Page 2: Your information

Q1

Your details

Name	**New Zealand Dental Hygienists Association**
Surname	**NZDHA**
City/town	**New Plymouth**
Email	**President@nzdha.co.nz**

Q2

Your submission is in the capacity as

other (please specify):
Association

Page 3: Name of company/organisation

Q3

Name of company/organisation

Respondent skipped this question

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

DH440

Page 5: Working relationship - proposal 1

Q5

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

Disagree

Q6

Please comment below on your support or concern.

As a professional responsible for our own APC and CPD we feel the need to retain a working relationship with a dentist is out of date and irrelevant.

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

Please comment below on your support or concern.

According to the Dental Council of New Zealand's Standards Framework Professional Standard 21 "You must collaborate with colleagues and other health practitioners, and contribute to teamwork for enhanced patient outcomes", the guidance eon this professional standard states we must work effectively with our colleagues to provide food care to patients, while also respecting the contribution of all team members involved in patients' care. Since all oral health practitioners must abide by these practice standards, and this is already occurring as we must attest to abiding by the Standards Framework when applying for our Annual Practicing Certificate, we disagree having 'working relationship' being retained as a scope of practice requirement for dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary professions. It is our view that by having 'working relationship' as a scope of practice requirement adds to excessive policy levels and offers no added benefits to practitioners and 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.

– Working within a dental team ensures best care for patients while ensuring safe and quality delivery of oral health care. The requirement for a consultative working relationship puts unnecessary restrictions on dental therapists, dental hygienists, oral health therapists and orthodontic auxiliaries, while 13 of the 28 Dental Council professional standards sets out the standard for all dental practitioners to already be working as a team. No dental practitioner, including dentists, should ever be working independently and in isolation. All dental practitioners know how and who to seek advice and to refer patients when the patients' needs are outside of their scope of practice and expertise. We believe if Council still feel it necessary to have a consultative relationship for dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary scopes of practice, there should also be one for dentists and dental specialists as well as dental (including clinical) technicians. We are also aware that no other health profession in Aotearoa are required to have a consultative relationship with other health professionals specifically written into their scope of practice.

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.

Disagree. We feel this question is leading and gives the option of either having a written professional agreement or a consultative professional relationship requirement of scope of practice. Where it is our view neither of those two options are a scope of practice requirement. We believe the DCNZ's Standards Framework and the Recertification programme are vigorous ways of ensuring safe, efficient and successful working relationships between oral health professionals.

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.

. Not having a signed written agreement will for dental hygiene, dental therapy and orthodontic auxiliary scopes of practice will bring it into line with the oral health therapy position. Professional Standards 19-22 requires all oral health practitioners to collaborate with colleagues on regardless

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.

We feel all oral health practitioners should be guided by the same terminology and not be separated out depending on scope of practice. Using the same terminology will ensure consistency and safety to the public, without the need of being bogged down with differing regulations depending on scope of 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.

Agree in principle. We agree to removing the 'Working relationship' practice standards from the standards framework for oral health practitioners and agree to a reminder of the practice standards for all oral health practitioners professional relationship responsibilities according to the Standards Framework (not a consultative professional relationship – see points above for explanation).

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.

Dental hygienists who do not have the local anaesthetic exclusion on their scope of practice have had similar (if not, the exact same) training as oral health therapists and dental therapists and therefore we believe should not be practicing local anaesthetic under direct clinical supervision. Removing this direct clinical supervision will bring it into line with the oral health therapy scope of practice and oral health therapists need to not have direct clinical supervision while administering local anaesthetic and application of preventive agents. We believe dental hygienists are already working within a collaborative dental team and collaborate on effective patient care, including patients with complicated medical histories. We would argue dental hygienists, dental therapists, oral health therapists and orthodontic auxiliaries are more aware of their scope of practice, and their limitations, compared to dentists.

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.

Same comment as question 18

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.

Dental hygienists require the same medical emergency training as oral health therapists and dental therapists. There is no way of predicting a medical emergency in the dental setting and that is why all oral health professionals recertify themselves every two years. We are aware all first aid kits on site must have adrenaline regardless and therefore do not see access as an issue.

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.

Same comment as question 21

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

Please comment below on your support or concern.

Agree to not replicate guidance ('should statements') and agree to providing guidance to all oral health practitioners (including dentists) on the practice standards in relation to working collaboratively as a team for the benefit of the patient and their care

Page 17: General

Q29

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

No

Q30

Please comment below

Respondent skipped this question