
*Corresponding author: Angela V Masoe, School of Health Sciences, Health and Medicine, Oral Health, University of Newcastle, Ourimbah 2258, P.O.Box 729, Queanbeyan 2620, NSW, Australia, Tel: 61 2 6128 9852; E-mail: Angela.Masoe@gsahs.health.nsw.gov.au

Received May 28, 2015; Accepted July 21, 2015; Published July 28, 2015

Citation: Masoe AV, Blinkhorn AS, Taylor J, Blinkhorn FA (2015) Mapping Professional Development Activities Involving Clinical Preventive Care for Adolescents by Oral Health Therapists Working in Public Oral Health Services NSW, Australia. J Child Adolesc Behav 3: 224. doi:[10.4172/2375-4494.1000224](https://doi.org/10.4172/2375-4494.1000224)

Copyright: © 2015 Masoe AV, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits

- (ii). Regular team building events maintain morale and share information to improve working partnerships. advice to all patients, particularly the disadvantaged groups seeking care in the public oral health settings.
- (iii). Referral system for focussed prevention session with dental/oral health therapist. Considering Groh's [9] stance for improving patient care is to be informed by scientific literature, it may be that respondents did not undertake active CPD per se for preventive care, but, used self-directed learning by reading journal articles or on-line learning activities.
- (iv). Information System for Oral Health (ISOH) clinical preventive care appointment times for clinicians. Buck and Newton's study [28] found that 87 per cent of dentists read professional journals more than once a month and 10.9 per cent less than once a month, however Barnes et al. [29] review stated it was acceptable as long as the reader was adept at filtering the information.
- (v). Process to access oral health products consistently across the Local Health Districts, to support their patient's homecare oral health practices.

When therapists were asked who would be responsible to action their recommendations, 86 per cent stated clinical directors, 25 per cent recorded health service managers, and 52 per cent suggested oral health promotion coordinators and senior therapists.

Discussion

This study was undertaken to scope continuing professional development in relation to the clinical preventive care of adolescents by therapists. Overall, only 35 per cent received over 10 hours of CPD specifically focussed on preventive care for adolescents. Of concern is that approximately 20 per cent recorded not having any CPD dental practitioners to focus on the preventive care for adolescents as long term oral health outcomes will be improved by providing contemporary scientific evidence-based advice on preventive care and assurance [30].

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

13. Hopcraft MS, Marks G, Manton DJ (2008) Participation in continuing professional development by Victorian dental practitioners in 2004. *Aust Dent J* 53: 133-139.
14. NSW Ministry of Health (2013) Oral health 2020: A strategic framework for dental health in NSW. Sydney: NSW Health.
15. NSW Ministry of Health (2014) NSW state health plan towards 2021. Sydney: NSW Ministry of Health.
16. Redwood C, Winning T, Townsend G (2010) The missing link: self-assessment