



Page 2: Your information

Q1

Your details

Name	Susan
Surname	Moffat
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

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.

It is not necessary to retain a 'working relationship' as a scope of practice requirement for the dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary professions. These professions are registered in their own right under the HPCA Act and should be regulated in the same way as other health professions, particularly other oral health professions. OHTs, DTs, DHs and OAs have a responsibility under regulation to practise ethically and professionally and can do so in a team situation without having a 'working relationship' written into their scope of practice.

Page 6: Working relationship - proposal 2

Q7

Disagree

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.

Please see previous comments. DTs, DHs, OAs and OHTs already work in a team situation and seek advice, prescriptions, refer as necessary. Much time, effort, and money has been spent on implementing the DCNZ Standards Framework and the Recertification programme and these should be the mechanism by which the DCNZ ensures effective relationships between practitioners and the health and safety of the public.

Page 7: Working relationship - proposal 3

Q9

Disagree

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.

See previous comment - the consultative arrangement already occurs in practice and is supported by the Standards Framework and the recertification programme (including the requirement for a professional peer). It does not need to be written into the scope of practice. The place to define relationships between providers is at the Standards Framework level, not the scope of 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.

A signed written agreement is rarely referred to by practitioners. Oral health practitioners are able to work in a team situation and collaborate as necessary with dentists, without the need for a written agreement. Each oral health practitioner and dentist can define their own working relationship.

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

Respondent skipped this question

Please comment below on your support or concern.

Page 10: Working relationship - proposal 6

Q15

Disagree

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.

These are not necessary. The Standards Framework and define the standards by which all practitioner should practise, some of which relate directly to collaboration and teamwork for oral health professionals. The new recertification programme ensures practitioners will have a professional peer from whom to seek advice and discuss practice.

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.

DHs should have the same practising conditions as other practitioners. While the relationship should be consultative, DHs are able to have a consultative relationship with a dentist without having it written into their scope of practice.

Unfortunately, the way this question has been set up does not give the option of independent practice supported by a Standards Framework, the same as most other practitioners regulated under the HPCA Act.

The current situation where DHs have different practising conditions within one scope of practice is not necessary and is most likely difficult to manage in day-to-day practice, to the extent that they cannot practise if a dentist is not on-site for some procedures. This also has the effect of limiting access for patients.

Direct supervision is still appropriate for orthodontic activities.

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.

See comments in previous question

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

Respondent skipped this question

Please comment below on your support or concern.

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.

Yes, this should be performed within the usual consultative relationship but it is not necessary to have a consultative relationship written into a scope of practice. This would work within the usual dental team arrangements.

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

Consultation on proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities

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

Agree

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

Respondent skipped this question

Please comment below on your support or concern.

Page 17: General

Q29

Yes

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

Q30

Please comment below

The way the online submission questions have been written is leading. Only two options are given - either retain the written professional agreement or move to a consultative relationship written into the scopes of practice. The consultation document discussed the fact that other OHPs, such as those in Australia, practise within a team environment (without a structured professional agreement) and are all regulated with the same practising conditions. Unfortunately, that option is not given in this questionnaire which gives those answering the impression that there are only two options when, in fact, there is a third valid option. As a result some questions are also difficult to answer, particularly when respondents are forced to choose between 'agree' and 'disagree' to continue the questionnaire.

In order not to be biased towards a particular option (or the DCNZ's preferred option), the questionnaire should have included a third option where respondents could be asked whether the written agreement or the consultative relationship written into the scope are necessary (with other suitable questions framed around that option, similar to the other options).
