

26 July 2021

Dear practitioner,

[Consultation on proposed updates to professional competencies and changes to related scopes of practice for oral health professions \(excluding the dental specialist scopes of practice and competencies\)](#)

Oral health practitioners in Aotearoa New Zealand can only practise in the scope(s) of practice in which they are registered. To register in that scope of practice they are expected to meet the related professional competencies. Once registered, competence must be maintained throughout their professional career in the areas they practise in.

The Council defines competence as the knowledge, skills, attitudes, and behaviours (competencies) an oral health practitioner must have to practise safely, competently, and professionally in their scope of practice.

The Council has reviewed the competencies and related scopes of practice for the following professions:

- dentists (excluding dental specialists)
- oral health therapists
- dental therapists
- dental hygienists
- orthodontic auxiliaries
- clinical dental technicians
- dental technicians.

The review was undertaken to ensure the professional competencies and related scopes of practice remain up to date, fit for purpose, reflect contemporary practice and enable oral health practitioners to meet the oral health needs of Aotearoa New Zealand.

The Council also recognises its role to give effect to Te Tiriti o Waitangi/Treaty of Waitangi within the health sector to improve Māori health outcomes, as demonstrated in the Ministry of Health's [Whakamaua: Māori Health Action Plan 2020-2025](#).

Within this context, the Council proposes to:

- update the professional competencies that prescribe the knowledge, skills, attitudes, and behaviours an oral health practitioner must have to practise safely, competently, and professionally in their scope of practice
- gazette the updated professional competencies which means they will have the same legal standing as the scopes of practice
- streamline each scope of practice by retaining only the scope definitions and removing the detailed activities currently listed in each scope – the updated professional competencies will replace the detailed list of activities from the scopes.

The most significant proposed change to the professional competencies relates to the shift from practitioners being 'culturally competent' to 'culturally safe' - as determined by the patient, their whānau, hapū or iwi.

New domains, namely the *Kaiakatanga ahurea/Cultural competence* domain (effective until 31 December 2022) and the *Haumarutanga ahurea/Cultural safety* domain (effective from 1 January 2023) are proposed to give effect to the approach set out above. The Council's cultural safety work will specifically focus on Māori during this phase, to fulfil our Te Tiriti o Waitangi obligations and to protect tangata whenua. Focus will then

shift, aligned with the government's strategic focus, to other vulnerable groups such as Pacific peoples, disabled people, people living in rural communities or with socioeconomic disadvantage<sup>1</sup>.

Other key changes include expansion of the professionalism and communication domains - with clear links to the professional standards in the Council's [Standards framework for oral health practitioners](#).

The Council is now inviting feedback on the proposals detailed in the enclosed consultation document.

The proposed updated competencies for each scope of practice (excluding dental specialists) and draft gazette notices to effect the suggested changes to the related scopes of practice, are included as appendices to the consultation document.

### Have your say

The consultation process provides practitioners, Māori patients and their whānau, and other interested parties (including professional associations and societies, the Ministry of Health, district health boards and educational institutions) with an opportunity to make submissions.

During the consultation period to further support submissions, we will hold two ZOOM calls where participants can ask questions about the proposed new competencies and how they may impact on practitioners and their practice.

To register and submit a question/s that you may have, please click on the link below:

- [Monday, 16 August 2021](#): 6:30pm
- [Tuesday, 17 August 2021](#): 6:30pm

We welcome and value all feedback, but multiple, identical submissions do not carry any more weight than a single submission. All feedback we receive will be considered and will inform our final decision.

Please ensure you include answers to the consultation questions outlined on page 10 of the consultation document when you respond. The consultation document is also available on our website inviting feedback from any other interested party or member of the public.

### Submissions

Your submissions must reach us by **17 September 2021**.

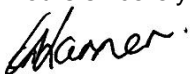
You can submit your responses using our [online survey](#) or emailing [consultations@dcnz.org.nz](mailto:consultations@dcnz.org.nz).

Submissions received will be published on our website and will record the submitter's name and profession (for registered oral health practitioners). All other contact details will be removed. We will not publish any submissions containing derogatory or inflammatory content.

As this is a public consultation process, "In confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence.

If you have any questions about this consultation, you can contact us by [email](#) or phone 04 499 4820. I look forward to receiving your views on the proposals.

Yours sincerely



Marie Warner, Chief Executive

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<sup>1</sup> <https://dpmc.govt.nz/sites/default/files/2021-03/cabinet-material-health-disability-system-review-mar21.pdf> and <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>

## Consultation document

# Proposed updates to professional competencies and changes to related scopes of practice for oral health professions (excluding the dental specialist scopes of practice and competencies)

Issued: 26 July 2021

Submission closing date: 17 September 2021

## Introduction

Oral health practitioners in Aotearoa New Zealand:

- can only practise within the scope(s) of practice they are registered in
- are expected to meet the defined professional competencies for their scope of practice to register, and after registration, to maintain their competence throughout their professional career in the areas they practise in
- must meet the Council's professional standards and practice standards, and adhere to the Ethical Principles set out in the Council's [Standards framework for oral health practitioners](#) (the standards framework).

The Council has reviewed the professional competencies and related scopes of practice for dentists, oral health therapists, dental therapists, dental hygienists, orthodontic auxiliaries, clinical dental technicians and dental technicians.

The Council did not include the professional competencies for dental specialists as part of the review as these were jointly established by the Dental Council New Zealand and the Dental Board of Australia in 2016. The dental specialist competencies will be revisited in the future.

The main objective of the review was to ensure the professional competencies and related scopes of practice remain up to date, fit for purpose, reflect contemporary practice and enable oral health practitioners to meet the oral health needs of Aotearoa New Zealand.

A secondary objective was to ensure that the professional standards of the standards framework are strongly represented in the professional competencies.

To meet its objectives the Council proposes to update the professional competencies and make changes to the related scopes of practice.

## Proposals

**Please note: these proposals do not relate to professional competencies and scopes of practice for dental specialists.**

### Proposed updates to the professional competencies

The following are the most significant proposed updates to the professional competencies:

1. **Cultural competence and cultural safety**, with the introduction of a:
  - *Kaiakatanga ahurea/Cultural competence* domain (effective until 31 December 2022)
  - *Haumarutanga ahurea/Cultural safety* domain which includes understanding of TeTiriti o Waitangi/Treaty of Waitangi, and its application to practice in Aotearoa New Zealand<sup>2</sup> (effective from 1 January 2023).

This reflects a shift in outcome from practitioners being 'culturally competent' to 'culturally safe' - as determined by the patient, their whānau, hapū or iwi.

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<sup>2</sup> Further details on the concept of cultural safety are available in the glossary of each proposed competency document.

The proposed cultural safety competencies have been developed with input from Te Aō Marama, a Māori member on the Council's accreditation committee, and its Kaitohutohu Māori/Māori cultural advisor. The Council acknowledges and thank these organisations and individuals for their valuable input.

Cultural safety extends beyond a practitioner's cultural competence.

It requires the practitioner to examine themselves and the potential impact of their own culture on clinical interactions and the care they provide.

It is the person and/or their community, whānau or hapū receiving the care who determine what culturally safe care means for them.

The Council proposes that the competencies related to *cultural competence*, as detailed in domain 3(a) of the proposed competencies, be in place for two years after the updated professional competencies have been finalised. The competencies related to cultural competence are aligned with the Council's existing practice standards and education provided by the New Zealand accredited programmes.

After two years, it is proposed that a newly proposed *Haumarutanga ahurea - Cultural safety* domain 3(b) will replace the competencies related to cultural competence and describe the competencies expected of oral health practitioners.

The proposed competencies in the *Cultural safety* domain 3(b) signal the changes within the health sector, as demonstrated in the Ministry of Health's [Whakamaua: Māori Health Action Plan 2020-2025](#), and similar approaches by other New Zealand health regulators.

The Council considers that culturally safe approaches to oral health care will contribute to improving Māori health outcomes and benefit all New Zealanders.

A staged implementation will allow time for:

- practitioners to self-reflect, undertake professional development and engage with other practitioners, their patients, hāpori/community, whānau, hapū and iwi as required – to understand and attain the cultural safety competencies, and introduce these into their practice
- the New Zealand accredited programmes to ensure their curriculum and student experiences can provide students the opportunity to attain these competencies
- the Council, with its Māori partners, to review and update the cultural practice standards, and consult with oral health practitioners and other stakeholders.

The Council will support practitioners with guidance and reading material, suggested education or courses, and other resources over this two-year period.

More details and information about the Council's approach to strengthen the competencies related to cultural safety are set out in the section headed "Cultural safety and Te Tiriti o Waitangi/Treaty of Waitangi" on page 7.

2. **Expanding the professionalism and communication domains** in the proposed updated professional competencies to emphasise the professional standards set out in the [standards framework](#). This reinforces the importance of practitioners' professional obligations in these areas and ensures new graduates meet these expectations.
3. The proposed updated competencies deliberately reflect **a patient-centric approach**. They are also **outcomes-focussed**.

4. A number of the **updated competency domains are common** across the various draft competency documents - including professionalism, communication, cultural competence and cultural safety.
5. The competencies related to scientific and clinical knowledge, and patient care, are not detailed in nature but cover the **key outcomes expected in each area**. The level and extent of detail needed to achieve these competencies will be contained in the curriculums – as considered appropriate by the educational provider to enable students to gain the necessary knowledge, skills, and experience.

It is **the role of accreditation and external peer review processes** to ensure the curriculum supports attainment of these competencies and reflects contemporary practice.

6. While many of the clinical competencies are described in the same way in the various draft competency documents, **practitioners must practise in accordance with their approved education, training, experience and competence**.

The proposed updated professional competencies for each scope of practice are set out in [Appendices 1 - 7](#).

### Changes proposed to the scopes of practice

The Council proposes to **streamline each scope of practice by retaining only the scope definition and removing the detailed activities** currently listed in each gazetted scope of practice.

This means all detailed information about the knowledge, skills, attitudes, and behaviours an oral health practitioner must have to practise safely, competently, and professionally in their scope of practice are defined in the professional competencies, rather than being included in the scope of practice.

The **updated professional competencies will be gazetted** with the scopes and will have the same legal standing as the gazetted scopes of practice.

Removing the detailed scope activities and gazetting the professional competencies will ensure that there are no inconsistencies between the professional competencies and the related scope of practice.

The proposed changes to each scope of practice are detailed in [Appendices 10 - 16](#).

### Review steps

As part of its review process, the Council:

- reviewed comparable international jurisdictions' competencies to explore different approaches used in defining professional competencies, and to identify any major differences or gaps
- investigated suitability of using the dental specialist competencies' structure and domains, and explored the possibility of adopting some common areas (such as professionalism and communication) for the professional competencies
- considered other users of the professional competencies, and how best to structure and present them to increase usability in other Council regulatory business
- mapped against the New Zealand accredited programme curriculums, and engaged with the programme leads to ensure:
  - all substantive areas were included

- the professional competencies remained fit for purpose to help with their curriculum development, and to assess whether their accredited programmes continue to meet accreditation obligations

This step included engaging with two University of Otago Faculty of Dentistry staff members involved in cultural education, on the competencies related to cultural competence

- tested the professional competencies with the New Zealand accreditation committee to ensure they meet the educational standards expected of new graduates and continue to be workable for accreditation purposes
- tested the cultural safety competencies with Te Aō Marama – New Zealand Māori Dental Association.

## How does the Council use professional competencies?

The professional competencies describe the minimum expectations of a new graduate and registered practitioners practising in Aotearoa New Zealand. The Council refers to these in carrying out its key functions, for example:

- as a benchmark for accrediting education programmes for oral health practitioners
- to assess international graduates for practise in Aotearoa New Zealand
- in case of a competence concern, to support the assessment of whether the oral health practitioner meets minimum competencies
- where competence deficiencies are confirmed, use them as the minimum standard an oral health practitioner must attain to reach competence again in those areas deemed insufficient.

The Council expects practitioners to maintain and enhance their professional knowledge and skills for application in their scope of practice, through ongoing learning and professional development.

Some practitioners may choose to limit their individual practice to certain clinical areas in their scope of practice. This may be where practitioners were educated in these areas but did not maintain competence and currency, or areas of new development since graduation where competence was not attained through further learning and experience.

It is essential that practitioners critically reflect on their competence throughout their professional career to support their ongoing learning or identify their own limitations and how that impacts on their practice. Patient care in those areas where competence has not been maintained, must be referred to another suitable practitioner.

## Cultural safety and Te Tiriti o Waitangi/Treaty of Waitangi

The Council is seeking to improve Māori oral health outcomes underpinned by Te Tiriti o Waitangi/Treaty of Waitangi. This is not a new approach and is consistent with government's policy in relation to hauora Māori / Māori health and the Ministry of Health's [Whakamaua: Māori Health Action Plan 2020-2025](#), which has an equity focus.

Recognition of the health sector's role to give effect to Te Tiriti o Waitangi/Treaty of Waitangi is further demonstrated by the government's recently announced health reforms which include a new Māori Health Authority.

Oral health practitioners' competence relating to Māori oral health care must be informed by Te Ao Māori, Tikanga Māori and Te Reo Māori to achieve Pae Ora – healthy futures for whānau, hapū and iwi.

Other drivers influencing health sector changes include:

- [Section 118\(i\) of the Health Practitioners Competence Assurance Act 2003](#) which requires the Council to set standards for practitioners on cultural competence, including competencies that will enable effective and respectful interaction with Māori.
- The Ministry of Health's [Whakamaua: Māori Health Action Plan 2020-2025](#), which identifies areas for health regulators in Aotearoa New Zealand to support the Ministry to achieve its obligations to tangata whenua Māori under Te Tiriti o Waitangi.
- The Waitangi Tribunal decision [Wai 2575: Health services and outcomes](#) – the inquiry into breaches of Te Tiriti o Waitangi/Treaty of Waitangi relating to primary health care, legislation, and health policy has recommended a reset of expectations for health regulators.

The Council will undergo its first performance review of New Zealand health regulators later this year<sup>3</sup>. The Ministry of Health will carry out performance reviews to ensure regulators deliver their functions effectively and efficiently. One of the standards the Council will be assessed against is:

*Ensures that the principles of equity and of Te Tiriti o Waitangi/Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions.*

Completing the review of the cultural standards for practitioners, including competencies to enable effective and respectful interaction with Māori was signalled in the Council's [budgeted expenditure for 2021/22](#). The introduction of a new cultural safety domain reflects the Council's strengthened focus to develop practitioners' cultural competence and the delivery of culturally safe oral health care in New Zealand.

The cultural safety work will specifically focus on Māori during this phase, to fulfil our Te Tiriti o Waitangi obligations and to protect tangata whenua. Focus will then shift, aligned with the government's strategic focus, to other vulnerable groups such as Pacific peoples, disabled people, people living in rural communities or with socioeconomic disadvantage<sup>4</sup>.

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<sup>3</sup> Health Practitioners Competence Assurance Act 2003 s122A

<sup>4</sup> <https://dpmc.govt.nz/sites/default/files/2021-03/cabinet-material-health-disability-system-review-mar21.pdf> and <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>



## List of attachments

The following draft sets of competencies are presented for consultation:

1. [Dentist competencies](#)
2. [Oral health therapist competencies](#)
3. [Dental therapist competencies](#)
4. [Dental hygienist competencies](#)
5. [Orthodontic auxiliary' competencies](#)
6. [Dental technician competencies](#)
7. [Clinical dental technician competencies.](#)

For ease of reference, and to highlight the differences more easily, two comparison tables have been prepared across the professions for the domains where the competencies differ:

8. [Comparison for dentists, oral health therapists, hygienists, therapists](#)
9. [Comparison for dental technicians, clinical dental technicians.](#)

Orthodontic auxiliaries' competencies were not included into the mapping table – primarily for ease of reading, and given the limited number of clinical competencies.

To give effect to the proposals, the following documents reflect the proposed changes to the respective scopes of practice:

10. [Scope of practice for general dental practice](#)
11. [Scope of practice for oral health therapy](#)
12. [Scope of practice for dental therapy<sup>5</sup>](#)
13. [Scope of practice for dental hygiene](#)
14. [Scope of practice for orthodontic auxiliary practice](#)
15. [Scope of practice for dental technology](#)
16. [Scope of practice for clinical dental technology](#)
17. [Scope of practice for implant overdentures.](#)

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<sup>5</sup> No change to the adult care in dental therapy scope of practice is proposed

## Consultation questions

Please provide your feedback by responding to the following questions:

1. Do you agree/disagree with the proposed draft:
  - a. Dentist competencies
  - b. Oral health therapist competencies
  - c. Dental therapist competencies
  - d. Dental hygienist competencies
  - e. Orthodontic auxiliary competencies
  - f. Dental technician competencies
  - g. Clinical dental technician competencies?

Please detail your position. You can comment on any or all the proposed sets of professional competencies (Appendices 1-7).

2. Do you agree/disagree to remove the detailed scope of practice activities from the gazetted scopes of practice, and to replace these with gazetted professional competencies? The changes to the scopes of practice are detailed in appendices 10 – 17. Please detail your position.
3. Any further feedback not provided in an earlier response?