

21 February 2019

Dear practitioner

Consultation on the age limit for restorative activities in the oral health therapy scope of practice

The oral health therapy scope of practice was established in November 2016 and came into effect on 1 November 2017.

The Council is now revisiting the restorative treatment age limit of the oral health therapy scope of practice and is proposing to remove the 18-year age limit for restorative activities from the oral health therapy scope of practice.

More detail on the reasons for the proposal and how it is envisaged to work is included in the consultation document.

We invite your feedback

We now seek your feedback on the proposal and the amended oral health therapy scope of practice, prescribed qualifications and competencies. All feedback received will inform the Council's view as it works towards a final decision.

As set out in the Council's guidelines on consultation, we invite comment from all practitioners, professional associations and societies, the Ministry of Health, district health boards, educational institutions, and other organisations with an interest in this area. The consultation document is also [available on our website](#), with a similar invitation to comment.

Submissions are publically available

All submissions received will be published on the Council's website and will remain there as a public record. If you are an individual making a submission, only your name and profession, if you are a registered health practitioner, will be published on the Council's website. All personal contact details will be removed from your submission.

As this is a public consultation, "in confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence. The Council holds the right not to publish any derogatory or inflammatory submissions.

The submission period closes by end of business on **18 April 2019**.

You can email your submissions to consultations@dcnz.org.nz. Alternatively, you can post submissions to Dental Council, PO Box 10-448, Wellington 6143.

I am looking forward to receiving your views on the proposal.

Yours sincerely



Marie Warner, Chief Executive

Consultation on the age limit for restorative activities in the oral health therapy scope of practice

Consultation document issued: 21 February 2019

Submission closing date: 18 April 2019

1. Introduction

The oral health therapy (OHT) scope of practice was established in November 2016 and came into effect on 1 November 2017.

441 oral health graduates transferred to the OHT scope of practice from the dental hygiene and dental therapy scopes of practice on 1 November 2017. As at 1 February 2019, a total of 586 oral health therapists are registered in New Zealand. All future oral health graduates will register in the OHT scope of practice.

When the OHT scope of practice was developed, we consulted with our stakeholders on the question of removing the age limit for the restorative activities contained in this scope. At that time, the undergraduate programmes did not include the level of clinical experience required to ensure oral health graduates were sufficiently competent to perform restorative treatment on patients over 18 years old. Consequently, the OHT scope of practice retained the same patient age limit for restorative activities as the dental therapy scope of practice—being patients up to the age of 18.

Now that the OHT scope of practice is established and OHT is recognised as a profession under the Health Practitioners Competence Assurance Act 2003¹, the Council considers it timely to reconsider the possibility of restorative treatment being provided by oral health therapists on patients 18 years and older.

2. Proposal

Under the Health Practitioners Competence Assurance Act 2003 the Council is required to:

- describe the contents of a profession in a scope/s of practice; and
- prescribe the qualifications required for a scope of practice, and to accredit and monitor these qualifications.²

As part of this function the Council revisits its scopes and prescribed qualifications from time to time and responds to developments in the profession or the prescribed qualifications.

The Council is revisiting the restorative treatment age limit of the OHT scope of practice and is proposing to remove the 18-year age limit for restorative activities from the OHT scope of practice.

The reasons for the proposal are:

International educational benchmarks

Restorative treatment without any patient age restriction can be performed by dental therapists from the United Kingdom³, Netherlands⁴, and increasingly in Australia.

Over the last few years the Council has seen several Australian oral health programmes incorporating restorative treatment for patients of all ages into their undergraduate programmes, with others offering

¹ New Zealand Gazette 2017: 307

² Sections 11-14, and 118 of the Health Practitioners Competence Assurance Act 2003

³ General Dental Council: Scope of Practice <https://www.gdc-uk.org/api/files/Scope%20of%20Practice%20September%202013.pdf>

⁴ A review of the global literature on dental therapists. W.K.Kellogg Foundation, April 2012, p349

postgraduate courses to upskill oral health graduates. Currently, nine such programmes exist in Australia. We envisage this trend will continue in the future.

Both universities offering accredited oral health programmes in New Zealand have indicated to us that they are developing postgraduate programmes that will allow oral health graduates to upskill and provide restorative treatment to patients 18 years and older. One of the New Zealand institutions has indicated it intends to incorporate this aspect into their undergraduate oral health programme in the future.

Removing the age limit on restorative activities from the OHT scope of practice will:

- provide the regulatory framework for New Zealand and overseas programmes to be accredited against the updated OHT scope of practice, allowing oral health therapists who have completed the necessary education to provide restorative treatment to patients of all ages.
- more accurately reflect the education trend of Australian-accredited oral health programmes and the OHT practising environment in Australia. Considering parallel developments in Australia is important to give effect to the provisions in the Trans-Tasman Mutual Recognition Act 1997.

If a New Zealand, Australian or other adult restorative programme is accredited⁵, Council will consult with our stakeholders on gazetting the qualification as a prescribed qualification for the OHT scope of practice.

Inconsistency between dental therapy and OHT scopes of practice

The scope of practice for adult care in dental therapy practice exists, but oral health therapists cannot register in this scope of practice as they are no longer registered in dental therapy⁶. A similar scope does not exist for oral health therapy.

As a result, oral health therapists are unable to perform restorative treatment on adults—even if additional training is completed.

Flexible workforce

The proposal to remove the age limit for restorative activities from the OHT scope of practice could support initiatives to make access to primary oral healthcare easier for a broader group of patients.

The Council acknowledges that improving oral healthcare access and outcomes for the public of New Zealand is complex and requires a multi-faceted approach. Changing the OHT scope of practice is not in itself a solution but it is a positive step towards the overall solution required.

⁵ Section 14(2) of the Health Practitioners Competence Assurance Act 2003

⁶ There is no accredited programme for the adult care in dental therapy practice

3. What does the proposal mean?

Oral health therapists will be able to perform restorative activities on all patients, following appropriate training

The proposal to remove the age limit, will enable oral health therapists who have completed an accredited adult restorative programme to provide restorative treatment on patients 18 years and older **within their OHT scope of practice**.

This means that oral health therapists who have completed the necessary education programme, can provide the restorative activities they are qualified to offer today, but on a broader range of patients that will include those over the age of 18.

The activities they perform must be commensurate with their approved education, training and competence, as defined within their scope of practice.

The activities will be performed under the existing consultative professional relationship between the oral health therapist and the dentist.

All practitioners have a professional and legal obligation to practise within their scope of practice, to seek clinical advice if required, and refer appropriately if treatment falls outside of their scope, competence or experience.⁷

Existing oral health therapy registrants

The education programmes completed by existing oral health therapy registrants have not included the level of clinical exposure to ensure practitioners are competent to perform restorative treatment on patients 18 years and older.

For this reason, we propose that an exclusion be placed on the scope of practice for all current oral health therapy registrants—once they complete an accredited adult restorative programme, that exclusion can be removed.

An example of how an existing oral health therapy registrant's scope of practice will be described and displayed on their registration and practising certificates, and our public register is:

Scope of practice: Oral health therapy
Scope of practice exclusion: Restorative treatment on patients 18 years and older

⁷ Articulated in the scope definition and in the Standards Framework for Oral Health Practitioners.

Please note: The proposal to place an exclusion does NOT change the activities registered oral health therapists are able to perform within their scope of practice today.

- They will continue to be able to perform restorative activities on patients up to 18 years of age as they currently do.
- Once they undertake additional education allowing them to perform restorative activities on patients of all ages, they will be able to apply to have the exclusion on restorative treatment for patients 18 years and older removed from their scope of practice.

Recognition of accredited adult restorative programmes

Programmes accredited by the Council allowing oral health therapists to perform restorative treatment on patients 18 years and older will be gazetted against the OHT scope of practice with an endorsement start date. These programmes will only be recognised for removing the exclusion from that point onwards.⁸

Draft OHT scope of practice, prescribed qualifications and competencies

The proposed changes to the OHT therapy scope of practice, its prescribed qualifications, and the updated competencies are set out in appendices 1 and 2.

Consultation questions

Stakeholders are invited to comment on the proposal and respond to the following questions:

- Q1. Do you agree or disagree with the proposal to remove the 18-year age limit for restorative activities from the OHT scope of practice including:
- accredited, gazetted programmes allowing oral health therapists to perform restorative treatment on patients 18 years and older
 - an exclusion, *Restorative treatment on patients 18 years and older*, being placed on oral health therapists' scopes of practice until they complete an accredited adult restorative programme which will allow them to apply to have the exclusion removed (noting that the activities registered oral health therapists can currently perform within their scope of practice remain unchanged).
- If you disagree, please detail why.
- Q2. Do you have any specific feedback on the proposed amendments to the OHT scope of practice, prescribed qualifications or competencies as set out in appendices 1 & 2?
- Q3. Do you have any further comments on the proposal?

⁸ Applications from practitioners who have completed the programme before its accreditation by the Council will not be accepted.

Scope of practice for oral health therapy

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

Oral health therapy

Scope of practice for oral health therapy

The scope of practice for oral health therapy is the practice of oral health therapy as set out in the documented “Detailed Scope of Practice for Oral Health Therapy” produced and published from time to time by the Dental Council. Oral health therapy is a part of the practice of dentistry.

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice, and commensurate with their approved education, training and competence.

Oral health education, disease prevention and oral health promotion for individuals and communities are core activities, aimed at achieving and maintaining oral health as an integral part of general health.

Oral health therapists practise as part of the dental team, and work collaboratively with other oral health practitioners and health practitioners to provide appropriate and comprehensive care to the benefit of patients' overall health.

Oral health therapists and dentists have a consultative professional relationship. The relationship may be held by the oral health therapist with one dentist or dental specialist, or with a number of dentists/dental specialists. The establishment and maintenance of the consultative professional relationship is required for the practice of oral health therapy.

Practitioners within the consultative professional relationship are jointly responsible and accountable for the standard of decisions and care delivered to patients based on professional advice sought and given. Practitioners may wish to jointly develop a document containing agreed processes to support the consultative professional relationship and ensure advice is readily available when needed, however this is not mandatory.

Areas of oral health practice not included in an oral health therapist's education must not be undertaken unless the practitioner has since completed appropriate further education and practises within the detailed oral health therapy scope of practice and to the standards required by the Council.

Detailed scope of practice for oral health therapy

Practised commensurate with the oral health therapist's approved education, training and competence, oral health therapy involves:

- Obtaining and assessing medical and oral health histories
- Examining oral tissues and recognising abnormalities
- Taking and interpreting intra and extra-oral radiographs
- Taking intra and extra-oral photographs
- Diagnosing dental caries for patients ~~up to age 18~~
- Diagnosing periodontal disease
- Preparing oral health care plans
- Consulting with other health practitioners as appropriate
- Referring as necessary to the appropriate practitioner/agency
- Obtaining informed consent
- Providing oral health education, information and counselling to patients
- Applying and dispensing non-prescription preventive agents
- Applying and dispensing prescription medicines and preventive agents
- Applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- Applying fissure sealants
- Administering topical local anaesthetic
- Administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques
- Removing hard and soft deposits from all tooth surfaces
- **Extracting primary teeth**
- Restorative activities for patients ~~up to age 18~~:
 - Preparing cavities and restoring primary and permanent teeth using direct placement of dental materials
 - ~~○ Extracting primary teeth~~
 - Performing pulpotomies on primary teeth
 - Preparing primary teeth for, and placing, stainless steel crowns
- Recontouring and polishing restorations
- Taking impressions, recording occlusal relationships, and making study models
- Constructing and fitting mouthguards and bleaching trays
- Performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings
- Promoting the oral health of communities by:
 - raising awareness of oral health and its effect on general health and well-being

- designing and implementing oral health promotion projects, and evaluating their effectiveness, in response to the oral health needs of specific communities
- Assisting the dentist or dental specialist in implementing orthodontic treatment plans through performing the following orthodontic procedures:
 - Tracing cephalometric radiographs
 - Fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- Assisting the dentist or dental specialist in implementing orthodontic treatment plans, as directed by the dentist or dental specialist who is responsible for the patient's clinical care outcomes and is on-site at the time, through performing the following orthodontic procedures:
 - Placing separators
 - Sizing and cementing metal bands including loose bands during treatment
 - Preparing teeth for bonding fixed attachments and fixed retainers
 - Indirect bonding of brackets as set up by the dentist or dental specialist
 - Placing archwires when necessary (as formed by the dentist or dental specialist) and replacing ligatures/closing self- ligating brackets
 - Trial fitting removable appliances. This does not include activation
 - 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
 - Fitting passive removable retainers
 - Bonding preformed fixed retainers.

Prescribed qualifications for the scope of practice for oral health therapy

1. University of Otago Bachelor of Oral Health⁹ and a Dental Council New Zealand accredited Adult restorative programme; or
2. Auckland University of Technology Bachelor of Health Science in Oral Health¹⁰ and a Dental Council New Zealand accredited Adult restorative programme; or
3. New Zealand Oral Health Therapist Registration Examination and a Dental Council New Zealand accredited Adult restorative programme; or
4. Dental Board of Australia-approved programmes that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia. For those Australian programmes where the adult restorative treatment is not accredited as part of the undergraduate programme, a Dental Council New Zealand accredited programme is required to remove the Adult restorative treatment exclusion.

⁹ Qualification obtained since 2009 onwards

¹⁰ Qualification obtained since 2008 onwards

Competency standards for oral health therapists

Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice, and commensurate with their approved education, training and competence.

The purpose of this document is to:

- set out the entry level competency standards which applicants for registration as an oral health therapist must meet in order to be registered;
- provide criteria against which an individual's performance in meeting these standards may be measured.

A competent oral health therapist is one who meets the competency standards; applying knowledge, skills, attitudes, communication and judgement to the delivery of appropriate oral health care, in accordance with the scope of practice within which they are registered.

Competency standard	Measure A competent oral health therapist will:
<p>Understand the legal requirements of practising in an oral health workplace</p> <p>Understand and comply with the ethical responsibilities and legislative requirements relating to the safe and competent practice of oral health therapy in New Zealand</p>	<ul style="list-style-type: none"> • Demonstrate familiarity with, and comply with relevant legislation and Dental Council standards
<p>Behave professionally</p>	<ul style="list-style-type: none"> • Understand and apply the ethical principles, professional standards and practice standards that govern their behaviour as oral health professionals • Prioritise the health needs and safe care of patients • Treat patients with dignity and respect at all times • Put the interests of patients ahead of personal, financial or other gain • Respect patients' right to complain and enable them to seek redress
<p>Understand current scientific knowledge related to oral health</p> <p>Understand current biological, physical, cultural, social and psychological factors which influence the attainment and maintenance of oral health</p> <p>Use these factors to inform best practice</p>	<ul style="list-style-type: none"> • Show an understanding of biological, physical, cultural, social and psychological factors in oral health therapy • Use this knowledge in the development and delivery of oral health care for individuals and communities • Communicate this knowledge to patients, parents/carers, and the wider community

<p>Provide culturally competent practice</p> <p>See issues from the perspective of people of other cultures</p> <p>Adhere to the Treaty of Waitangi</p>	<ul style="list-style-type: none"> • Demonstrate awareness of New Zealand's cultural diversity and recognise that culture is not confined to ethnicity • Recognise the unique place Māori hold as tangata whenua in New Zealand and the importance of the Treaty of Waitangi • Honour the Treaty of Waitangi principles of partnership, participation and protection in the delivery and promotion of oral healthcare • Practise in a way which respects each patient's identity • Observe cultural etiquette • Consider cultural perspective in decision-making • Assist patients to receive oral health therapy services which take into account their cultural needs • Treat patients fairly and without discrimination, respecting cultural values, personal disabilities and individual differences
<p>Communicate effectively</p> <p>Communicate effectively with patients, other health professionals and the public on oral health matters</p>	<ul style="list-style-type: none"> • Communicate honestly, factually and without exaggeration <p><i>With patients</i></p> <ul style="list-style-type: none"> • Demonstrate rapport and empathy • Assure patients' dignity • Listen to patients, and respect and consider their preferences and concerns • Explain findings, treatment options and likely outcomes in easily understood language to ensure informed consent • Recognise communication barriers and meet patients' individual communication needs • Adapt information to patients' level of comprehension • Confirm patients' understanding of the information provided <p><i>With other health professionals</i></p> <ul style="list-style-type: none"> • Communicate openly in inter-and intra-professional teams for the enhancement of patient care • Provide written information and copies of records when making a referral, or providing information, to another health practitioner involved in patient care

	<ul style="list-style-type: none"> Behave respectfully in communication to and about colleagues and other health professionals
<p>Promote the oral health of individuals and communities</p> <p>Raise awareness of oral health and its effect on general health and well-being</p>	<ul style="list-style-type: none"> Educate patients at all stages in their life, or patients' family, carers or guardians, about the aetiology and prevention of oral diseases using effective and evidence-based education and communication strategies Promote awareness and understanding of the relationship between oral health and general health Provide 'one on one' counsel and advice to encourage sound health attitudes and practices Communicate importance of issues such as diet, smoking, and oral hygiene on oral and general health Design and implement oral health promotion projects and evaluate their effectiveness, in response to the oral health needs of specific communities Demonstrate a commitment to oral health promotion by working with other health personnel and/or educational staff where appropriate Express a professional view on fluoride, amalgam and other topical public issues related to oral health Facilitate patients' access to services and resources
<p>Obtain patient information</p> <p>Obtain by interview and examination patient information relevant to the delivery of oral health care; record this information logically, legibly; and store securely</p>	<ul style="list-style-type: none"> Record an accurate patient history to inform patient care Perform an extra-oral examination Detect hard and soft tissue abnormalities, e.g. dental erosion, enamel defects, oral ulceration Detect dental caries for patients up to age 18 Detect periodontal disease(s), plaque and calculus Use posterior bitewing and periapical radiographs, and other appropriate tests, to aid in the detection of dental caries and periodontal disease Take intra- and extra-oral photographs Record examination findings, demonstrating that all orofacial tissues have been examined closely Record information on teeth present/missing or restored Ensure records are legible, accurate, up-to-date, complete and relevant

	<ul style="list-style-type: none"> • Store patient records securely to protect patient confidentiality
<p>Analyse patient information and develop an oral health care plan</p> <p>Assess information to identify oral health problems and formulate an evidence based oral health care plan that addresses the aetiology of dental and oral disease, the attainment or maintenance of oral health, priority of management, patient options, anticipated outcomes and the duration of treatment</p>	<ul style="list-style-type: none"> • Assess patient information gathered in the interview and assessment • Recognise significant medical, dental and social history and develop the oral health care plan accordingly • Diagnose dental caries for patients up to age 18 • Diagnose periodontal disease(s) • Evaluate individual patient risk for oral disease(s) • Develop evidence based, prioritised oral health care plans which include individualised strategies for: <ul style="list-style-type: none"> • managing and preventing oral disease and its consequences • promoting the attainment and maintenance of oral health • Consider and discuss management options, including preventive strategies, and anticipated outcomes • Arrange for an appropriate recall/review • Seek advice, or refer, to other practitioners when appropriate
<p>Provide or make provision for oral health care</p> <p>Communicate the requirements of an oral health care plan to patients in order to obtain informed consent; where necessary carry out agreed procedures, and manage any complications.</p>	<p><i>Informed consent:</i></p> <ul style="list-style-type: none"> • Provide patients, parents or carers with full explanations and information to make informed decisions • Allow patients the time they need to make an informed decision • Respect the autonomy and freedom of choice of the patient • Record the adopted oral health care plan, including any treatment declined or deferred by the patient • Record informed consent to the agreed oral health care plan • Ensure informed consent remains valid at all times <p><i>Preventive care:</i></p> <ul style="list-style-type: none"> • Place fissure sealants and preventive coatings according to clinical findings and evidence based practice guidelines

	<ul style="list-style-type: none"> • Apply topical fluorides based on the assessment of the caries risk of the patient, according to clinical findings and evidence based practice guidelines • Apply and dispense non-prescription preventive agents • Construct and fit mouthguards • Recontour and polish restorations • Apply and dispense prescription medicines and preventive agents • Apply and dispense topical agents for treatment of tooth sensitivity and tooth discolouration <p><i>Periodontal management:</i></p> <ul style="list-style-type: none"> • Debride plaque and calculus from supra and subgingival tooth surfaces • Address predisposing factors • Give and record self-care instructions • Place and remove periodontal dressings • Remove sutures • Determine a recall regime • Manage acute periodontal infection by seeking advice and/or patient referral • Refer appropriately <p><i>Restorative intervention:</i></p> <ul style="list-style-type: none"> • Determine the need for restorative intervention • Consider current clinical practice guidelines and scientific evidence in decision-making • Select the appropriate restorative procedure and dental materials • Restore the integrity and function of teeth • Alleviate tooth discomfort and/or pain by restorative intervention or deciduous tooth extraction, as appropriate <p><i>Use of topical and local anaesthetic:</i></p> <ul style="list-style-type: none"> • Identify potential risk factors for local anaesthetic administration and respond appropriately; this may include seeking advice, or patient referral • Administer topical anaesthetic
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	<ul style="list-style-type: none">• Use the correct local anaesthetic solution and technique• Achieve adequate anaesthesia• Understand and manage complications of local anaesthetic <p><i>Radiography:</i></p> <ul style="list-style-type: none">• Use bitewing, periapical and extra-oral radiographs appropriately• Relate radiographs to patient's needs with relevant structures in view• Ensure adequate image quality• Ensure ideal view(s) for diagnosis• Maintain radiation safety for the patient, staff, public and environment• Record radiographic findings <p><i>Clinical Records:</i></p> <ul style="list-style-type: none">• Maintain accurate, time-bound and up-to-date patient records• Store and label extra- and intra-oral photographs, and radiographs, to enable identification• Store and label study models to enable identification <p><i>Orthodontics:</i></p> <ul style="list-style-type: none">• Trace cephalometric radiographs• Place separators• Prepare teeth for bonding of fixed attachments and fixed retainers• Size and cement metal bands, including loose bands during treatment• Trial fit removable appliances and fit passive removable retainers• Remove or replace elastomeric or wire ligatures, and open and close self-ligating brackets• Place and remove archwires• Carry out indirect bonding of brackets• Remove fixed orthodontic attachments and retainers
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	<ul style="list-style-type: none"> • Bond preformed fixed retainers • Remove adhesives • Fabricate retainers <p>Other</p> <ul style="list-style-type: none"> • Take impressions and make study models
<p>Refer and collaborate with the appropriate health professionals</p> <p>Refer for advice and/or treatment where diagnosis and management planning indicates that the patient requires a level of knowledge and/or skills greater than those of the oral health therapist</p>	<ul style="list-style-type: none"> • Understand the importance of a team-based approach to patient care • Establish a collaborative professional relationship with a dentist(s) /dental specialist(s) • Obtain advice from colleagues and other health professionals where necessary • Collaborate with colleagues and other health practitioners, and contribute to teamwork for enhanced patient outcomes • Make appropriate referrals
<p>Assess the effectiveness of oral health strategies</p> <p>Objectively assess both short term and long term outcomes of oral health strategies</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of the prognosis for treatment strategies offered to individuals and to the community at large • Communicate this knowledge to patients, parents and the wider community • Review and assess outcomes of care
<p>Understand scientific methodology</p> <p>Undertake research and/or analyse relevant scientific literature and apply findings to the delivery of appropriate oral health care</p>	<ul style="list-style-type: none"> • Read and critically analyse scientific publications in oral health • Share experiences and case studies of oral health therapy practice with colleagues • Demonstrate understanding of current issues including: <ul style="list-style-type: none"> ○ Recent developments in oral health ○ Evidential base of practice; of new materials and treatment techniques based on research • Use scientific knowledge and practice experience to inform oral health practice
<p>Prevent and control infection</p> <p>Undertake procedures to ensure compliance with Dental Council Infection Prevention and Control practice standard</p>	<ul style="list-style-type: none"> • Treat all patient body fluids as potentially infectious • Practise standard precautions routinely, including appropriate hand hygiene protocols, use of personal protective equipment and safe management of sharps and waste • Define contaminated and uncontaminated zones and control the extent and spread of contamination in and between these zones

	<ul style="list-style-type: none"> • Clean all surfaces and equipment in contaminated zones after each patient treatment • Reprocess all contaminated reusable items appropriately for their intended use • Follow required monitoring and validation protocols for equipment and processes • Maintain infection prevention and control documentation
<p>Maintain a safe work environment</p> <p>Undertake occupational health and safety procedures to ensure compliance with relevant laws and practice standards</p>	<ul style="list-style-type: none"> • Monitor emergency plans and accident/incident protocols • Control identified hazards by using/taking the protective measures supplied/identified • Arrange equipment in the surgery to enable practitioners and patients to be able to move safely within this environment • Check materials for expiry dates and rotate as required • Handle, and dispose of, hazardous and contaminated clinical waste safely • Report all actual and potential incidents
<p>Maintain and develop professional practice</p> <p>Reflect upon, self-assess and develop professional practice by continually monitoring the outcomes of oral health care delivery, and undertaking continuing personal professional development</p>	<ul style="list-style-type: none"> • Show commitment to learning throughout their career • Identify skills, knowledge and attitudes to be developed • Identify learning needs for personal professional development • Implement an active professional development programme • Discuss professional issues with colleagues • Fulfil Dental Council recertification programme requirements