DENTAL COUNCIL
Te Kaunihera Tiaki Niho

27 May 2011

Dear Practitioner,

Consultation on Proposed Changes to the Dental Hygiene Scope of Practice – relating to orthodontic procedures

Pursuant to the Health Practitioners Competence Assurance Act 2003 (the "Act"), the Dental Council ("Council") must, by notice published in the *Gazette*, describe the contents of its professions in one or more scopes of practice.

A number of submissions responding to Council's consultation on the proposed changes to the dental hygiene, dental therapy and orthodontic auxiliary scopes of practice made the same request. They asked Council to align those orthodontic procedures contained in the dental hygienist scope of practice to those in the orthodontic auxiliary scope of practice. A concern was also expressed that orthodontic procedures undertaken by dental hygienists were performed under clinical guidance and not under direct clinical supervision. Council at its meeting in February 2011 resolved to consult on these issues.

The objective of this consultation is to gather views from the sector to enable Council to make a final decision on the proposals. The Council therefore seeks any comments on the proposals by ***22 July 2011.*** In accordance with section 14 of the Act copies of this letter and the consultation document have been sent to all dental hygienists, dentists, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest. This letter and attachment will also be published on the Council's website, with a similar invitation to comment.

Responses should be sent to:

Dental Council
PO Box 10-448
Wellington 6043
Fax: 04 499 1668
Email: marie.warner@dcnz.org.nz

Yours sincerely

Marie Warner
Chief Executive

Consultation Document

Proposed changes to the Dental Hygiene Scope of Practice

RELEASED 27 MAY 2011
SUBMISSIONS DUE 22 JULY 2011

Background

A number of submissions responding to the consultation document proposing to merge the "add-on" scopes of practice into the relevant general scopes of practice for dental hygienists, orthodontic auxiliaries and dental therapists[1] raised a common concern. This was to note the discrepancies that exist between the orthodontic procedures of dental hygienists and those of orthodontic auxiliaries, as they are currently defined in their respective scopes of practice.

The submissions requested that Council consider amending the dental hygiene scope of practice to align the orthodontic procedures it contains with those of orthodontic auxiliaries.

Although the detailed scope of practice for orthodontic auxiliaries was amended in December 2008 to more accurately describe their practice, these revisions were not carried through to, nor reflected in the dental hygienists' scope of practice for undertaking orthodontic procedures.

To avoid the confusion caused by having different procedures defined in scopes of practice that cover the same area of practice, in this case orthodontic procedures, Council[2] considered that the best course would be to align them. Accordingly it is now consulting on a proposal to align the orthodontic procedures undertaken by dental hygienists and orthodontic auxiliaries. It proposes to do so by amending the dental hygiene scope of practice by deleting the orthodontic procedures that are currently specified in it and substituting it with those that are currently contained in the orthodontic auxiliary scope of practice.

[1] Consultation document dated 15 October 2010.
[2] Dental Council meeting held on 28 February 2011.

Submissions were also received from the New Zealand Association of Orthodontists (NZAO) and others requesting Council to consider that the orthodontic procedures performed by dental hygienists should be under *direct clinical supervision*[3] rather than *clinical guidance*[4], as is currently required by the dental hygiene scope of practice. NZAO contend that "…b*y the very nature of orthodontic treatment, individual treatment decisions have to be made on a visit by visit assessment of the patient. Neither orthodontic auxiliaries nor dental hygienists undertaking orthodontic procedures have the training or expertise to make these individual visit by visit treatment decisions. It is therefore essential that dental hygienists carry out procedures from the orthodontic auxiliary scope of practice under exactly the same conditions as orthodontic auxiliaries"*.

The current dental hygiene scope allows hygienists to perform these orthodontic procedures under *clinical guidance.* This means that the hygienist does not need to have the dentist or dental specialist on the premises to make the visit by visit treatment decisions, and only needs to refer to the dentist or dental specialist for "*guidance and advice, when required*", as currently stipulated in the Working Relationship between Dental Hygienists and Dentists.

Council considers that the overall orthodontic management of a patient is the responsibility of a dentist or dental specialist and as such a dental hygienist undertaking orthodontic procedures cannot make clinical judgements outside the parameter of the specific tasks undertaken. As a consequence Council considers that working under clinical guidance is too broad a term and has decided to consult on the proposal to align the performance of orthodontic procedures in the scopes of practice of dental hygiene and orthodontic auxiliary to be under the *direct clinical supervision* of a dentist or dental specialist.

The Proposal

Council has issued this consultation document to explore the possibility of aligning the activities relating to the orthodontic procedures of the dental hygiene scope of practice with those procedures contained in the orthodontic auxiliary scope of practice. This would avoid the confusion of having two different scopes of practice for performing orthodontic procedures.

Council has therefore produced a draft detailed scope of practice for dental hygiene, incorporating the proposed changes to the orthodontic procedures contained in the scope (Appendix 1).

In addition, Council is consulting on changing the dental hygiene scope of practice to require orthodontic procedures to be performed under *direct clinical supervision.*

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[3] **Direct clinical supervision** means the clinical supervision provided to a dental hygienist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental hygiene work is carried out.

[4] **Clinical guidance** means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. Dental hygienist s and dentists or dental specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the patient group.

If the proposal to align the orthodontic procedures undertaken by dental hygienists and orthodontic auxiliary be accepted, then in the future dental hygienists, trained by institutions whose accredited programmes include these activities in their training, will be competent to perform all those activities contained in the scope of practice of orthodontic auxiliaries. This means that those dental hygienists will be able to register as an orthodontic auxiliary without any further training requirements. It is therefore also proposed that the prescribed qualifications of orthodontic auxiliaries be amended to reflect this change by including all existing accredited dental hygiene programmes that include training in these activities (Appendix 2). It should be noted that there will be no dental hygiene prescribed qualification changes required.

Should these proposals be accepted, the working relationship between dental hygienists and dentists/specialists would require to be correspondingly updated. A draft amended working relationship is included for consideration (Appendix 3).

In addition, the opportunity is taken to update the working relationship document to delete all references to dental auxiliaries[5] as well as to reflect the recent scope changes by amending the references to additional scopes of practices, which no longer exist[6]. New references to the exclusions to some dental hygienists' registrations are also incorporated. Some other changes to decrease areas of repetition and to enhance the user-friendliness of the document are also incorporated in the draft.

Conclusion

Council has produced a draft detailed scope of practice for dental hygiene with the proposed changes (Appendix 1), a draft prescribed qualification for the orthodontic auxiliary scope of practice (Appendix 2) and an amended working relationship between dental hygienists and dentists/specialists (Appendix 3).

Council is consulting on the proposal with persons and organisations identified in accordance with section 14 of the Act including all dental hygienists, dentists, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest. The proposal will also be published on the Council's website, with a similar invitation to comment.

The objective of the consultation is to gather views from the sector to enable Council to make a final decision on the proposals.

Council therefore seeks any comments on the proposal by **22 July 2011.**

[5] Dental Auxiliary scope of practice closed in September 2009.
[6] Gazette published 17 March 2011.

Discussion/Consultation points

The Council invites all stakeholders to comment on this consultation document by responding to the following questions:

1. Do you agree/disagree with the proposal to align the dental hygiene scope of practice orthodontic procedures with the procedures of the orthodontic auxiliary scope of practice, as reflected in Appendix 1?
2. If you disagree with the proposal, please provide your reasons.
3. Do you agree/disagree with the proposal to change the dental hygiene scope of practice for orthodontic procedures to be performed under *direct clinical supervision*, as reflected in Appendix 1?
4. If you disagree with the proposal, please provide your reasons.
5. Do you agree/disagree with the proposed changes to the prescribed qualifications for the orthodontic auxiliary scope of practice, as reflected in Appendix 2?
6. If you disagree with the proposal, please provide your reasons.
7. Do you agree/disagree with the proposed changes to the working relationship between dental hygienists and dentists/specialists, as reflected in Appendix 3?
8. If you disagree with the proposed changes, please specify which changes you disagree with.

Appendix 1

DENTAL COUNCIL
Te Kaunihera Tiaki Niho

Notice of Scope of Practice

Issued by the Dental Council pursuant to section 11 of the Health Practitioners Competence Assurance Act 2003

Keys:
Red text: new additions
~~Blue Strikethrough text~~: replaced/deleted existing text

Dental Hygiene

Scope of Dental Hygiene Practice

The scope of practice for dental hygiene is set out in the documented "Detailed Scope of Practice for Dental Hygiene Practice" produced and published from time to time by the Dental Council.

Dental hygiene practice is a subset of the practice of dentistry, and is commensurate with a dental hygienist's approved education, training and competence.

A dental hygienist's major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist's primary task is in prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients' personal care to maintain sound oral tissues as an integral part of their general health.

Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist[7], though some aspects of the scope of practice are provided under direct clinical supervision[8].

Detailed Scope of Practice for Dental Hygiene Practice

The Dental Council defines the practice 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.

[7] **Clinical guidance** means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. Dental hygienists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required, and maintain general oversight of the clinical care outcomes of the patient group. Dental hygienists are responsible and accountable for their own clinical practice within their scope of practice but the dentist or dental specialist is responsible and accountable for the clinical guidance provided. Further detail on the working relationship between dental hygienists and dentists will be set out in the relevant Dental Council Code of Practice.

[8] **Direct clinical supervision** means the clinical supervision provided to a dental hygienist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental hygiene work is carried out.

Dental hygiene practice is a subset of the practice of dentistry, and is commensurate with a dental hygienist's approved education, training and competence.

A dental hygienist's major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist's primary task is in prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients' personal care to maintain sound oral tissues as an integral part of their general health. Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist.

Dental hygiene practice includes teaching, research and management given that such roles influence clinical practice and public safety.

Dental hygiene practice involves:

- obtaining and reassessing medical and dental health histories
- examination of oral tissues and recognition of abnormalities
- assessing and provisionally diagnosing disease of periodontal tissues, and appropriate referral
- obtaining informed consent for dental hygiene care plans
- providing oral health education, information, promotion and counselling
- scaling, debridement and prophylaxis of supra and subgingival tooth surfaces
- applying and dispensing non-prescription preventive agents and fissure sealants
- applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- administering topical local anaesthetic
- taking impressions, recording occlusal relationships and making study models
- taking impressions, constructing and fitting mouthguards and bleaching trays
- taking intra and extra-oral photographs
- performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings
- recontouring and polishing of restorations
- applying prescription preventive agents under the direct clinical supervision of a dentist or dental specialist
- administering of local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist or dental specialist
- assisting the dentist or dental specialist ~~orthodontists~~ in implementing orthodontic treatment plans, prepared by the dentist or dental specialist ~~orthodontists~~ responsible for the patient's clinical care outcomes, through performing the following ~~such~~ orthodontic procedures under the direct clinical supervision of the dentist or dental specialist:
    - taking clinical photographs for records
    - taking impressions. Obtaining a record of occlusal relationships
    - tracing cephalometric radiographs
    - placing separators

- sizing of metal bands and their cementation including loose bands during treatment
- supragingival polishing of teeth (as part of oral hygiene, before bonding and after removal of fixed attachments)
- preparation of teeth for the bonding of fixed attachments and fixed retainers
- indirect bonding of brackets as set up by the dentist or dental specialist ~~orthodontist~~
- providing oral hygiene instruction and advice on the care and maintenance of orthodontic appliances
- placing archwires as formed by the dentist or dental specialist ~~orthodontist~~ when necessary and replacing ligatures /closing self ligating brackets
- removing archwires after removing elastomeric or wire ligatures, or opening self ligating brackets
- removing fixed orthodontic attachments and retainers
- removing adhesives after the removal of fixed attachments using burs in slow speed handpieces where there is minimal potential for the removal of enamel
- trial fitting of removable appliances. This does not include activation
- fitting of passive removable retainers
- bonding preformed fixed retainers
- making study models, and fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature.

~~These procedures are done under the clinical guidance and to a treatment plan prepared by the dentist or orthodontist responsible for the patient's clinical care outcomes.~~

- ~~assisting the dentist or orthodontist in implementing orthodontic treatment plans through performing such orthodontic procedures as: making study models including taking impressions and occlusal registration; taking clinical photographs for records; inserting, and removing some orthodontic appliances; pre-banding polishing of teeth; removing and placing arch wires as formed by the orthodontist; removing bonding composite and banding cement; removing O rings; de-bonding and de-banding fixed appliances; replacing loose bands and providing oral health education and advice on the care and maintenance of orthodontic appliances. These are done under the clinical guidance and to a treatment plan prepared by the dentist or orthodontist responsible for the patient's clinical care outcomes~~

- taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium[9]
- taking extra-oral radiographs.

[9] Section 15 of the Radiation Protection Act 1965 requires non-licensed persons who take x-rays to do so under the supervision or instructions of a person who holds a licence under that Act.

Appendix 2

DENTAL COUNCIL

Te Kaunihera Tiaki Niho

Notice of Prescribed Qualifications

Issued by the Dental Council pursuant to section 12 of the Health Practitioners Competence Assurance Act 2003

Key:
Red text: new additions

Scope for Orthodontic Auxiliary Practice

Prescribed Qualifications

- Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting; possession of a dental therapy, dental hygiene or dentistry qualification or registration as a dental auxiliary and approved experience in the provision of orthodontic auxiliary services under the direction and supervision of a dentist or dental specialist who can attest to competency[10], and a Dental Council approved course for intra-oral an extra-oral radiography.
- New Zealand Association of Orthodontists, Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting[11] , and a Dental Council approved course for intra-oral an extra-oral radiography.
- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago, conferred from 2002 and registration in the Scope of Dental Hygiene Practice; and a Dental Council approved course for Undertaking Orthodontic Procedures; or
- Bachelor of Oral Health, University of Otago and registration in the Scope of Dental Hygiene Practice; and a Dental Council approved course for Undertaking Orthodontic Procedures; or
- Diploma in Dental Hygiene, University of Otago conferred from 2002 and registration in the Scope of Dental Hygiene Practice; and a Dental Council approved course for Undertaking Orthodontic Procedures[12]; or
- Auckland University of Technology and registration in the Scope of Dental Hygiene Practice conferred from 2011[13].

[10] The Dental Council approved this prescribed qualification on 10 July 2006.
[11] The Dental Council approved this prescribed qualification on 15 February 2010.
[12] All Otago qualifications need to be assessed to determine which included the new proposed orthodontic procedures.
[13] AUT introducing orthodontic procedures in BHSc (Oral Health) for 2011 graduates – the successful implementation of this will be reviewed by Council at its December 2011 meeting in consideration of the annual report from AUT.

Please note there has been a significant number of changes to the Draft Code of Practice which makes reading a marked-up copy to the original code difficult. Should you require a marked-up copy, please contact the Dental Council.

Appendix 3

Draft Code of Practice - Working Relationship between Dental Hygienists and Dentists

This code of practice applies to the working relationship between dental hygienists and dentists/dental specialists

Code of practice rationale

1 The Health Practitioners Competence Assurance Act 2003 ("the Act") promotes the continuation of a team approach between dental hygienists and dentists/dental specialists in relation to the delivery of dental hygiene services within the overall provision of integrated care to patients.

Objectives of this code of practice

2 This Code of Practice describes the working relationship between dental hygienists and dentists/dental specialists. Specifically, the objectives of this code of practice are to describe the general functions and levels of supervision required by dental hygienists and to provide detail on their scope of practice.

3 This code of practice is designed to assist practitioners to understand the requirements of dental hygiene practice and to facilitate appropriate clinical guidance and, where applicable, direct clinical supervision. The activities that registered dental hygienists practise are set out in the scopes of practice detailed in Appendix 1.

Dental hygiene scopes of practice

4 Dental hygiene practice is a subset of the practice of dentistry and is commensurate with a dental hygienist's approved education, training and competence.

5 A dental hygienist's major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist's primary task is in the prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients' personal care to maintain sound oral tissues as an integral part of their general health.

6 Dental hygienists practise in a team situation with clinical guidance[14] provided by a practising dentist/dental specialist.

7 Some activities of dental hygiene practice require direct clinical supervision by a dentist/dental specialist.

8 Dental hygienists are responsible and accountable for their own clinical practice within their scope of practice, but the dentist/dental specialist is responsible and accountable for the clinical guidance and direct clinical supervision[15], where applicable, provided.

9 Previously gazetted additional scopes of practice in dental hygiene were merged into the general dental hygiene scope of practice on 17 March 2011. This means that those practitioners who were not registered in any of the additional scopes of practice before the change will have exclusions on their registration in any of the following areas: Orthodontic Procedures; Local Anaesthetic; Extra-oral Radiography; and Intra-oral Radiography. Practitioners with any of these exclusions on their scope of practice cannot perform any of these activities.

10 Dental hygienists must not practise outside the boundaries of the scope of practice they are registered in.

Previously registered Dental Auxiliaries

11 The interim category of Dental Auxiliary registration was established to provide for non-hygiene qualified practitioners, who were providing dental hygiene services up to September 2004, to continue to practise with the introduction of the Health Practitioners Competence Assurance Act 2003.

12 The Dental Auxiliary scope of practice was closed in September 2009.

13 All practitioners that were previously registered in the Dental Auxiliary scope of practice were migrated into the dental hygiene scope of practice with a *limited scope of practice*, based on a set of criteria.

14 The activities within the hygiene scope of practice that they are allowed to perform is commensurate with their training, experience and competence and includes: recording medical and dental health histories; examining and recording of oral tissues; providing oral health education, information, promotion and counselling; scaling and prophylaxis of supra and subgingival tooth surfaces; applying and dispensing non-prescription preventive agents and fissure sealants; applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration; taking impressions, recording occlusal relationships and making

[14] Details on Clinical Guidance are described in paragraphs 21-32.
[15] Details on Direct Clinical Supervision are described in paragraphs 33-52.

study models; taking impressions, constructing and fitting mouthguards and bleaching trays; and taking intra and extra-oral photographs.[16]

15 These dental hygienists registered with a limited scope of practice and a dental auxiliary qualification must practice:

a) under the direct clinical supervision of a dentist/dental specialist who is present on the premises at which the work is carried out; and
b) subject to an initial dental and periodontal examination having been carried out for each patient by a dentist/dental specialist, responsible for the patient's clinical care outcomes.

These hygienists must also publicly display their annual practising certificates.

Principles of this code of practice

16 The Dental Council's approved scope of practice for dental hygiene prescribes a working relationship that enables the full scope of a hygienist's practice to be conducted under clinical guidance; except for the following activities which must be practised under the direct clinical supervision of a dentist:

a) administration of local anaesthesia
b) treatment of patients under sedation
c) orthodontic procedures
d) applying prescription preventive agents
e) radiography
f) laser technology
g) all activities performed by hygienists with a limited scope of practice.

17 Other activities such as radiography, use of laser technology and access to prescription medicines have additional requirements that are defined in other legislation.

18 The particular responsibilities and requirements associated with these different levels of supervision are described in the rest of the document.

19 It is the responsibility of both the dentist/dental specialist and the dental hygienist to be aware of and practice in accordance with the current legislation and this Code of Practice.

20 Dental hygienists and the dentists/dental specialists who supervise them must jointly review and sign a Code of Practice Agreement.

[16] The limited scope of practice registrations were considered on a case by case basis. Some practitioners may, therefore, not have all of these permitted activities approved as their registered scope of practice.

Clinical guidance

21 Clinical guidance means the professional support and assistance provided to a dental hygienist by a practising dentist/dental specialist as part of the provision of overall integrated care to the patient group.

22 Dental hygienists and dentists/dental specialists normally work from the same premises, providing a team approach.

23 Clinical guidance may be provided at a distance, provided the hygienist is not registered with a limited scope, but appropriate access must be available to ensure that the dentist/dental specialist is able to provide guidance and advice when required, and maintain general oversight of the clinical care outcomes of the patient group.

Responsibilities within the working 'Clinical guidance' relationship.

24 Hygienists assess, plan and provide periodontal care within the boundaries of their education, training, competence and scope of practice. The dental hygienist is responsible and accountable for the management of his/her own clinical practice within the boundaries of his/her scope of practice. The dentist/dental specialist is responsible for the overall management of the patient's dental health within a team service delivery system.

Responsibilities of the dentist/dental specialist

Examination and timely advice on procedures

25 In relation to examination and timely advice on procedures and in keeping with the clinical guidance and/or clinical supervision relationship between the dental hygienist and dentist/dental specialist, the dentist/dental specialist should:

a) be the first team member to examine any new patient[17] to a practice to diagnose the disease processes for that patient – the dentist/dental specialist formulates an overall dental care plan and makes a referral to the hygienist where appropriate;

b) be responsible for the initial assessment of the patient's medical history (as part of the patient's overall treatment plan) and be available for advice regarding the subsequent medical history reassessments performed prior to, but associated with, on-going hygiene treatment/maintenance;

c) collaborate with the dental hygienist regarding the ongoing periodontal health status of the patient receiving hygiene treatment – the dentist/dental specialist

[17] A new patient is someone who is new to the practice but does not include self-referred patients or patients who have been referred by a dentist external to the practice. The responsibilities of the hygienist and the onsite dentist in relation to self-referred and external dentist-referred patients are set out in paragraphs 28-31.

should provide an ongoing yearly review of the periodontal status of the patients within his/her practise;

d) be available for timely advice regarding any hygiene treatment needs. If the dentist/dental specialist, whose role it is to provide the clinical guidance for the hygienist, is off the premises and not contactable, another dentist/dental specialist should be contactable for such guidance; and

e) be prudent regarding such availability when a new graduate hygienist is employed or contracted to provide hygiene services – recognition should be given to the need for added support for this group of hygienists.

Continuing professional development

26 In relation to continuing professional development (CPD) the dentist/dental specialist should support the dental hygienist's continuing education, by assisting the hygienist with appropriate access to, and allowing time for attendance at, CPD opportunities.

Appropriate management and referral

27 In relation to appropriate management and referral the dentist/dental specialist should:

a) collaborate with the dental hygienist regarding treatment beyond his or her scope of practice to ensure appropriate management and referral where necessary; and

b) provide professional advice in a timely manner to facilitate best care for the patient.

Responsibilities in relation to self-referred patients*[18]*

28 A self-referred patient is someone who requests treatment from a dental hygienist without being referred by a dentist.

29 Dental hygienists with a limited scope must not see patients unless they have previously been examined by their supervising dentist.

30 In relation to patients who self-refer directly to a hygienist:

a) the dental hygienist, before commencing treatment, must take the patient's medical history and have this assessed by the dentist providing the onsite clinical guidance;

[18] Modified self-referral responsibilities exist in relation to patients who self-refer for sports mouth guards. Dental hygienists, within their registered scope of practice, can take impressions, construct and fit sports mouth guards for self-referred patients without the need for the dentist to assess the medical history or be onsite. However the dentist must be aware that this activity is being undertaken and be available for advice if required and the dental hygienist must abide by the requirements of the relevant codes of practice and must refer in the event of the patient not being dentally fit.

b) the dental hygienist should seek and record advice and clinical guidance from the dentist/dental specialist who has signed the Code of Practice Agreement and has undertaken the responsibility for that role at the treatment location;
c) the dentist should be onsite and be available to provide advice and consultation in relation to the practice of the dental hygienist in situations of patient "self-referral";
d) the dental hygienist must inform a self-referred patient that they should see a dentist for an overall dental care plan within each twelve month period – this can be done, for example, by way of having the patient sign a document to this effect (see Appendix 2); and
e) where the patient has a regular dentist, the hygienist should provide that dentist with updated details of the hygiene treatment provided.

Responsibilities in relation to patients referred by other dentists

31 In relation to patients who are referred by dentists from outside the practice at which the dental hygiene care is being delivered:
a) the dental hygienist, before commencing treatment, must have evidence that the patient's medical history has been taken and that this has been assessed by a dentist;
b) the hygienist should seek and record advice and clinical guidance from the dentist/dental specialist who has signed the Code of Practice Agreement and has undertaken the responsibility for that role at the treatment location;
c) the dentist should be onsite and be available to provide advice and consultation in relation to the practice of the dental hygienist in situations of patients referred by dentists outside the practice; and
d) the hygienist should provide the external referring dentists with updated details of the hygiene treatment provided.

Responsibilities in relation to off-site care (treatment provided outside the dental practice environment)

32 In relation to patients seen in a site other than their usual dental practice (such as nursing homes, residential care facilities and hospitals) and where a dentist is not normally present:
a) patients who have a regular dentist must provide a letter of referral to the dental hygienist; and
b) for patients without a regular dentist the dental hygienist must have in place a relationship with a named dentist who is responsible for clinical guidance and has signed the Code of Practice Agreement.

Direct clinical supervision

33 Some activities within the dental hygiene scope of practice require direct clinical supervision of the hygienist by a registered dentist/dental specialist. These activities are:
a) the administration of local anaesthetic
b) the treatment of patients under sedation

c) orthodontic procedures
d) applying prescription preventive agents
e) radiography
f) laser technology.

34 Direct clinical supervision means the clinical supervision provided to a dental hygienist by a practising dentist/dental specialist requires the dentist/dental specialist to be present on the premises at the time the dental hygiene work is carried out. The dentist/dental specialist is accountable for the supervision provided.

35 All activities undertaken by dental hygienists with a limited scope require direct clinical supervision.

36 Dentists/dental specialists providing direct clinical supervision to hygienists have the same responsibilities in relation to examination and timely advice; continuing professional development; and appropriate management and referral as articulated in the *Responsibilities of the dentist* under the clinical guidance section of this code.

Responsibilities within the 'direct clinical supervision' working relationship

Local anaesthetic

37 The dental hygienist scope of practice allows the administration of local anaesthetic using dento-alveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist/dental specialist who is present on the premises at which the work is carried out. Accountability for this working relationship resides with both parties.

Sedation procedures

38 In the interests of patient safety, patients receiving dental hygiene treatment while under sedation must have:
a) the sedation administered by a suitably trained medical or dental practitioner (dentist/dental specialist), and this must be done in accordance with the joint New Zealand Dental Association/Dental Council Code of Practice "Sedation for Dental Procedures"; and
b) a suitably trained health practitioner (e.g. dentist, dental specialist, registered nurse) remain within the direct surgery environment to monitor the patient throughout treatment.

39 Given the above requirements, in virtually all instances, the effective, safe and practical delivery of periodontal care to patients under sedation will require the hygienist to refer that care to a dentist/dental specialist. In such circumstances the dentist/dental specialist administers the sedation and performs the clinical work, but is assisted by an appropriately trained assistant in observation, monitoring and resuscitation of sedated patients. This staffing arrangement is described in the Code of Practice "Sedation for Dental Procedures".

Orthodontic procedures undertaken by dental hygienists

40 In relation to the procedures undertaken by dental hygienists the dentist/dental specialist:

a) must prepare a treatment plan for the patient concerned prior to the dental hygienist undertaking any orthodontic procedures on the patient;
b) remain responsible for the patient's clinical care outcomes; and
c) must be available on-site to make the individual visit by visit treatment decisions as part of the direct clinical supervision of these orthodontic procedures.

Access to prescription drugs

41 The use of medicines is controlled by the Medicines Act 1981 and Medicines Regulations 1984.

42 Of particular importance for hygiene practice is the prescription of antibiotics, analgesics and anti-inflammatory medications. The hygienist will need to obtain the required prescription from the dentist within the team providing the patient's care.

43 Appropriate mechanisms need to be in place to ensure all patients have access to required medications in an appropriate and timely fashion. In addition, the responsibility and accountability for accurate, updated medical histories also rests with the clinician providing the clinical treatment at each visit. It is not possible to list every circumstance that might occur, but of special relevance is the provision of appropriate prophylactic antibiotic cover in accordance with recognised protocols (e.g. National Heart Foundation guidelines). The obtaining of appropriate cover prior to invasive hygiene treatment by a dental hygienist falls within the responsibilities and accountabilities of that hygienist.

Radiography

44 Dental hygienists, within their registered scope of practice, can take intra-oral and/or extra-oral radiographs. Dentists working with a hygienist must be aware of the exact nature of their registered scopes and whether it extends to include taking intra-oral and/or extra- oral radiographs.

45 These registered activities are for the purposes of:

a) Intra-oral Radiography – taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium; and
b) Extra-oral Radiography – taking extra-oral radiographs for the purpose of allowing dentists/dental specialists to appropriately utilise the information these radiographs contain.

46 Dental hygienists cannot be licensed to take x-rays under the Radiation Protection Act (1965), and dental x–ray machines must be owned and under the safe care of a licensed person. Only a registered dentist may be granted a licence for dental diagnosis under the Act.

47 It is therefore legally necessary for all dental hygienists whose scopes of practice include the taking of intra-oral and/or extra-oral radiographs, to work under the supervision or instruction of a dentist for this aspect of their practice.

48 The dentist who is providing the radiography supervision must be named in the Code of Practice Agreement. Where a Code of Practice names multiple dentists for professional advice, a single dentist must be clearly identified with the responsibility for dental radiography.

Use of laser technology

49 The use of laser technology, performed under direct clinical supervision, falls within the dental hygiene scope for the removal of calculus and bleaching procedures. The use of laser technology falls outside the dental hygiene scope of practice where the use of that technology removes or alters hard or soft tissue or desensitises teeth.

50 Dental hygienists seeking to use laser technology may only do so in accordance with the Council's policy on advanced and new areas of practice. This requires practitioners to have undertaken appropriate training and be assured, based on scientific evidence, of the efficacy of new techniques or procedures before introducing them into their practice.

51 Any training course to equip dental hygienists to use laser technology should have the following components:

Didactic components

- laser physics
- biological effects and tissue interactions
- laser safety, hazard identification, control methods
- laser safety standards/regulations
- operative applications/techniques.

Practical components

- simulated techniques
- observation of cases performed by an appropriately trained and practising clinician
- supervised clinical use
- assessment of competency.

52 The course or instructor needs to be accredited by New Zealand Dental Association or New Zealand Dental Hygiene Association for verifiable continuing professional development purposes.

Code of Practice Agreement for dental hygienists and dentists/dental specialists

(i) Registered Dental Hygienist

_____

(Insert name)

I am registered in the following Scope of Practice (please tick):

General Dental Hygiene ☐

*with the following **exclusions** on my registration:*

Radiography: Intra-oral ☐

Radiography: Extra-oral ☐

Local Anaesthetic ☐

Orthodontic Practice ☐

None ☐

General Dental Hygiene with a limited scope of practice ☐
(previously registered as a Dental Auxiliary)

I have read, understand and will abide by this Code of Practice

_____ Hygienist

(Signed)

_____Dentist _____ Dentist

(Name of dentist) *(Signed)*

_____Dentist _____ Dentist

(Name of dentist) *(Signed)*

_____Dentist _____ Dentist

(Name of dentist) *(Signed)*

_____ Date

(ii) At these listed location (s)

_____

_____

_____

_____

The following dentist(s) / dental specialist(s) are responsible for providing the above signed registered dental hygienist with clinical guidance and access to prescription medicines in accordance with this Code of Practice.

_____ *(Name of dentist)*

_____ *(Name of dentist)*

_____ *(Name of dentist)*

and

The following dentist(s) / dental specialist(s) holds a current **radiography** licence and is responsible for the supervision and clinical guidance related to radiography and in accordance with the above dental hygienist's registered Scope of Practice.

_____ *(Name of dentist)*

and

In the situation of **patient self-referral** to the dental hygienist the following dentist(s) / dental specialist(s) are responsible for providing the above signed registered dental hygienist with clinical guidance and access to prescription medicines in accordance with this Code of Practice.

_____ *(Name of dentist)*

_____ *(Name of dentist)*

_____ *(Name of dentist)*

Notes
Please note this Agreement is location specific – i.e. at a particular location a particular dentist(s) is agreeing to responsibilities as per the Code of Practice.

Appendix 1 – Scopes of practice

To reflect the amended scope of practice, if revised.

Appendix 2 – Self-referral document

(Sample only)

Surgery Letterhead

Date

A warm welcome to our surgery.

As you are a new patient to our clinic it is important that you understand recommended dental procedures.

The dental hygienist you are seeing is a registered professional trained to help you to improve and maintain your oral health as part of your overall general health.

It is also recommended that you see a dentist every twelve months for an examination and overall dental care plan.

I _____ have read and understand the above.

(Patient's name)

Signed _____

□ I do have a regular dentist.

My regular dentist is _____

□ I do not have a regular dentist.

I would like you to recommend a dentist. Yes/No