

Q6

Please comment below on your support or concern.

These proposed changes raise a few concerns:

- Patient Safety: While these changes may work for many who will maintain professional relationships, our concern is for the few who will not. An informal/ verbal agreement (no signed document) is prone to assumptions, from both parties, which can be detrimental to patient outcomes and safety.
- Scope of Practice: Further, there is an array of training across the hygiene scope, with some trained to provide local anaesthetic, take radiographs (intra and extra-oral) and others not. How can a hygienist independently diagnose and treat periodontal disease if they cannot independently take radiographs?
- Interdisciplinary Care: Removing the legislated requirements for working relationships seems to go against the principles of peer meetings and interdisciplinary working relationships.
- Treatment Planning & Patient Management: Medical histories of patients are becoming more and more complex. Drug régimes are more complicated than ever before. Dentists should be the first to examine a new patient, developing a holistic treatment plan with insight into the complexities of a patients' medical history. The hygiene scope does not support best practice with regards to diagnosing medical conditions and poly-pharmacy.

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 heath therapy.

Q8

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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 answers

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.

See previous answers

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

Respondent skipped this question

Q16

Please comment below on your support or concern.

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

Q17 Disagree

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

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

Q19 Disagree

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

Q20 Respondent skipped this question

Please comment below on your support or concern.

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 Disagree

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

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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 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 NZDA as a representative of their membership of dentists should be able to give submissions on the behalf of all their members - without the need for individual dentists to make submissions.