



Page 2: Your information

Q1

Your details

Name	Donna
Surname	Bartholomew
City/town	[REDACTED]
Email	[REDACTED]

Q2 dental therapist

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 Agree

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.

Working for a DHB I feel it is important to have a dentist working relationship to support and guide policy and protocols under a DHB We had no Clinical Director for some time until Covid when we managed to get a secondment We wait for a permanent placement - a voice for dental staff in the DHB as psychological safety is low NZDC regulations need to be abided Staff get in the cross fire of supporting policy under our registration to being pushed by the DHB management driving productivity which we have seen lead to unsafe practices There definitely needs to be support for staff in a DHB

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 health therapy.

Q8

Please comment below on your support or concern.

I think in both private and public this will work In a DHB there needs to be a Clinical director role filled by a dentist who has clinical and public health expertise

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.

Therapists first port of call with treatment within their scope of practice should be a peer. If the treatment leans towards referral then seeking further advice from a collegial dentist is best

Page 8: Working relationship - proposal 4

Q11

Disagree

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.

I believe working for a DHB you should have a written agreement with a dentist which provides support for your practice under DHB policies and regulations. OHT or any other registered profession working for dentists are independent clinicians who should not require an agreement

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.

No comment

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.

there is concern with the level of training/experience the recent OHT graduates are entering the field with. Guidance is acceptable but there needs to be clarification on the expectation of guidance and where responsibility lies

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.

No comment

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.

No comment

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.

Prioritise

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.

no comment

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

Please comment below on your support or concern.

Example shows clarity of expectation

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

Q27

Disagree

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.

Q28

Please comment below on your support or concern.

I am not an ortho auxiliary but I would expect they would operate under the direction of the orthodontist

Page 17: General

Q29

Yes

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

Q30

Please comment below

To reiterate safe practice for new grads who have had limited cavity treatment experience - Where their responsibility lies, where the responsibility of the mentor supporting them lies with regards to following NZDC clinical practices especially when working in a DHB I strongly believe the leadership support of a dentist in the DHB setting is paramount
