

4 April 2012

Dear Practitioner,

**Follow-up Consultation on Proposed Changes to the Dental Technician and Clinical Dental Technician Scopes of Practice and Code of Practice**

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.

After the acceptance of the proposed scopes and code of practice changes from the May 2011 consultation and subsequent investigations on matters raised by stakeholders in their submissions, Council is issuing a follow-up consultation document with additional proposed changes to the scopes and code of practice. The majority of proposed changes deal with clarifying definitions, updating terminology and alignment between the scopes and code of practice.

Council also deliberated with the change to the scope of practice activities whether the removal of a pre-loosened temporary crown and try-in of a permanent crown by a dental technician, falls within the category of restricted activities, specifically *Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances*, and concluded that it does and that a practitioner performing these activities must be registered with the Dental Council.

The aim of this consultation is to gather views from the sector in order for Council to make a final decision on the proposals. The Council therefore seeks any comments on the proposals by **30 May 2012**. Copies of this letter and the consultation document have been sent to all dental technicians, clinical dental technicians, dentists, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest, in accordance with section 14 of the Act. This consultation document 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 6143  
Fax: 04 499 1668  
Email: [consultations@dcnz.org.nz](mailto:consultations@dcnz.org.nz)

Yours sincerely



Marie Warner  
Chief Executive

# Follow-up Consultation Document

## Proposed changes to the Dental Technician and Clinical Dental Technician Scopes and Code of Practice

RELEASED 4 APRIL 2012  
SUBMISSIONS DUE 30 MAY 2012

---

### Background

In May 2011 Council issued a consultation document proposing alignment between the Code of Practice: *The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry* and the dental technology and clinical dental technology scopes of practice, as gazetted in October 2010. In addition, a few minor changes to the dental technology and clinical dental technology scopes of practice were proposed, to ensure clarity and consistency between the different procedures as contained in the detailed scopes of practice<sup>1</sup>.

The feedback on this consultation was considered by Council, and there was a majority support for the proposed changes to the scope of practice, emergency training levels of dental technicians and the revised code of practice. Council accepted the majority of proposed changes as per the consultation document, however, relevant issues were raised in the submissions and Council decided to develop a follow-up consultation document before finalising the scopes and code of practice.

After various discussions with the New Zealand Institute of Dental Technologists (NZIDT), Council decided at its November 2011 meeting to obtain independent expert clinical opinions in the particular field of impression taking of maxillofacial defects in direct communication with the naso- or the oropharyngeal airway. These clinical opinions were considered by Council at its March 2012 meeting, after which the follow-up consultation document was approved.

### The Proposals

#### *Scopes of Practice*

Additional proposed changes, based on stakeholder submission comments and further Council development to the scopes of practice for dental technology and clinical dental technology, (Attachment 1) include clarification of the definitions of *final fit* for both scopes of practice; updating terminology reflecting contemporary practice; and alignment of the clinical dental technology scope of practice activities related to the taking of extraoral maxillofacial prostheses and construction of anti-snoring devices with the existing provisions in the code of practice (sections 5.5 and 5.8 of Attachment 2, respectively).

---

<sup>1</sup> If you want to revisit the first consultation document – it is available at the Dental Council website at <http://www.dentalcouncil.org.nz/dcConsultation>

## ***Code of Practice***

The proposed changes to the draft Code of Practice: *The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry* relate to aligning the code with the proposed changes to the dental technology and clinical dental technology scopes of practice, such as terminology, final fit definitions etc.

As mentioned earlier in the document, there was a specific request by the NZIDT to further investigate the possibility of registered clinical dental technicians in New Zealand, if qualified at the appropriate emergency training level to manage an airway emergency, to be allowed, through a change to their current scope of practice, to take impressions of maxillofacial defects in direct communication with the naso- or the oropharyngeal airway independently in a hospital or private practice.

After reviewing the expert clinical opinions Council agreed with the opinions received that there are substantial risks associated with the taking of impressions in direct communication with the naso- or the oropharyngeal airway, specifically because of the medically compromised profiles of these patients, and that clinical dental technicians should not be allowed to perform these activities without direct clinical supervision.

It should be emphasised that clinical dental technicians are **not** prohibited from performing these activities and that patient access to these services is not denied but that these patients are best served by the clinical dental technician taking these impressions under the direct clinical supervision of a dentist, dental specialist or medical practitioner as part of a team management approach.

Accordingly Council is proposing no further changes to the existing scope of practice activity or section 5.5 of the code of practice on extra-oral maxillofacial prostheses.

## **Restricted activities**

### *Background*

Under section 9 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) the Minister of Health has the power to declare certain activities to be restricted activities, where it is considered there is a risk of serious or permanent harm to the public if those activities are performed by persons other than registered health practitioners who are permitted by the scope of practice to perform those activities.

In 2009 the Council communicated to registered Dental Technicians at the time, that *“In contrast to the Dental Act 1998, which licensed the carrying out of particular activities, the HPCA Act does not protect those activities that Dental Technicians perform. Apart from those limited number of Restricted Activities gazetted by the Ministry of Health, the Act does not prohibit unregistered people from performing activities that registered health practitioners perform.*

*As Dental Technology is not a Restricted Activity, anyone can perform the activities of a Dental Technicians so long as they do not call or described themselves as a Dental Technician; or otherwise hold themselves out to be such – that is, in anyway lead or allow anyone to believe they are a Dental Technician”.*

This was because at that time the dental technology scope of practice did not include procedures pertaining to restricted activities, and as a result the relevance of dental technicians being registered was questioned at the time by quite a number of practitioners.

Council therefore clarified to registered practitioners that non-registered practitioners can perform the scope of dental technology but must not hold themselves out to be registered dental technicians, a title protected by section 7 of the HPCA Act.

#### *Recent dental technology scope of practice changes*

With the significant amendments to the dental technology scope of practice, Gazetted in October 2010, and subsequent consultation documents on proposed changes to the dental technology scope of practice, Council deliberated on whether the amended dental technician scope of practice activities all still fall outside of the restricted activities.

In particular whether the addition of *the removal of a pre-loosened temporary crown and try-in of the permanent crown, without removal or placement of an abutment, as prescribed by and prior to the final fitting by a dentist or dental specialist* activity in the dental technician scope of practice falls within the restricted activity of *Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances*.

Council resolved that the activity of *the removal of a pre-loosened temporary crown and try-in of the permanent crown, without removal or placement of an abutment, as prescribed by and prior to the final fitting by a dentist or dental specialist*, falls within the category of restricted activities (Pursuant to Section 9 of the HPCA Act the Health Practitioners Competence Assurance (Restricted Activities) Order 2005 - SR2005/182, as at 15 January 2010).

Council concluded for the activities associated with the removal of a pre-loosened temporary crown and try-in of a permanent crown, that the activity does fall under the category of restricted activities under *Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances*.

Therefore, practitioners performing activities associated with the removal of a pre-loosened temporary crown and try-in of a permanent crown must be registered with the Dental Council.

## **Conclusion**

Council has produced a draft Notice for the dental technology and clinical dental technology scopes of practice with the additional proposed changes (Appendix 1) and an amended code of practice with the proposed changes (Appendix 2). Please note that the changes accepted from the first consultation has been incorporated into the draft documents as black text, and only the additional proposed changes are reflected as coloured text.

Council is consulting on the proposal with persons and organisations identified in accordance with section 14 of the Act including all dental technicians, clinical dental technicians, 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 aim of the consultation is to gather views from the sector in order for Council to make a final decision on the proposals.

Council therefore seeks any comments on the proposal by **30 May 2012**.

## **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 proposed changes to the dental technology and clinical dental technology scopes of practice, as reflected in Appendix 1?
2. If you disagree with the proposed changes, please provide your reasons.
3. Do you agree/disagree with the proposed changes to the Code of Practice: *The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry*, as reflected in Appendix 2?
4. If you disagree with the proposed changes, please provide your reasons.

# DENTAL COUNCIL

---

*Te Kaunihera Tiaki Niho*

## **Draft** Notice of Scopes of Practice and Prescribed Qualifications

Issued by the Dental Council pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003

**Keys:**

Red text: new additions

Blue ~~Strikethrough~~ text: replaced/deleted existing text

### **Dental Technicians**

#### ***Scope for Dental Technology Practice***

The Scope of Practice for Dental Technicians is set out in the documented “Detailed Scope for Dental Technology Practice” produced and published from time to time by the Dental Council.

Dental Technology practice is a subset of the practice of dentistry, and is commensurate with a Dental Technician's approved education, training and competence.

It involves processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner.

The working relationship between dental technicians and prescribing practising health practitioners is set out in the Dental Council Code of Practice – The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry.

#### ***Detailed Scope for Dental Technology Practice***

The Dental Council defines the practice of Dental Technology as processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner.

This involves:

- selection of appropriate dental materials for the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner.
- processes and procedures associated with the design, manufacture and repair of complete removable dentures and overdentures.

- processes and procedures associated with the design, manufacture and repair of removable partial dentures including precision attachments.
- processes and procedures associated with the design, manufacture and repair of fixed and removable orthodontic appliances.
- processes and procedures associated with the design, manufacture and repair of crowns and bridges including precision attachments on natural teeth and implants.
- processes and procedures associated with the design, manufacture and repair of implant overdentures and implant supported dentures.
- processes and procedures associated with the design, manufacture and repair of tissue and implant supported maxillofacial, ocular and auricular appliances and prostheses, and other appliances and prostheses involved in the overall prosthetic rehabilitation of patients.
- processes and procedures associated with the design, manufacture and repair of specialist treatment appliances such as, but not limited to: diagnostic stents and radiographic stents, appliances for the treatment of temporomandibular disorders, appliances for the treatment of speech disorders, appliances for the treatment of sleep disorders and appliances for the treatment of audio disorders.
- undertake shade taking and shade checking, which may include the removal of a pre-loosened temporary **erown restoration** and try-in of the permanent **erown restoration**, without removal or placement of an abutment, as prescribed by and prior to the final fitting<sup>1</sup> by a dentist or dental specialist.

Practice in this context goes wider than dental technology to include teaching, research, and management, given that such roles influence clinical and technical practice and public safety. Areas of dental technology practice that were not included in a practitioner's training should not be undertaken unless the practitioner has completed appropriate training and practices to the standard required by the relevant Code of Practice.

### **Prescribed Qualifications**

- Diploma in Dental Technology (issued by a New Zealand educational institution) and commenced prior to 18 September 2004; or
- Bachelor of Dental Technology (University of Otago); or
- an approved overseas dental technology qualification, plus a pass in the New Zealand Dental Technicians Registration Examination.

### ***Scope for Clinical Dental Technology Practice***

The Scope of Practice for Clinical Dental Technicians is set out in the documented “Detailed Scope for Clinical Dental Technology Practice” produced and published from time to time by the Dental Council.

Clinical Dental Technology practice is a subset of the practice of dentistry, and is commensurate with a Clinical Dental Technician's approved education, training and competence.

It involves the scope of practice for Dental Technicians, plus the fitting of complete removable dentures and the fitting of some other types of removable dentures and oral and extraoral appliances under specific conditions – as set out in the detailed scope of practice.

<sup>1</sup> Final fitting **for dental technicians** means ensuring the patient returns to the prescribing dentist /dental specialist as soon as possible on the same day for the refitting of the temporary or permanent restoration.

The working relationship between clinical dental technicians and prescribing practising health practitioners is set out in the Dental Council Code of Practice – The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry.

### ***Detailed Scope for Clinical Dental Technology Practice***

The Dental Council defines the practice of clinical dental technology as:

- processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dentist, dental specialist, medical practitioner or other authorised health practitioner as set out in the detailed scope for dental technology practice.
- taking impressions and undertaking other non-invasive clinical procedures involved in the fitting of removable complete dentures and the fitting of some other types of removable dentures and oral and extraoral appliances under specific conditions as set out below and as described below.
- taking impressions and undertaking other non-invasive clinical procedures involved in the trial fitting and repair of removable complete and partial implant overdentures prescribed and **the final fitting<sup>2</sup>** by a dentist or dental specialist.

As well as the activities delineated in the detailed scope for dental technology practice, clinical dental technology practice involves:

- taking impressions and undertaking other non-invasive clinical procedures involved in the fitting and relining of removable complete dentures when there are no natural teeth remaining and there is no diseased or unhealed hard or soft tissue.
- taking impressions and undertaking other non-invasive clinical procedures involved in the fitting and relining of removable partial dentures subject to the patient having obtained an oral health certificate from a dentist or dental specialist.
- taking impressions and undertaking other non-invasive clinical procedures involved in the construction of **removable** complete and partial immediate dentures on the prescription of, and prior to the **final fitting<sup>2</sup>** by a dentist or dental specialist.
- taking impressions, relining and undertaking other non-invasive clinical procedures involved in the construction of removable complete and partial root/tooth overdentures subject to the patient having obtained an oral health certificate from and on the prescription of a dentist or dental specialist, and prior to the final fitting<sup>2</sup> by a dentist or dental specialist.
- ~~taking impressions and undertaking other non-invasive clinical procedures involved in the fitting and repair of extraoral maxillofacial prostheses under the prescription of a dentist, dental specialist or medical practitioner.~~
- **processes and procedures associated with extraoral maxillofacial prostheses, for those with formal training or if they can demonstrate that they have the requisite knowledge and training to undertake this work<sup>3</sup>:**
  - **taking impressions and undertaking other non-invasive clinical procedures involved in the fitting, construction and repair of extraoral maxillofacial prostheses, that are **not** in direct communication with the naso- or the oropharyngeal airway under the prescription of a dentist, dental specialist or**

---

<sup>2</sup> Final fitting **for clinical dental technicians** means ensuring the patient is referred back to the prescribing dentist/dental specialist for the **subsequent management and ongoing monitoring** of that patient's oral health.

<sup>3</sup> **Practitioners should demonstrate that they have the requisite knowledge and training to undertake extraoral maxillofacial prostheses work in accordance with the Council's Policy on Advanced and New Areas of Practice.**

medical practitioner, who remains responsible for the clinical outcomes of the patient.

- taking impressions of maxillofacial defects that **are** in direct communication with the naso- or the oropharyngeal airway, for those clinical dental technicians with formal training or if they can demonstrate that they have the requisite knowledge and training to undertake this work, and only under the direct clinical supervision of a dentist, dental specialist or medical practitioner qualified to manage an airway emergency, who remains responsible for the clinical outcomes of the patient.
- taking impressions and undertaking other non invasive clinical procedures involved in the construction of removable complete and partial implant overdentures on the prescription of, and prior to the final fitting<sup>2</sup> by a dentist or dental specialist. This does not include removal or placement of abutments such as healing, temporary or permanent, or impression copings.
- repairing **and/or relining of** removable complete and partial implant overdentures **on the prescription of and prior to the final fit<sup>2</sup>**~~prescribed and fitted~~ by a dentist or dental specialist and appropriate referral when indicated.
- ~~• taking impressions and undertaking other non invasive clinical procedures involved in the relining of removable complete and partial implant overdentures on the prescription of, and prior to the final fitting by, and dentist or dental specialist.~~
- **impressions and undertake other non invasive procedures involved in the construction of an anti snoring device however only a dentist, dental specialist or medical practitioner, who retains responsibility for the clinical care outcomes, can perform the final fit<sup>2</sup> of the appliance.**
- in relation to the above activities:
  - Obtaining medical and dental histories and consulting with other health practitioners as appropriate.
  - Examination of the oral tissues to ensure that the patient's mouth is fit for purpose and free of disease, disorder or abnormality.
  - Referral of patients to a dentist, dental specialist or medical practitioner when any disease, disorder or abnormality is detected.
  - Referral of patients to a dentist, dental specialist or medical practitioner for a prescription for an oral health certificate and treatment plan where required.
  - Preparation of a treatment plan (in association with a prescription if required) and communicating this to the patient.
  - Oral health education and promotion.

Practice in this context goes wider than clinical dental technology to include teaching, research, and management, given that such roles influence clinical and technical practice and public safety.

Areas of clinical dental technology practice which were not included in a practitioner's training should not be undertaken unless the practitioner has completed appropriate training and practises to the standard required by the Dental Council Policy on Advanced Areas of Practice and the Code of Practice on The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry.

### **Prescribed Qualifications**

- Registration in the dental technology scope of practice and a postgraduate Diploma in Clinical Dental Technology (University of Otago).

*The following scope of practice replaces the “Scope for Implant Overdentures” in the previous gazette notice published in the New Zealand Gazette, 7 December 2006, No. 167, page 4856.*

## **Additional Scopes of Practice for Clinical Dental Technology Practice**

### **Scope for Implant Overdentures**

The Scope for Implant Overdentures in Clinical Dental Technology Practice is set out in the documented “Detailed Scope for Implant Overdentures” produced and published from time to time by the Dental Council.

The scope involves clinical procedures associated with the design, manufacture, trial fitting and repair of removable complete and partial implant overdentures prescribed and fitted by a practising dentist or dental specialist.

### **Detailed Scope for Implant Overdentures**

As well as the activities delineated in the detailed scopes for dental technology and clinical dental technology practice, the additional scope for implant overdenture practice includes:

- taking impressions and undertaking other non invasive clinical procedures involved in the construction of removable complete and partial implant overdentures on the prescription of, and prior to the final fitting<sup>4</sup> by, a dentist or dental specialist.
- repairing removable complete and partial implant overdentures prescribed and fitted by a dentist or dental specialist and appropriate referral when indicated.
- relining removable complete and partial implant overdentures on the prescription of, and prior to the final fitting by a dentist or dental specialist<sup>4</sup>.

### **Prescribed Qualification**

- Registration as a Clinical Dental Technician plus evidence of appropriate training, completion or commencement of at least 8 documented cases and a competency attestation from an appropriately qualified dentist or dental specialist<sup>5</sup>.

---

<sup>4</sup> Final fitting **for clinical dental technicians** means ensuring the patient is referred back to the prescribing dentist/dental specialist for the **subsequent management and ongoing monitoring** of that patient’s oral health.

<sup>5</sup> The prescribed qualification above was available until 1 July 2007. Thereafter the prescribed qualification for registration in the additional scope of Implant Overdentures will be the successful completion of a Dental Council approved implant overdenture course or a pass in the Dental Council implant overdenture registration examination.

### **Draft** New Zealand Code of Practice: *The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry*

**Keys:**

Red text: new additions

Blue ~~Strikethrough text~~: replaced/deleted existing text

#### **1 Preamble**

Section 118 of the Health Practitioners Competence Assurance Act 2003 requires the Dental Council to set the standards of clinical competence, cultural competence and ethical conduct to be observed by the oral health practitioners it regulates.

These standards are set out in Dental Council codes of practice, which are developed by, or in consultation with, the professions.

#### **2 Introduction**

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.

Dental technology and clinical dental technology practice are subsets of the practice of dentistry. The scopes of dental technology and clinical dental technology practice are described by the Dental Council pursuant to section 11 of the Health Practitioners Competence Assurance Act (2003) and are included in this code of practice in Appendix 1. Within these scopes a technician's practice must be commensurate with his or her approved education, training and competence. Technicians may only extend their practice to those areas defined in additional scopes of practice if they are registered and competent to do so.

This code of practice aims to protect the health and safety of members of the public by:

- describing what dental technicians and clinical dental technicians can do;
- providing guidance to dentists, dental specialists, dental technicians and clinical dental technicians on their legislative and professional responsibilities when sourcing or providing dental technology and clinical dental technology services; and
- assisting consumers to understand the professional relationships which apply between technicians and dentists when providing services which involve designing, making, repairing or fitting dental appliances.

#### **3 The Practice of Dental Technology**

Dental technicians design, ~~make~~ **construct** and repair fixed and removable oral and extra-oral appliances and prostheses e.g. dentures, crowns, bridges, and implant supported prostheses to the prescription of another registered health practitioner e.g. dentist, dental specialist, clinical dental technician or medical practitioner who is authorised by their scope of practice to **perform the fitting of** the appliance or prosthesis.

In this context prescription is defined as an instruction, either written or verbal by an appropriately registered practitioner to a dental technician ~~or clinical dental technician~~ to carry out a procedure contained in their registered scope of practice. This authorisation should be included, or noted, in the patient's record.

Persons undertaking dental technology work, as described in the gazetted scope of dental technology practice, must be registered and hold a current annual practising certificate.

Dental technicians do not work directly on a patient, however they may:

- undertake non-clinical tasks; such as shade taking and shade checking which may include the removal of a pre-loosened temporary ~~erown~~ restoration and try-in of a permanent ~~erown~~ restoration, without removal or placement of an abutment, under the prescription and clear written procedures of, and final fitting<sup>1</sup> by, a dentist or dental specialist. In this circumstance the Dental Technician must ensure the patient returns to the prescribing dentist/dental specialist, as soon as possible on the same day, **for the dentist/dental specialist** to recement the restoration.
- undertake simple repairs<sup>2</sup> of dentures and in such cases must refer the patient to a suitable clinician and ensure a record of this referral is included in the patient record.

To gain registration as a dental technician applicants must have undertaken an accredited three-year full time degree in dental technology from the University of Otago (or equivalent). This training covers the study of biological systems of the human body, the physical and biological properties of the materials used in dental technology and the design and manufacture of dental appliances and prostheses. Dental technicians upon registration are therefore competent to ensure that the appliances they ~~make~~ construct do not cause harm to patients, which can occur with the inappropriate selection or incorrect use of materials. Registered dental technicians are required to maintain and develop their skills and competence through regular and documented continuing professional development.

Members of the public can have confidence in the dental technology services provided through their dentist, or other health practitioner, if the dental technician providing the services is registered with the Dental Council and holds a current annual practising certificate (APC).

A Dental Technician wishing to have direct contact with patients must ensure that all facilities' procedures and practices comply with all Dental Council codes and statements relevant to patient management (e.g. Cross infection, informed consent, record keeping and TMVI).

#### **4 Working relationship with Dental Technicians**

Health practitioners sourcing dental technology services have a responsibility to ensure that such services are provided by appropriately qualified and skilled persons. As such, dentists, dental specialists, clinical dental technicians and other health practitioners using such services must assess and have confidence in the skills and competence of dental technicians or other personnel undertaking their dental laboratory work. A verifiable measure of a dental technician's qualification, skill, and competence is whether he or she is registered with the Dental Council and holds a current annual practising certificate. Dentists, dental specialists and clinical dental technicians should ensure this when obtaining dental technical services.

---

<sup>1</sup> Final fitting **for dental technicians** means ensuring the patient returns to the prescribing dentist /dental specialist as soon as possible on the same day for the refitting of the temporary or permanent restoration.

<sup>2</sup> i.e. not involving impressions or relines.

~~Furthermore if a health practitioner sources dental technology work from outside of New Zealand he or she should ensure that the dental laboratory has in place an ISO Quality Management System that is audited by a recognised notified body.~~ The health practitioner **should** ensure ~~This ensures~~ that all products purchased and supplied by the laboratory are of an acceptable quality or standard and that a custom made appliance supplied to the health practitioner/patient can be traced in the event of a product recall or an adverse reaction or allergy complaint.

Health practitioners sourcing dental technology services have a responsibility to ensure their availability to provide timely professional advice, as required, to the dental technician undertaking their dental technology work. In addition the dentist/dental specialist referring patients for shade taking and shade checking must be available during the procedure, in case of an emergency, and **as soon as possible on the same day immediately afterwards** to recement the restoration.

Dental technicians have a duty of care to recognise the need to seek professional advice from/to the prescribing practitioner when required and to seek such advice in a timely manner.

## **5 The Practice of Clinical Dental Technology**

Clinical dental technicians design, ~~make~~ **construct** and repair fixed and removable oral and extra-oral appliances and prostheses in the same way as dental technicians. Clinical dental technicians can also work as independent practitioners and deal directly with the public in making and fitting:

- complete removable dentures
- some other types of removable dentures and oral and extra oral appliances under specific conditions as set out below.

**Similar to dental technicians, a prescription is defined as an instruction, either written or verbal by an appropriately registered practitioner to a ~~dental technician or~~ clinical dental technician to carry out a procedure contained in their registered scope of practice. This authorisation should be included, or noted, in the patient's record.**

**Dentists, dental specialists and clinical dental technicians must ensure that patients are informed of all treatment options available.**

Persons undertaking clinical dental technology work as described in the gazetted scope of clinical dental technology practice must be registered and hold a current annual practising certificate (APC).

To be registered as a clinical dental technician applicants are required to be registered as a dental technician and to have completed an accredited one-year full time or two-year part time Postgraduate Diploma in Clinical Dental Technology from the University of Otago (or equivalent).

## 5.1 Removable complete dentures

Clinical dental technicians may design, **make construct**, repair, **reline** and fit complete dentures when there are no natural teeth remaining and there is no diseased or unhealed, hard or soft tissue. **Clinical dental technicians must in the case of patients with diseased or persistently unhealed hard or soft tissue, or any other conditions outside their Scope of Practice assess and refer patients** ~~Clinical dental technicians must refer~~ to a dentist or dental specialist **in a timely manner**.

## 5.2 Removable partial dentures

Clinical dental technicians may design, **make construct**, repair, **reline** and fit partial dentures, but only after a patient has obtained an oral health certificate from a dentist or dental specialist. A template oral health certificate is attached as Appendix 2.

~~Dentists, dental specialists and clinical dental technicians must ensure that patients are informed of all treatment options available.~~

In providing an oral health certificate dentists and dental specialists must ensure that there is no diseased or unhealed hard or soft tissues, or any other abnormalities contraindicating the provision of a partial denture.

Clinical dental technicians must not prepare the teeth and/or soft tissues for a partial denture; only a dentist or dental specialist may undertake such work.

If during the course of partial denture construction any condition outside the Scope of Practice of a clinical dental technician becomes evident the patient must be referred to a dentist or dental specialist in a timely manner.

## 5.3 Removable complete and partial immediate dentures

Clinical dental technicians may design, **make construct**, repair and supply immediate dentures only on the prescription of a registered dentist or dental specialist.

Clinical dental technicians may take impressions and undertake other non-invasive procedures involved in the construction of an immediate denture, however only a dentist or dental specialist can fit an immediate denture. The dentist or dental specialist remains responsible for the clinical care outcomes of the patient.

## 5.4 Removable complete and partial root/tooth overdentures

Clinical dental technicians may design, **make construct**, **reline** and repair root/tooth overdentures only on the prescription of a registered dentist or dental specialist.

Clinical dental technicians may take impressions and undertake other non-invasive procedures involved in the construction of a root/tooth supported overdenture, however only a dentist or dental specialist can **perform the final fit<sup>3</sup>** of a root/tooth supported overdenture. The dentist or dental specialist remains responsible for the clinical care outcomes of the patient.

Clinical dental technicians must not prepare the teeth and/or soft tissues for a complete or partial overdenture. Only a dentist or dental specialist may undertake such work.

---

<sup>3</sup> Final fitting **for clinical dental technicians** means ensuring the patient is referred back to the prescribing dentist/dental specialist for the **subsequent management and ongoing monitoring** of that patient's oral health.

## 5.5 Extra oral maxillofacial prostheses

Clinical dental technicians may design, **make construct**, fit and repair extra-oral maxillofacial prostheses only on the prescription of a registered dentist, dental specialist or medical practitioner.

Clinical dental technicians may take impressions of extra-oral maxillofacial defects that are not in direct communication with the naso- or the oropharyngeal airway and undertake other non-invasive procedures involved in the construction and fitting of extra-oral maxillofacial prostheses, however the dentist, dental specialist or medical practitioner remains responsible for the clinical outcomes of the patient.

The only exception to the restriction on taking impressions of defects that are in direct communication with the naso- or the oropharyngeal airway is in circumstances where the clinical dental technician is doing so under the direct supervision of a dentist, medical practitioner or another health practitioner qualified to manage an airway emergency.

In addition clinical dental technicians whose formal training did not include extra-oral maxillofacial prostheses should undertake clinical procedures in this area only if they can demonstrate, if required, that they have the requisite knowledge and training to undertake this work in accordance with the Council's Policy on Advanced and New Areas of Practice.

## 5.6 Removable complete and partial overdentures on oral implants (general scope)

Clinical dental technicians, who are **not** registered in the additional scope of Implant Overdentures, may design, **make construct**, trial fit, reline and repair removable complete and partial implant overdentures on oral implants only on the prescription of a registered dentist or dental specialist. This **does not include** removal or placement of abutments such as healing, temporary or permanent, or impression copings.

Clinical dental technicians may take impressions and undertake other non-invasive procedures involved in the construction and trial fitting of an implant overdenture. The dentist or dental specialist must undertake the final fitting<sup>3</sup> and remains responsible for the clinical outcomes of the patient.

## 5.7 Removable complete and partial overdentures on oral implants (additional scope of practice)

Clinical dental technicians, registered in this additional scope of practice, may design, **make construct**, trial fit, reline and repair removable complete and partial implant overdentures on oral implants only on the prescription of a registered dentist or dental specialist.

Clinical dental technicians may take impressions and undertake other non-invasive procedures involved in the construction and trial fitting of an implant overdenture, however the dentist or dental specialist must undertake the final fitting<sup>3</sup> and remains responsible for the clinical outcomes of the patient.

A clinical dental technician may only carry out the clinical procedures associated with implant overdentures if they are registered in this additional Scope of Practice. As such, dentists and dental specialists prescribing such treatment must ensure the clinical dental technician is registered in this additional scope before delegating the clinical tasks.

## 5.8 Dental appliance therapy for the treatment of sleep disorders

Dental technicians and clinical dental technicians may design, ~~make~~ construct, repair and supply ~~anti snoring devices~~ appliances for the treatment of sleep disorders but only on the prescription of a registered dentist, dental specialist or medical practitioner.

Clinical dental technicians may take impressions and undertake other non invasive procedures involved in the construction of ~~an anti snoring device~~ sleep disorder appliances however only a dentist, dental specialist or medical practitioner, who retains responsibility for the clinical care outcomes, can perform the final fit<sup>3</sup> of the ~~device~~ appliance.

## 6 Working relationship with Clinical Dental Technicians

Health practitioners sourcing clinical dental technology services have a responsibility to ensure that such services are provided by appropriately qualified, skilled and registered persons who hold a current practising certificate.

As such, dentists, dental specialists, and other health practitioners must assess and have confidence in the skills and competence of clinical dental technicians and be familiar with the Scope of Practice for clinical dental technicians.

Health practitioners sourcing clinical dental technology services have a responsibility to ensure their availability to provide timely professional advice, as required, to the clinical dental technician undertaking their clinical dental technology work.

Clinical dental technicians have a duty of care to recognise the need to seek and provide professional advice from/to the prescribing practitioner when required and to do this in a timely manner.

Before taking any impression or fitting any denture or appliance, clinical dental technicians have a responsibility to ensure that the patient's mouth is fit for the purpose, and free of disease, disorder or abnormality.

Apart from the use of tissue conditioners and soft lining materials, a clinical dental technician may not adjust, modify or treat the natural dentition, bone, soft tissue or dental restorations.

**Both the prescribing health practitioner and clinical dental technician have a responsibility to ensure that a patient is informed of all treatment options available.**

## Appendix 1

Revised scopes to be included after finalisation.