

Marie Warner
Chief Executive
Dental Council

Via email: consultations@dcnz.org.nz

Dear Marie,

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

Thank you for the opportunity to provide feedback on the Dental Council's consultation document on the above.

Please find responses under the category of educational institutions to the consultation as below.

Do you agree/disagree with the following proposals? Please detail why.

Working relationship

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

Agree. This will formalise the working relationship. Dental therapists, dental hygienists and orthodontic auxiliaries know their scope of practice and are able to practice safely keeping in mind that if support is needed, a dentist or another oral health professional could be consulted for advice and referred to.

2. 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.

Agree, that the working relationship for dental therapy, dental hygiene and orthodontic auxiliaries should be redefined to become a non-written agreement between these practitioners and dentists. All oral health practitioners have the responsibility to know their scope of practice and should be able to professionally seek advice if needed.

3.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.

Agree, appropriate definition.

4.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.

Partially agree with this. This written agreement has not guaranteed that oral health practitioners work within their scope of practice. On the other hand, a definitive signed agreement would eliminate the confusion of practitioners/employers choosing to have a written agreement or not. The practices can maintain the currency of registration of practitioners by having these documents and renewing them regularly.

5.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.

Agree

6.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.

Agree with this. No longer needed to have multiple layers of definitions of working relationship for oral health practitioners in the standard framework. This makes it more structured.

Consultation questions(continued)

Practising conditions for dental hygiene activities

7.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 term 'direct clinical supervision' be replaced with a description of the requirements; to be included in the scope of practice wording that prefaces the relevant orthodontic activities (for consistency with the oral health therapy scope of practice).

Agree with the consultative professional relationship without the clinical guidance and or direct clinical supervision for the administration of local anaesthetics and application of prescription preventive agents. This comes under the understanding that dental hygienists know and understand their scope of practice as any other oral health professional.

Agree with keeping the term direct clinical supervision for dental hygienists undertaking orthodontic activities.

Inclusion of the requirements in the scope of practice with regards to the relevant orthodontic activities is a must so that the employer cannot exploit the work done by dental hygienists.

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

Agree

9.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).

Agree with this

10.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

Agree with this

11. 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.*

[Agree with this.](#)

Minor scope changes for orthodontic auxiliary practice for consistency across activities

12. 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 with this.](#)

General

13. Any further comments not yet made?

[None](#)

Thanks, and best regards

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