Author's response to reviews

Title: Preventive and clinical care provided to adolescents attending New South Wales Public Oral Health Services, Australia: A retrospective study.

Authors:

  Angela V Masoe (Angela.Masoe@gsahs.health.nsw.gov.au)
  Anthony S Blinkhorn (anthony.blinkhorn@sydney.edu.au)
  Jane Taylor (jane.taylor@newcastle.edu.au)
  Fiona A Blinkhorn (fiona.blinkhorn@newcastle.edu.au)

Version: 11  Date: 7 October 2014

Author's response to reviews: see over
7th October, 2014

Dear Editor

Thank you for the opportunity to resubmit our manuscript. The authors have read the Reviewers’ comments and have updated the manuscript accordingly.

**Reviewer 1:**

1. Line 43: ...control dental caries and (insert provide here?) oral hygiene instruction
Response: We have inserted ‘provide’ where indicated.

2. Line 90: ...attended Public Oral (Health?) clinics.
Response: We have inserted Health where specified (Line 99).

3. Use of the term dental officers... this is fairly unique to the school dental programs and I wonder if a more widely understood term might be considered e.g. staff dentists?
Response: We have made the suggested changes throughout the document.

4. In the background section the authors refer to the range of services Dental therapists can provide and the supports for these preventive approaches (p 5). On page 6 (lines 51-58) the requirements of the NSW Ministry for Health in Public Oral Health service are outlined - which seemed to be only a small subset of the earlier activities described.
Response: The reviewers point is noted. In this paragraph we have outlined all the relevant NSW MoH preventive policies that currently exist for clinician guidance. The text has been updated to include Therapists extractions and restorative clinical activities (lines 54-56).

5. The methods section describes the data collection using treatment item numbers to identify clinical and preventive care provided. I felt that it might be useful here to list the item descriptions or categories of services included as preventive services in the study given the variations described earlier.
Response: We have updated the manuscript to include specific clinical activities (Lines 78-88).
6. I was a bit puzzled by the inclusion of radiographs in Table 3 as they had not been mentioned in earlier descriptions so it might be useful to justify their inclusion as preventive services.

Response: Expanded sentence in to capture radiographs importance for diagnostic and caries management purposes as preventive measures in this context (Lines 86-88; and Lines 141-142, 184-185).

7. While interesting and relevant to the discussion, I found the inclusion of clinical restorative, extractions etc. in the results a change in direction- I suggest the authors might consider introducing the inclusion of this data earlier in the paper.

Response: We have inserted in lines 78 and 88 as per reviewers’ suggestion in points 4 and 5.

Discussion section:

8. Lines 225-6 “...smoking cessation advice commencing at age 13 and the numbers given (provided?) advice slowly increased.” Was this increase over time? with patient age?

Response: Sentence expanded for clarification as suggested: line 251.

9. Line 245-6: ‘...considering adolescents as prospective young parents...’ Their levels of caries experience also justifies this statement and this problem has been raised in the background so suggest inclusion here.

Response: Sentence expanded to capture suggestion with references inserted (lines 272-273).

10. Line 250-1: I suggest using the term oral health therapist here- although DTs also scale and clean. I am concerned about the evidence around prophylaxis as a preventive service and suggest that consideration be given to referring to calculus removal instead of scale and clean?

Response: DTs throughout paper changed to ‘Therapists’ to encompass both professionals and agree with change of wording from scale and clean to Professional cleaning (plaque and calculus removal). Tables updated to Professional cleaning and where adequate space: extended the description).

11. This difference between the Ministry of Health (MoH) requirements and the item codes and service data categories raised questions for me about the expectations for dental therapists providing services. Are these MoH requirements minimum expectations? Do they usually provide more than these three things as part of their preventive care? How much discretion do they have to decide what is essential and what is optional care? What are they rewarded for and how? You might feel that this is out of scope for this paper but they were questions that came up for me. I also found it interesting that the study by

Response: Agree with reviewers discussion points. There are ‘policy and guideline gaps’ within the current NSW MoH, there are only ‘3’ current specific preventive policies. We included inserted reference as suggested.

12. The authors did not report limitations to the study and this would be useful to readers.

Response: We take on board the recommendation and have inserted a limitations paragraph: lines 298-304.

**Reviewer 2:**

1. I have not seen any paragraph discussing the main limitations of this study (e.g.: working on secondary data that can lead some under/overestimation of data).

Response: We have inserted a limitations paragraph: lines 298-304.

2. On page #11, line 184, you have mentioned that was very disappointed to note “the low levels of topical fluoride use and hygiene instruction across LHDs (…). Assuming that it is an aim of Australian Gov. Teen Dental Program, and you’ve checked that it is not effectively happening, we can assume that there is a lack in some part of the process, right? What do you think could explain this (e.g.: employees are not well paid? Or the high demand for clinical treatment is compromising the time spent on preventive care?, or these professionals are not well trained to do this actions? Or can a combination of factors?).

Response: We have inserted responses to the influencing factors that may impact of clinician clinical practice (lines 198-201).

3. My comment above also applies for these next points on page #12, line 200 (…) fissure sealants provided to adolescents as a preventive modality were particularly low”.

Response: We have inserted reference to potential influencing factors for clinician practice: Lines 238-241.

4. Another good point that should be better discussed on page #13, line 211: “explanation for these inadequacies should be further explored”, how?

Response: We have provided response to this: 238-241.

5. Still on page #13, line 217, the authors mentioned that the percentage of provision of sealants was inadequate in comparison with the time devoted to restorative care (…), saying that further investigation is required to access the reasons for this reluctance.
Again, my question and a suggestion that you can discuss, for instance, low investments in this sector? Low investments in personnel training? Is there any study that has previously discussed the reason for this reluctance overseas?

Response: We have addressed this concern by inserting paragraphs in lines 230-235; and 238-241.

6. As the authors used a National dataset it could be interesting if you conduct another study in the future, targeting to answer the questions pointed above, using a qualitative approach (focus groups) in each one of the health districts.

Response: We have inserted a paragraph: 298-304.

Yours Sincerely

[Signature]

Angela Masoe
Oral Health Researcher
7th October, 2014