Reviewer’s report

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

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Reviewer: Julie SATUR

Reviewer’s report:

Thankyou for the invitation to review this paper, I found it very interesting and of importance to the consideration of the effectiveness and preventive orientation of public dental service delivery, and considerations around adolescent oral health where too little is currently known. This is an important analysis that will contribute to improvements in professional practice and services as well as educational preparation for preventive practice. Overall it is well written and worthy of publication and I have only minor issues to raise for consideration by the authors.

Line 43: ...control dental caries and (insert provide here?) oral hygiene instruction
Line 90: ...attended Public Oral (Health?) clinics

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?

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 outlines - which seemed to be only a small subset of the earlier activities described.

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.

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.

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.

Discussion section

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?
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.

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?

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 Satur, Gussy, Marino & Martini (2009) of dental therapists practice activity in Victoria found similar rural/metropolitan differences in practices.

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

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests