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From: Nick Cole [redacted]
Sent: Friday, 18 December 2020 3:06 PM
To: Consultations
Subject: Consultation on the proposed changes to the working relationship requirements.

Please accept my submission relating to this consultation document dated 30 October 2020

Dr Andrew Gray,
Chairman DCNZ.

I write this submission as a periodontist in specialist practice in Auckland and also as president of ANZAP (Australian and New Zealand Academy of Periodontists).

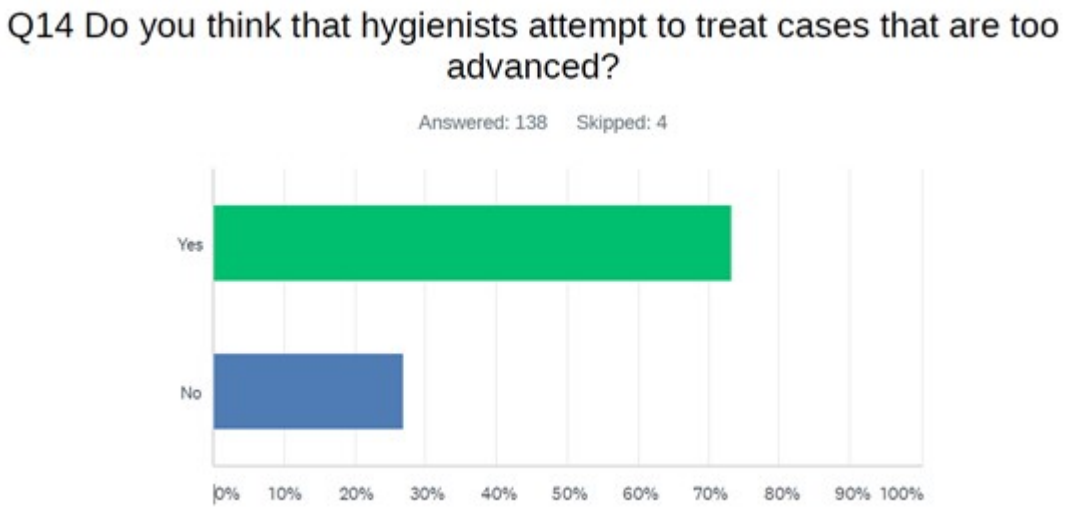
My comments will be substantially limited to proposed changes to the working relationship requirements for dental hygienists with dentists (and periodontists) and their (hygienists) practising conditions. I will comment however regarding question 5 which relates to the professional relationship between a clinical dental technician and other health practitioners.

The main premise of the discussion document revolves around the nature of the professional relationship and whether this relationship should continue to be formally documented or some new relationship adopted which would be informal with assumed adequate consultation between groups. There is reference to a ”consultative professional relationship’ . Would this continue, when appropriately implemented, continue to protect the public. This assumes that each class of practitioner, whether dental hygienist, general dentist or specialist, works within their scope of practice to

adequately diagnose the patients dental status,
provide information allowing the patient to make an informed decision as to the level of care they choose to have
and within their competency, provide that care.

The question, is there a hierarchal education and qualification structure within the dentistry, the answer yes. Where patient needs vary, the need for consultation and coordinated care between workforce groups is vital. Hygienists are not trained to a level where they can definitively diagnose periodontal disease nor formulate an integrated treatment plan. Only dentists and periodontists are trained to diagnose and consider the need for integrated care which includes other disciplines within dentistry. Does this then support independent practice by hygienists and an informal relationship. In Auckland there are several dental hygienists who work in independent sole practice. Whether this is an appropriate environment to provide good clinical care has not been questioned or answered. A move however to remove the existing formal relationship and clinical guidance would further validate this type of (hygienist) practice.

ANZAP recently conducted a survey of member periodontists in both Australia and New Zealand. There was one question pertinent to this discussion document, *do you think hygienist attempt to treat cases that are too advanced?.* The response to this question identifies concern regarding whether hygienists work consistently within their scope. It also raises the question as to whether formal checks and balances, a formal relationship, is required to ensure public safety.



The option to remove the existing formal relationship stands to create opportunity to lessen the quality of patient care and treatment outcomes.

To answer the consultation questions on page 18 of the document dated 30 October 2020.

1. I believe that it is very important to retain a 'working relationship' as a scope of practice requirement for dental hygienists.
2. I have significant concerns regarding patient safety and appropriateness of care if a *consultative professional relationship* was established for dental hygienists**. I would not support its introduction.**
3. I have answered regarding a consultative relationship in item 2 above.
    a. I would challenge the statement *it provides a clear and reliable way for a dental hygienist to seek advice*. This already exists where there is a signed agreement, the proposed would make no difference and I cannot see how it might change and enhance the relationship between hygienists and other oral health providers..
    b. The reference *to a potential pathway for referral* is confusing – if this means between a hygienist and dentist then the formality of this new process is unwieldy and potentially compromises patient care. A formal relationship with clinical oversight by a dentist offers better patient safety.
4. It is my opinion that a signed agreement is required.
5. I have concerns regarding clinical dental technicians being involved in the manufacturing and provision of implant supported overdentures. I have seen patients who have received sub-optimal outcomes where a surgeon has placed the implants and there is no subsequent clinical input by either a dentist or prosthodontist. On this basis I would suggest there needs to be an audit and review of clinical dental technicians who provide this service to patients, to establish whether this is appropriate within their scope of practice.
6. As these guidance documents relate to a 'consultative professional relationship', I do not support their introduction.
7. I do not support a change to the present formal relationship. Having said that I am happy within my practice, for my hygienists to administer local anaesthesia and apply prescription prevention agents without direct clinical supervision, however clinical guidance. At all times when hygienists are working there is a dentist/dental specialist on the premises if complications or a medical emergency arises.
8. No, I do not agree with these definitions being removed.
9. This question would need to be answered by the qualifying authorities (University of Otago and AUT), as to whether this is appropriate. There is no comment within the supporting documentation regarding this.
10. I question a hygienist's ability, within the scope of their training, to adequately assess a patient's medical and oral health history. This particularly for hygienists as a workforce group (compared with therapists), where hygienists treat older age groups where patients have more complex presenting conditions. On this

basis I would not support any change to the present arrangement and continue to require that a dentist be the first team member to examine any new patient.

a. Where is the evidence that this requirement no longer reflects present-day dental hygiene practice in New Zealand? I would suggest anecdotal in nature.

Yours sincerely,

Nicholas Cole
Periodontist, and President ANZAP