Page 2: Your information

Q1

Your details

Name	**Brooke**
Surname	**Holmes**
City/town	[redacted]
Email	[redacted]

Q2 **dental hygienist**

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3 **Respondent skipped this question**

Name of company/organisation

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

[redacted]

Page 5: Working relationship - proposal 1

Q5 **Disagree**

Retain a ‘working relationship’ as a scope of practice requirement for the dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary professions.

Q6

Please comment below on your support or concern.

When we have to be supervised, it handcuffs what procedures we can and can't provide for the patients. If the patient needs to be numb for NSPT and the dentist decides to leave early it presents significant problems for dental hygienists.....many of us who have been giving LA much longer than our OHT counterparts.

Page 6: Working relationship - proposal 2

Q7

Agree

The current working relationship for dental therapy, dental hygiene and orthodontic auxiliary practice be redefined as a consultative professional relationship, in line with oral heath therapy.

Q8

Please comment below on your support or concern.

I was trained in the USA and went to school for almost 5 years to receive my BSDH degree. This is already how we practice in the States. I think NZ is behind in this regard to most of the rest of the dental world.

Page 7: Working relationship - proposal 3

Q9

Agree

The consultative professional relationship be defined as:The arrangement between an oral health practitioner and dentist to provide professional advice about treating and managing patients, within the oral health practitioner’s scope of practice. It provides a clear and reliable way for the oral health practitioner to seek advice, and a potential pathway for referral.

Q10

Please comment below on your support or concern.

This is how I practiced in the USA for 10 years already. Was shocked that DH's don't have more autonomy in private practice.

Page 8: Working relationship - proposal 4

Q11

Agree

A signed written agreement is no longer be required for dental therapy, dental hygiene or orthodontic auxiliary practice, as it is anticipated that practitioners will reliably meet their responsibilities in the consultative professional relationship, consistent with the position held for oral health therapy. Practitioners may still choose to have a written agreement, or employers may require one.

Q12

Please comment below on your support or concern.

Agree completely.

Page 9: Working relationship - proposal 5

Q13

Agree

Describe the current working relationship for dental technology and clinical dental technology practice as a professional relationship between a technician and other health practitioners, to acknowledge the professionals involved and the oral health practitioners' professional obligations under the standards framework.No changes to the nature of this relationship are proposed, or to the current professional responsibilities of practitioners in this relationship.

Q14

Please comment below on your support or concern.

Makes sense to me.

Page 10: Working relationship - proposal 6

Q15

Agree

Remove the multiple 'working relationship' practice standards from the standards framework for oral health practitioners, and to publish the following two guidance documents to help practitioners understand and meet their professional relationship responsibilities: Guidance for the consultative professional relationship between an oral health therapist, dental therapist, dental hygienist, or orthodontic auxiliary and dentist/dental specialist Guidance for the professional relationship between a dental technician or clinical dental technician and other health practitioners

Q16

Please comment below on your support or concern.

Please read previous comments. Agree with the above.

Page 11: Practising conditions for dental hygiene activities - proposal 7

Q17

Agree

All activities in the dental hygiene scope of practice be performed within a consultative professional relationship without the need for clinical guidance or direct clinical supervision for the administration of local anaesthetic and application of prescription preventive agents. Direct clinical supervision will remain for dental hygienists undertaking orthodontic activities currently specified as being performed under direct clinical supervision.
The specific requirements for the dentist to: implement the orthodontic treatment plan; be responsible for the patient's clinical care outcomes; and be on-site at the time of the orthodontic activities being performed, to be included in the relevant scope activity description.

Q18

Please comment below on your support or concern.

I am a periodontal dental hygienist. I use LA a lot for quad scaling and treating gum disease. Most of us DH's have been giving LA longer and have more experience than OHT's. It makes no sense in a clinical dental hygiene setting where the OHT is acting as hygienist that she can give LA and not a DH with more experience simply because the dentist steps out of the office. It causes disruption and ultimately makes the hygienist look un or less qualified when in fact they are not. The rule should be the same for both DH and OHT when doing the same job.

Page 12: Practising conditions for dental hygiene activities - proposal 8

Q19

Agree

The clinical guidance and direct clinical supervision definitions to be removed from the hygiene scope of practice.

Q20

Please comment below on your support or concern.

100% agree. We are educated, autonomous providers and should not be handcuffed by clinical supervision in regards to patient care.

Page 13: Practising conditions for dental hygiene activities - proposal 9

Q21

Agree

Update the Medical Emergencies practice standard to require dental hygienists to have access to and obtain the necessary training to safely administer adrenaline (1:1000) to manage an anaphylactic event (with an implementation period of a year to allow for training to occur).

Q22

Please comment below on your support or concern.

Sure. Any extra training would be necessary to keep patients safe. Especially is clinical supervision is removed.

Page 14: Practising conditions for dental hygiene activities - proposal 10

Q23

Agree

Update the dental hygiene scope of practice with the following activity being performed within a consultative professional relationship: obtaining and reassessing medical and dental oral health histories

Q24

Please comment below on your support or concern.

I already did this in the USA. Again was shocked DH's have less autonomy here.

Page 15: Practising conditions for dental hygiene activities - proposal 11

Q25

Agree

To not replicate the guidance (‘should statements’) in the current dental hygiene working relationship relating to a patient’s initial assessment into the new consultative professional relationship guidance document.The new consultative professional relationship guidance document contains the following guidance: Identify any specific circumstances where you expect the oral health practitioner will ask for professional advice or assistance, for example: The interpretation of significant or complex medical histories and their potential influence when providing oral health care, including when planning to administer local anaesthetic.

Q26

Respondent skipped this question

Please comment below on your support or concern.

Page 16: Minor scope changes for orthodontic auxiliary practice for consistency across activities

Q27

Make minor wording changes to the orthodontic auxiliary scope of practice to align the description of the same activities across the relevant scopes of practice.

Agree

Q28

Please comment below on your support or concern.

Makes sense

Page 17: General

Q29

Are there any further comments you would like to made on the proposals?

Yes

Q30

Please comment below

DH's need to be able to provide care without clinical supervision. As more practices have multiple dentists that move and shift offices each day so do hygienists need the freedom to give LA when needed with or without a dentist on site. If OHT's can provide this in the same job setting, then DH's should be able to as well.