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- (ii). Regular team building events maintain morale and share advice to all patients, particularly the disadvantaged groups seeking information to improve working partnerships.
- (iii). oral health therapist.
- (iv). care appointment times for clinicians.
- (v). Local Health Districts, to support their patient's homecare oral health practices.

promotion coordinators and senior erapits.

Discussion

contemporary scienti c evidence-based advice on preventive care and surance [30].

Referral system for focussed prevention session with dental/ Considering Grol's [9] stance for improving patient care is to be informed by scienti c literature, it may be that respondents did not undertake active CPD per se for preventive care, but, used self-directed

care in the public oral health settings.

Information System for Oral Health (ISOH) clinical preventive learning by reading journal articles or on-line learning activities. Buck and Newton's study [28] found that 87 per cent of dentists read Process to access oral health products consistently across the professional journals more than once a month and 10.9 per cent less

acceptable as long as the reader was adept at Itering the information.

is study found 39.3 per cent of respondents used on-line When erapists were asked who would be responsible to action websites to access relevant information; however, Hopcra et al. [13] their recommendations, 86 per cent stated clinical directors, 25 per cent reported that Victorian dental practitioners did not rate the internet as recorded health service managers, and 52 per cent suggested oral health a preferred format for CPD. Reynolds et al. [6] discussed the bene ts of information communication technology (ICT) and e-learning where 'students' have the exibility of learning at their own pace and in their own time and space. e authors alluded to 'blended learning' whereby

is study was undertaken to scope continuing professional a combination of face-to-face, simulations and on-line teaching may development in relation to the clinical preventive care of adolescentaske place; suggesting major opportunities for erapists in di erent by erapists. Overall, only 35 per cent received over 10 hours of CPB ettings to participate in clinical preventive care CPD o ered via speci cally focussed on preventive care for adolescents. Of concerner modes of delivery, ere is opportunity for further research, is that approximately 20 per cent recorded not having any CPD onvestigating the barriers for erapists to access paediatric dental preventive care for adolescents. Many researchers [2,24-27] have urspecialists to consult on speci c clinical cases, as highlighted by LHDs dental practitioners to focus on the preventive care for adolescentisinical directors and health service manager's vision to create learning as long term oral health outcomes will be improved by o eringenvironments among oral health professionals for patient care quality

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Eaton and Reynold's paper [31] discussed and illustrated innovative approaches on how ICT could be maximized in clinical settings, suggesting possibilities for interprofessional learning among dental practitioners in NSW LHDs. However, researchers have raised educational learning concerns associated with on-line learning such

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