contains useful guidance. It can be accessed on the MOH website here - <https://www.health.govt.nz/publication/community-oral-health-service-facility-guideline>. See also *Dental Council Standards Framework*, which contains standards expected of oral health practitioners rather than of a practice but again provides useful guidance, it can be accessed on the DCNZ website here - <https://dcnz.org.nz/i-practise-in-new-zealand/standards-framework/>

The decision to operate from a fixed dental clinic with several chairs, a mobile dental unit or both will depend on the business plan. Most Providers operate a mix of mobile and fixed clinics allowing for the potential to provide services to rural populations and in a variety of community settings, such as marae, kohanga reo, kura kaupapa.

Oral health services for tamariki and rangatahi are mostly delivered from a mobile dental unit, in a school setting. Services for adults are usually delivered from a fixed dental surgery, ideally co-located with other health and social services, which a Provider may already be offering to whānau. However, a mobile dental unit can also allow for provision of whānau-centred preventative care, oral health screening and treatment in community settings.

¹³ Previously known as the Oral Health Services Agreement (OSHA), or General Dental Benefit (GDB).

Availability of fixed facilities will depend on the business model and factors such as workforce capacity and service demands. Whānau preferences should be incorporated into the model of care as evening and Saturday appointments may suit whānau who are unable to get time off work to attend during the day. Te Whatu Ora's mobile dental units, if operating from schools, usually only operate for 32 weeks, 5 days a week and for 5 hours a day. Some current Providers have been able to secure arrangements with Te Whatu Ora to utilise a mobile dental unit during school holidays, with great success. Mobile dental units also require relocation during the year, there are additional costs for relocation and site preparation which should be included in the contract for services.

Dental Suppliers

Many businesses exist to offer a vast range of dental equipment, materials and supplies to an organisation providing oral health services. Dental suppliers tend to specialise in narrow lines of specific products, often from one manufacturer. Whilst other businesses potentially can supply everything from the; dental surgery design, supply of dental surgery equipment, fit out and the supply of ongoing consumables, the major dental supply organizations which current TrNO Providers tend to use for both surgery equipment and consumables, include;

- Henry Schein Dental- <https://www.henryschein.com/>
- Ivoclar Vivadent - https://www.ivoclar.com/en_nz
- Aluro Healthcare NZ - <https://www.aluro.co.nz/>
- Gunz Dental NZ - <https://www.gunz.com.au/>
- Oraltec - <https://www.oraltec.co.nz/>

Dental Equipment

The next step is to determine what type and quantum of dental equipment and supplies will be required to enable the chosen services to be delivered. Several considerations need to be assessed, such as;

- what type of dental equipment - purchased or leased, new or secondhand?
- clinician recommendations
- how many items should be obtained?
- ongoing operational cost, such as insurance, servicing, spare parts commonality, usage
- capital budget availability

There are several New Zealand based suppliers of new dental equipment, however there are also an increasing number of second-hand equipment suppliers for items, such as dental chairs, x-ray units and autoclaves. Te Whatu Ora also have access to preferred suppliers for dental surgery equipment, providing the dental equipment is used to provide services under Crown funder agreements.

Depending on the policies and business practices. it is recommended that a Request for Proposal (RFP) for the supply of dental equipment is considered as the most transparent approach when acquiring such expensive equipment. The RFP would include a full specification of the dental equipment to be supplied, including;

- installation and ongoing warranties
- maintenance agreements offered
- reference sites of installed equipment
- supplier and business profile of agencies
- performance
- payment terms expected
- supply dates
- training and support - including any special Provider requirements, date for submission, no commitment to award tender, confidentiality clauses etc.

One further option may be that the subcontracted clinician enters a rental of equipment arrangement, if that is the delivery model option preferred by Provider. Such an arrangement may require an independent assessment of the market value for rental items attached to the dental equipment to be provided.

Information Technology and Patient Management Systems

The patient management system EXACT has been identified as the most used IT package by private dental practices in New Zealand Aotearoa. Te Whatu Ora services run a customized variation of EXACT, named Titanium. This

patient management system is used within Community Oral Health Services, including some MOHPs, for patient information, clinical data and reporting. The MOH is leading a sector-wide project to establish a common electronic patient management system for all publicly funded services. It is expected that Titanium will be reconfigured to match this common record and that Whatu Ora will use this in the future. TrNO has represented MOHP views on the Electronic Oral Health Records (EOHR) national committee.

Access to incorporate other patient management systems such as MedTech or Whānau Tahi database warehouses may also be worthy of consideration by Providers, for reasons such as most x-ray units now have digital capability for which data can also be stored electronically.

Radiology

Special attention must be paid to radiology. There is a Code of Practice that applies to all activities associated with radiological equipment used for intra-oral, panoramic and cephalometric dental procedures, issued by the Director for Radiation Safety under section 86 of the Radiation Safety Act 2016. The main change under the 2016 Act - as opposed to its predecessor - relates to imposing the primary responsibility for radiation protection and safety on the organisation that manages or controls radiation sources. The previous Act only allowed for the licensing of individual users whereas, the new code confirms this change in prime responsibility and sets out the requirements that organisations must satisfy. The Code of Practice can be accessed from the Ministry of Health website at <https://www.health.govt.nz/publication/code-practice-dental-radiology-ors-c4>.¹⁴

Waiting Room

The provision of a comfortable waiting room within the dental practice helps ease dental anxiety and fear patients may experience while they wait for their appointment. When selecting furniture for the waiting room, themes that have local significance can be incorporated. Colours are important for warmth, ideally the waiting room should feel more like a living room than an office and incorporate elements like plants and natural lighting. For younger patients, a collection of games and puzzles are also an excellent idea for distraction. You may want to consider innovative approaches such as, digital eyewear which appeals to all age groups, with research showing they have a positive impact on the overall experience and reduction in dental fear and anxiety.

Treatment Room

The treatment or operation room configuration is essential to ensure maximum efficiency. The arrangement of the unit, the patients chair, hand instrument table and worktop are the key to improving productivity. Choose a trusted dental equipment supplier to help design a fit for purpose space for the dental practice such as; patients chair, dentists chair, assistants chair, overhead and ceiling light, delivery system, dentist and assistant computer and screen, patient monitor, titrator, autoclave, compressor, vacuum, water filler, and remote control panel.

Workforce

The quality of oral health care delivered by a MOHP is strongly determined by the quality of the team providing care to an individual and their whānau. Therefore, it is critical that a Provider has processes in place to clearly identify the essential qualifications and characteristics required for each member of its oral health team, whether they are employees or contractors. This is an area in which TrNO can provide support.

The starting point of this process is the clear definition in the position description of each role which the Provider is seeking to fill, to include mandatory clinical specifications, appropriate experience, references and aspirations. It may be appropriate to also conduct a chairside assessment of applicants for clinical positions as part of this process, with an independent clinical assessor. The success of a positive oral health experience is closely linked to the effective engagement of the dentist and dental staff, with the interpersonal behaviour of staff impacting on a positive experience. In this context, cultural competence is just as important as clinical competence. Importantly, dental staff need to be employed not only on their clinical skills and knowledge but also on their cultural responsiveness, positive attitude and passion to work with tamariki and whānau. Typically, a standard Individual Employment Agreement (IEA) or Independent Contractor Agreement (ICA) can be applied, which includes specific mandatory requirements for a person joining the organisation.

¹⁴ Ministry of Health. 2018. Code of Practice for Dental Radiology: ORS C4. Wellington Ministry of Health.

Recruitment

Options to source possible clinical staff can be via;

- general job websites
- recruitment agencies, specializing in dental staff countries such as New Zealand, United Kingdom, Australia, other overseas countries (countries with comparable training programmes - thus fast-track registration - can be found on the Dental Council NZ website)
- Te Whatu Ora International Recruitment Centre
- approaches to staff at Te Whatu Ora, or other existing dentists
- professional bodies and listings, via their websites, publications, meetings
- oral health tertiary training organizations (through promotional visits and recruitment packs)
- approaches to Te Ao Mārama or other MOHP
- upskilling current staff, such as Te Whatu Ora – Kaiawhina Workforce Development Programme
- through word of mouth

In respect to clinical staff, a critical step in the assessment of any applicant is an online check via the DCNZ website (www.dcnz.co.nz) to ensure that the applicant has a current practicing certificate, with attention to scope of practice limitations.

The Association of Salaried Medical Specialists (ASMS) sets the award in respect to employment agreements for dental staff in New Zealand. The PSA Allied Public Health, Scientific & Technical MECA set out the basic scale for dental therapists, with guidance for salary scales for other auxiliary dental staff. For dentists there are a variety of options from salary to commission, with market guidelines to assist in the negotiation with the preferred candidate, such as Te Whatu Ora dentists. Providers should refer to the ASMS award and where appropriate, seek guidance from Te Rōpu Niho Ora. Other information guidelines for salaries can be sourced from www.careers.nz.

TrNO may provide support to new Providers to attract qualified and suitable candidates and maximise onboarding, and retention opportunities. This may include support to strengthen internal HR systems, processes, and related documentation, such as Job Descriptions that require specific detail to clarify roles, responsibilities, and expectations of the position.

Overseas Recruitment

Aotearoa welcomes dental professionals who have the skills and qualifications that are in demand, dependent on level of experience and specialty entrants may be eligible for different visa options. One of them is the Skilled Migrant Category Resident Visa, allowing applicants the opportunity to live and work permanently in Aotearoa if they meet the criteria and points threshold. In May 2023, dental practitioners were reinstated on the immigration Green List meaning a simpler immigration process for Providers and workers.

TrNO may also help new Providers to understand and navigate the complexities of the NZ Immigration requirements for employing migrants (including maintaining Employer Accreditation status) and to increase knowledge and understanding of the current market complexities and how best to operate within them.

Orientation

Orientation is an important process for MOHP demonstrating values, goals, and aspirations of their Hauora and whānau/communities. Including, onboarding packages to offer competitive wages, bonuses, flexible work arrangements, training opportunities, career development, and recognition programs will help to appeal to qualified and suitable candidates and compete with private-sector remuneration levels. As well as providing organisational culture, values and vision to candidates who are looking for a rewarding and fulfilling MOHP career.

Training

Professional development may be sought from a number of events, training days and seminars provided by oral health professionals and industry providers, such as the New Zealand Dental Association. Te Aō Marama annual conferences also provide clinical and non-clinical oral health professionals with oral health education and network opportunities. Te Aō Marama is a valuable collective of kaimahi committed to Māori oral health and provide a united voice of Māori oral health professionals to advocate for Māori oral health. They are a key stakeholder for MOHP.

Scopes of Practice

Dentist

- The Dental Council defines the practise of dentistry as “the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner’s approved education, training and competence”.

Oral Health Therapist

- Oral health degree graduates from 2008 have a new dual scope which contains both dental therapy and dental hygiene scopes. These new scopes include diagnosis and treatment of dental cavities for patients up to the age of 18 and carrying out dental hygiene treatments on adults (including scaling).

Dental Therapist

- Scope of practice that evolved from the original school dental nurse role which includes oral health promotion, diagnosing and treating dental cavities for patients up to the age of 18 and extracting primary teeth.

Oral Hygienist

- Scope of practice is largely focused on the prevention and non-surgical treatment (e.g., removing tartar) of periodontal disease.

Dental Assistant

- Assistant trained to support dental kaimahi in their practice.

Recommended Practicing Ratios

Practicing ratios will depend on the service configuration including capacity, number of chairs, type of clinical service, and community need. New Providers may benefit from visiting other Te Rōpu Niho Ora Providers to help determine appropriate ratios for the type of service that Provider is looking to deliver.

Providers will often have an existing client base from other health and social services offered. The Provider may choose to automatically enrol these clients and/or expand to new clients. But this will ultimately be determined by the business model that the Provider has determined in the planning phase.

Compliance

As existing providers of health care services, it is likely that Providers will be aware of much of the following legal and regulatory obligations. However, there are some that are specific to the provision of dental care.

There are several areas that must be considered to ensure Providers are meeting these essential requirements. These generally fall under three categories:

Table 3: Examples of essential requirements

Patient safety standards	Clinical and service standards	Local standards
Patient Privacy Privacy Act Patient Rights Health & Safety Regulations	Infection control Practitioner registration, scope, and annual practising certificate Contractual obligations Indemnity insurance and professional liability Radiology/Radiography	Electrical and lighting systems Security Access and mobility Fire requirements Water and waste Heating, ventilation, and air conditioning

Legal Obligations

There are a number of Act’s under which a Provider has legal obligations. These include: the Privacy Act 2020 and Codes of Practice, the Health Practitioners Competence Assurance Act 2003, the and HDC Code of Health and Disability Services Consumers’ Rights Regulations 1996, the Health and Safety at Work Act (2015), the Radiation Safety Act (2016) and Radiation Safety Regulations (2016), and the Vulnerable Children Act (2014).

Codes of Practice and Standards of Care

DCNZ - Aotearoa's dental regulator - has a number of standards available on their website - <https://dcnz.org.nz>. While these standards are for practitioners, Providers need to ensure that all clinical kaimahi comply with them as well as maintain an Annual Practising Certificate. The DCNZ have a Standards Framework that describes the minimum standards of ethical conduct, and clinical and cultural competence that patients can expect from oral health practitioners. There are three components that all registered oral health practitioners must meet:

- Ethical principles - the ethical principles of oral health practice
- Professional standards - what practitioners must do to ensure they adhere to the ethical principles of oral health practice
- Practice standards – relating to specific areas of practice

More information on each of the detailed Practice Standards that relate to specific areas of practice are also available on the DCNZ website. These are:

- Advertising
- Blood borne viruses
- Best practices when providing care to Māori patients and their whānau
- Cultural competence
- Infection prevention and control
- Informed consent
- Medical emergencies
- Patient records and privacy of health information
- Professional boundaries, and
- Sedation

NZDA – Aotearoa's Professional Dental Organisation - also produce Codes of Practice. These may differ slightly from those produced by DCNZ due to schedules for update and review. The NZDA codes include:

- Antibiotic Prophylaxis for Dental Treatment of Patients with Prosthetic Joint Replacements [updated October 2018]
- Child Protection [updated August 2018]
- Complaints and Criticism [updated March 2015]
- Competence in Dental Practice [updated March 2014]
- Continuing Professional Development in Dental Practice [updated March 2014]
- General Anaesthesia in Dentistry [updated August 2014]
- Infection Prevention and Control in Dental Practice [updated August 2015]
- Informed Consent [updated March 2017]
- Medical Emergencies in Dental Practice [updated August 2015]
- Patient Information, Privacy and Records [updated April 2016]
- Referral of Patients [updated August 2014]
- Sedation for Dental Procedures [updated April 2020]
- Sexual Boundaries in the Dentist-Patient Relationship [updated August 2017]
- The Dentist and Public Statements [updated August 2014]
- Transmissible Major Viral Infections [updated August 2014]

The NZDA also provides to members a comprehensive package of resources regarding Health and Safety in Dental Practice. The NZDA Guideline "*Health and Safety in Dental Practice Policy and Procedures*" and associated Resource Compendium, provides guidance to NZDA members on their responsibilities under the Act and associated Regulations, assisting them to meet their obligations and responsibilities under the Act. Examples of templates available from the Resource Compendium include:

- Contractor Health and Safety Checklist and Acknowledgement
- First-day Workplace Induction
- Hazard Notification Form and Register
- Hazardous Chemicals Register
- Health & Safety - Self assessment and compliance checklist
- Health & Safety Meeting Record and Policy Statement
- Musculoskeletal Checklist
- Return to Work Plan
- Training Record

- Workplace Evacuation Report
- Workplace Inspection Checklist

For further information, refer to TrNO Providers, and/or the MOH Community Oral Health Facilities Guidance.¹⁵

Promotion and Launch of Oral Health Services

Having arrived at the point where all decisions have been taken a final consideration is the launch of the oral health service and how it will be communicated to whānau and community. Most Providers will have established channels for dissemination - media channels, websites and social media platforms - to be included as part of a comprehensive communications package. A communications plan with clear messages for kaimahi and whānau aiming for positive engagement with the community including information on the range of services to whānau, locations and access to the services, and the disclosure of ancillary matters, such as fees, registration, and expectations.

Additionally, establishing regular hui between the Providers clinical or medical team and the Oral Health team to inform the Medical Team about the service, what services will be available, and how to refer patients will help with integration between the two service arms. See also Ngā Ara Tika: Integrated Practice Guidelines (2016)¹⁶ for further information on integration, which can be found at <https://www.maorialhealth.org.nz/reports>.

Professional Partnerships

Te Aō Marama; The New Zealand Māori Dental Association

Te Aō Marama, was formed on 26 May 1995 to address concerns over the state of Māori oral health. The Association was founded by dental therapist Mrs Inez Kingi, Kaumātua Mr Pihopa Kingi and Patron Professor John Broughton. Te Aō Marama is now an organisation of around 100 members, who represent the Māori oral health workforce, including clinicians, specialists, health promoters, support kaimahi, researchers, teachers and students. The membership remains committed to its vision of 'Hei oranga niho mo te iwi Māori'. They welcome membership from Māori and non-Māori who are committed to Māori oral health.

Te Aō Marama is an important forum for members to support each other while showcasing and sharing information about new initiatives that contribute to positive outcomes for Māori oral health. Te Aō Marama is also a professional body that acknowledges and celebrates members who are driving positive change, optimising leadership potential and working towards reducing inequalities in Māori oral health. Future work includes supporting the professional development of the Māori oral health workforce and developing career pathways, building research capability to conduct significant Māori research projects and working closer with iwi and Māori communities to ensure the best access possible to the best services available.

Dental Council New Zealand (DCNZ)

The DCNZ is the regulatory body that regulates dentists, dental hygienists, dental therapists, dental technicians and clinical dental technicians. The dental council is constituted under the Health Practitioners Competence Assurance Act 2003 to protect the safety of the public by ensuring all clinicians are safe and competent to practice. All practicing clinicians must be registered with the dental council and ensure continuation of professional development and maintain high standards of practice.

Their current website www.dcnz.org.nz allows for both members of the public and oral health professionals to interact in order to obtain information about registered practitioners, scope limitations and annual practicing certificate status. The site also has drop down tabs which enable access to information about DCNZ, resources and publications, complaints process, patients, the public and employer's rights and information on the registration process and its requirements.

Ministry of Health, Oral Health

The MOH is the principal advisor to government concerned with the health and disability of all New Zealanders. Check out their website for resources on oral health such as pamphlets and posters. The recommended approach

¹⁵ Community Oral Health Facility Guidelines (2006) Ministry of Health

¹⁶ Ngā Ara Tika: Integrated Practice Guidelines (2016) National Māori Oral Health Coordination Service

to access the information about oral health and related matters is via the MOH website <https://www.health.govt.nz>.

Locating oral health information and data on the Ministry site shows several “tabs” each of which can be further interrogated for more detailed information. The main tabs, for example, provide “drop downs” with menus on specific items;

- Your Health – (i) tab steps to “Healthy Living” then to “Teeth and Gums” which opens a tile with five more topics; (ii) tab steps to “Services and Support” then to “Māori Health Providers”, or “visiting a dentist” etc.
- Our Work – tab offers menu to access; child health, Māori health, oral health, fluoride and oral health etc.
- New Zealand Health system –tab allows access to menus with further details on key organizations, health targets, eligibility for public health services, claims and payment processing.
- Health Statistics – tab lists statistics (and data sets) by topic, series, publication, with both “oral health” and “Māori health” as topic choices along with host of other data, including Te Whatu Ora oral health service delivery reports.
- Publications - is the next major tab on the main website pane; the best approach is to type in “oral health” to the search box, which will deliver (currently) 45 documents, all available as website downloads.

University of Otago – Faculty of Dentistry

Providers can be part of the University of Otago BDS student outplacement programme which provides valuable community based dental training for final year students and supports a pipeline for MOHP workforce (NB: This is due to be reinstated in 2027 following its postponement during the COVID-19 pandemic). Providers have over 10 years of experience as training sites and can provide new Providers with information and insights into the programme to determine possible participation. In recent years, the Otago Faculty of Dentistry has embarked on several initiatives, including;

- establishment of a program to train dental therapists and hygienists
- a new \$130 million teaching school in Dunedin (2019) to increase student places
- opening a large community dental unit in Tamaki (South Auckland) (2020) for treatment and training
- increasing the number of Māori students for both dentistry (BDS) and dental therapy/hygienist (BOHS) programs
- community placement of undergraduate BDS/BOHS students with MOHP, under “Memoranda of Understandings” with existing MOHP, to restart in 2027
- joint research projects with MOHP on various topics of relevant to Providers
- provision of research data to MOHP for specific issues
- In addition, the University of Otago, Dunedin provides a degree course for dental therapists and hygienists. Full information about the University of Otago Dental School, including its programmes, key contacts and plans can be accessed via <https://www.otago.ac.nz/dentistry>.

The Auckland University of Technology (AUT)

AUT provides a Bachelor of Health Sciences (Oral Health) qualification for dual scope oral health therapists (OHT) hygienists from its North Shore campus. The AUT Oral Health Department conducts research on oral health issues and provides support to Māori students wishing to explore the OHT degree option. AUT also has a Māori Health Department, which teaches Te Ara Hauora Māori and has close links with the AUT Oral Health and Public Health departments. From 2018, AUT expects to increase its intake in the number of oral health students from 45 to 90 and is also exploring adult scope certification for OHTs. Te Rōpu Niho Ora is currently investigating a formal relationship with AUT to host OHT taura within Hauora Māori Providers.

New Zealand Dental Association (NZDA)

The NZDA was established in 1905, the organisation holds a voluntary membership which represents dentists in Aotearoa. The association advocates and supports the interests of the dental profession through advocacy and

the provision of services. The organisation provides up to date information such as guidelines on food, nutrition and oral health for infants, toddlers, children, teenagers and adults, reviews, journal articles and reports. Information on oral health problems such as orthodontics, fissure sealants, trauma, tobacco, gum disease, erosion, tooth whitening, dry mouth, tooth sensitivity, amalgam and oral piercings is also available.

The organization represents the interests, professional, business and other, of all dentists in Aotearoa, whether in private practice or in employment, education and research. The NZDA also provides resources to help in the day to day running of a practice and ongoing professional education for its members, through a variety of avenues, including an annual conference and local branch seminars. Members can also access relevant documentation from NZDA about; practice management, employer's guides, purchasing schemes, professional indemnity insurance. Membership is restricted to dentists and dental specialists who are registered with Dental Council New Zealand.

In addition to a National office based in Auckland, local branches of the NZDA operate in most provinces, with a focus on local topics of interest to dentists. NZDA, also promotes a host of other initiatives, such as world dental day, school sponsorship, young dentists, fees free days, Wrigley Foundation grants, etc. The NZDA website provides information specifically for members, but via its 'public' tab a significant amount of information on oral health advice, initiatives, media releases, find a dentist, resources, careers, dispute resolution are available. The NZDA also have position statements, videos and pamphlets on key oral health issues, such as fluoridation, sugary drinks or adolescent care that are of interest to Providers. Additionally, the NZDA also runs accredited courses for dental assistants, carers for older people, dentist fees survey information on a regular basis, administers scholarships and a Research Fund both of which may have appeal and relevance to Providers and publishes a quarterly journal, and NZDA News to its membership.

Te Ohu Pūniho Ora O Aotearoa - The New Zealand Oral Health Association (NZOHA)

In 2022, Te Ohu Pūniho Ora O Aotearoa - The New Zealand Oral Health Association (NZOHA) became an Incorporated Society. The NZOHA Was formed by joining together the New Zealand Dental Hygienists Association (NZDHA) established in 2012 and the New Zealand Dental Therapists Association (NZDOHTA) established in 1995. NZOHA is a voluntary membership organisation which represents and supports the dental therapy and dental hygiene profession to ensure members provide a high standard of quality and ethical oral health care for the public. Continuing professional development is also encouraged and facilitated by the association.

New Zealand Institute of Dental Technologists (NZIDT)

The NZIDT was incorporated in September 1977, following a merger of the New Zealand Dental Technicians Society and the Dental Laboratories Association. The NZIDT is a professional network which facilitates the advancement of dental technology. There primary aim is to support the professional development of clinical and non- clinical dental technicians, and students.

National Radiation Laboratory

The MOH Office of Radiation Safety administers the Radiation Safety Act (2016), which amongst its statutory duties is to ensure that all devices which emit radiation are regularly tested and certified. This includes the x-ray units operated by oral health service Providers, which although emitting small amounts of radiation, are required to be included in this certification process.

Although Section 21 within the Act stipulates that a health practitioner, as user of such a device for dental diagnostic purposes must have a license from the Office, schedule 3 exempts dentists, dental therapists and dental hygienists from such a requirement, providing they are registered with DCNZ and hold a current Annual Practicing Certificate.

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Appendix 1 – Dental Practice Checklist

While many of the action items below appear simple, they may require hours of research, fees, professional assistance, committee approval, applications, and more. Use this checklist to help plan and prepare to start your new niho ora dental practice, one task at a time. Refer back to the Toolkit or to TrNO for further information where needed.

Start up (Pg 9)

- ☐ Develop business plan
- ☐ Determine ownership model
- ☐ Determine model of care and services to be provided
- ☐ Obtain contract/s and financing
- ☐ Develop procedures and policies manual
- ☐ Determine practice hours and holidays
- ☐ Establish relationship with key stakeholders (TrNO, schools, health services) and/or join professional associations including TeAM
- ☐ Develop marketing plan

Risk, Insurance & Finances (Pg 11)

- ☐ Legal and accountancy assistance
- ☐ Professional protection insurance
- ☐ Data breach insurance
- ☐ Establish payment systems and make arrangement to accept cash, credit card, payment plan

Facilities, Supplies & Equipment (Pg 11)

- ☐ Investigate dental supply and maintenance services
- ☐ Purchase equipment and schedule installation including mobile dental unit (if applicable)
- ☐ Develop equipment and safety management plan
- ☐ Partner with a dental laboratory and pharmacy services
- ☐ Arrange uniform/linen supplies and services
- ☐ Arrange medical waste management services
- ☐ Set up patient waiting room

Dental team (Pg 13)

- ☐ Establish HR and employee policies
- ☐ Plan for recruitment and onboarding for specific roles
- ☐ Advertise on appropriate websites, media platforms and/or recruitment agencies
- ☐ Interview, reference checks, APC verifications, orientation and onboarding
- ☐ Professional development planning
- ☐ Employee vaccinations

Compliance & Standards (pg 15)

- ☐ Have you meet all Legal Obligations, including the Radiation Safety Act 2016 ^(Pg 13)
- ☐ Do employees meet DCNZ Professional standards
- ☐ Do employees and Provider meet DCNZ Practice standards relating to specific areas of practice

☐ Do employees and Provider meet NZDA Codes of Practice