

19 March 2021

Dear practitioner,

[Follow-up consultation: proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities](#)

The Dental Council (the Council) issued a consultation document on 30 October 2020 on proposed changes to:

1. The working relationship requirements for oral health practitioners with dentists
2. The practising conditions for dental hygiene activities.

The closing date for submissions was 18 December 2020.

We have now prepared a follow-up consultation document outlining the Council's conclusions on the initial proposals, and seeking your feedback on further proposed changes.

This follow-up consultation is being undertaken because following review of the submissions, the Council changed its position on the need for a mandated working/professional relationship as part of scope of practice requirements. As a result, new changes are now being proposed.

[Have your say](#)

The consultation process provides practitioners and other interested organisations (including professional associations and societies, the Ministry of Health, district health boards and educational institutions) with an opportunity to have their say. 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 **5pm on 7 May 2021**. This is a slightly shorter consultation as the underlying principles were already covered in the initial consultation.

You can submit your responses using our [online survey](#) or emailing 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, "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 and draft guidance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marie Warner', with a small dot at the end.

Marie Warner
Chief Executive

Follow-up consultation on proposed changes to:

- 1. The professional relationship requirements for oral health practitioners with dentists**
- 2. The practising conditions for dental hygiene activities**

Issued: 19 March 2021

Submission closing date: 7 May 2021

Introduction

Initial consultation

In 2020, the Dental Council (the Council) considered:

- whether the current requirement for a working/consultative professional relationship should remain a scope of practice requirement for dental therapy, dental hygiene, orthodontic auxiliary, and oral health therapy practice in New Zealand; and the future role of the 'working relationship' practice standards for the following professions:
 - dental therapy
 - dental hygiene
 - orthodontic auxiliary
 - dental technology/clinical dental technology.
- the current practising conditions for the dental hygiene scope of practice. Specifically, whether dental hygiene scope activities should be performed under clinical guidance¹ and direct clinical supervision².

The Council issued a consultation document on the 30 October 2020 inviting feedback on the following key proposals:

1. Review of the requirement for a working/professional relationship

- To retain the scope of practice requirement for a 'working relationship' between a dental therapist, dental hygienist, orthodontic auxiliary or oral health therapist, and dentist, and re-define it as a 'consultative professional relationship'; but remove the need for a signed agreement.
- To remove the working relationship practice standards, and replace them with the following guidance documents:
 - Guidance for the consultative professional relationship between an oral health therapist, dental therapist, dental hygienist, or orthodontic auxiliary and dentist/dental specialist (provided in the initial consultation as Attachment A).
 - Guidance for the professional relationship between a dental technician or clinical dental technician and other health practitioners (provided in the initial consultation as Attachment B).

¹ Clinical guidance means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. Dental hygienists and dentists or dental specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or dental specialist is able to provide guidance and advice, when required, and maintain general oversight of the clinical care outcomes of the patient group. Dental hygienists are responsible and accountable for their own clinical practice within their scope of practice but the dentist or dental specialist is responsible and accountable for the clinical guidance provided. Further detail on the working relationship between dental hygienists and dentists is set out in the relevant Dental Council Practice Standard.

² Direct clinical supervision means the clinical supervision provided to a dental hygienist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental hygiene work is carried out.

2. Proposed changes to the dental hygiene scope of practice as follows:
- Remove the requirement for direct clinical supervision for the administration of local anaesthetic (LA) and application of prescription preventive agents. Direct clinical supervision for currently specified orthodontic activities to remain.
 - Remove 'clinical guidance' for the remainder of the scope activities.
 - The scope activities to be performed within a consultative professional relationship with a dentist or dental specialist.
 - Align the description of the following scope activity with current dental hygiene practice in the following way: *obtaining and reassessing medical and dental oral health histories.*

Terminology for this consultation

The following terminology currently exists to describe the various working/professional relationships between dentists and:

- dental therapists – *professional relationship*
- dental hygienists and orthodontic auxiliaries – *working relationship*
- oral health therapists – *consultative professional relationship.*

For ease of reference these are collectively referred to as professional relationships in this consultation document, unless specifically stated otherwise.

Follow-up consultation

Following review of the submissions received, the Council changed its position on the need for a mandated professional relationship as part of scope of practice requirements. As a result, new changes to the scopes of practice are now being proposed.

This follow-up consultation document outlines the Council's conclusions on the initial proposals and invites your feedback on the further changes proposed.

Proposal area 1: The requirement for a professional relationship

The initial proposal

In the [initial consultation](#) the Council put forward the following views:

- there continues to be value in having a professional relationship as a scope of practice requirement for dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary practice in New Zealand
- the relationship can be re-defined as a 'consultative professional relationship' for the dental therapy, dental hygiene, and orthodontic auxiliary scopes of practice, in line with the consultative professional relationship currently required for oral health therapy practice
- a signed, written agreement is not required
- dental technicians' and clinical technicians' relationships with oral health practitioners, and other health practitioners, can be called a professional relationship
- guidance documents supporting the consultative professional relationships, instead of the current, different practice standards, could be published.

The revised proposal

Having carefully considered the submission feedback, the Council has formed the view that the perceived benefits (outlined in the initial consultation document) are not significant enough to justify retaining the professional relationship as a scope of practice requirement for dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary practice.

Key to this view is that the professional obligations currently contained in the professional relationship practice standards, and those proposed in the guidance documents to support the consultative professional relationship, are already covered in the *Standards Framework*.

The Council agreed with the feedback provided by several submitters that the principles underpinning the proposed consultative professional relationship (as described in the initial consultation document) are already sufficiently covered in the Council's [Standards Framework for oral health practitioners](#). In particular, through the following professional standards:

- ensure the health needs and safe care of your patients are your primary concerns (1)
- practise within your knowledge, skills and competence; or refer to another practitioner when required (8)
- keep your professional knowledge and skills up to date through ongoing learning and professional interaction (11)
- collaborate with colleagues and other health practitioners, and contribute to teamwork for enhanced patient outcomes (21)
- communicate openly in inter and intra-professional healthcare teams for the enhancement of patient care (17)
- behave respectfully in communication to and about colleagues or other health professionals (18).

Accordingly, the Council is proposing to remove the existing requirement for a professional relationship from the dental hygiene, dental therapy, oral health therapy and orthodontic auxiliary scopes of practice.

The Council expects that oral health practitioners will maintain their professional relationships within the oral health team, working collaboratively for the benefit of patients' health.

What would the new proposal mean, if accepted?

- A mandated professional relationship with a dentist or dental specialist will no longer be required for dental therapy, dental hygiene, and orthodontic auxiliary practice; and no signed agreement would be needed.
- A mandated consultative professional relationship will no longer be required for oral health therapy practice.
- The professional relationship practice standards for dental therapy, dental hygiene and orthodontic auxiliary practice would be rescinded, and the existing guidance document for the consultative professional relationship for oral health therapy would be removed.
- The practice standard for the working relationship in dental technology and clinical dental technology would be rescinded.
- The initial proposed wording additions to the scopes of practice (as proposed in Appendices C-G in the first consultation) would not be made, and references to professional relationships will be removed from the scopes of practice.

As the consultative professional relationship proposed in the initial consultation will not be introduced, the associated guidance documents proposed in the initial consultation will not be published.

Revised proposals:

1. Remove the mandated requirement for a professional relationship (dental therapy), working relationship (dental hygiene, orthodontic auxiliary practice), and a consultative professional relationship (oral health therapy) from the respective scopes of practice.
2. Remove references to working/professional/consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary practice, oral health therapy, dental technology and clinical dental technology scopes of practice (refer appendices A – F).

Proposal area 2: Practising conditions for dental hygiene activities

The Council considered the feedback received on the practising conditions for the dental hygiene scope of practice and concluded to proceed with the proposed dental hygiene scope of practice changes to:

- remove the direct clinical supervision requirement for administration of local anaesthetic and prescription preventive agents
- remove the requirement for clinical guidance for the remaining dental hygiene activities (excluding the defined orthodontic procedures)
- remove the definitions of direct clinical supervision and clinical guidance
- update the scope activity for obtaining and assessing medical and oral health histories.

The Council considers the risk to patient safety will not increase and duty of care will not be compromised given the professional obligations in the Standards Framework. All oral health practitioners are responsible and accountable for the decisions they make and the care they provide for their patients. Furthermore, all oral health practitioners must practise in accordance with their scope of practice and their approved education, training, experience and competence; or refer appropriately if they cannot provide the required care.

What would this mean, if accepted?

- For dental hygiene, direct clinical supervision for administration of local anaesthetic and prescription preventive agents would no longer be required.
- The requirement for clinical guidance for the remaining dental hygiene activities (excluding the defined orthodontic procedures) would be removed.
- The description of the following scope activity would be updated as follows: *obtaining and ~~re~~assessing medical and ~~dental~~ oral health histories*.
- The scope of practice would be amended to reflect these changes (refer [Appendix A](#)).
- The medical emergencies practice standard would be updated to require dental hygienists to have access and be able to safely administer adrenaline (1:1000) for the management of an anaphylactic event. This requirement would come into effect on 1 April 2022, to allow dental hygienists time to complete the required training to safely administer adrenaline.
- Dental hygienists would be required to establish a standing order with a dentist/dental specialist to enable access to prescription medicines, such as local anaesthetic and adrenaline. Guidance on establishing standing orders is available on the [Ministry of Health's website](#).

The Council invites feedback from practitioners and stakeholders on the above changes, within the context of the revised proposal to remove the scope of practice requirement for a working relationship.

Orthodontic activities for orthodontic auxiliaries

The Council accepted the proposed wording changes to the orthodontic auxiliary scope of practice for alignment with the oral health therapy and dental hygiene scopes of practice.

This does not change what orthodontic auxiliaries can do, or the requirement for their activities to be performed under direct supervision of a dentist or orthodontist who is present on the premises at which the work is carried out and who is responsible for the patient's overall clinical care outcomes.

List of attachments to reflect proposed scope of practice changes

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

- A. [Dental hygiene scope of practice](#)
- B. [Dental therapy scope of practice](#)
- C. [Oral health therapy scope of practice](#)
- D. [Dental technology scope of practice](#)
- E. [Clinical dental technology scope of practice](#)
- F. [Orthodontic auxiliary scope of practice.](#)

Consultation questions

Please provide your feedback by responding to the following questions:

The requirement for a professional relationship

1. Do you agree/disagree with the proposal to remove the mandated requirement for a professional relationship (dental therapy), working relationship (dental hygiene, orthodontic auxiliary practice), and a consultative professional relationship (oral health therapy) from the respective scopes of practice. Please detail why.
2. Do you agree/disagree to remove references to working/professional/consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary practice, oral health therapy, dental technology and clinical dental technology scopes of practice? (as detailed in Appendices A – F) Please detail why.

Practising conditions for dental hygiene activities

Within the context of the revised proposal to remove the scope of practice requirement for a working relationship for dental hygiene:

3. Do you agree/disagree with the removal of the requirement for direct clinical supervision for administration of local anaesthetic and prescription preventive agents? Please detail why.
4. Do you agree/disagree with the removal of clinical guidance for the remainder of the dental hygiene scope activities? (excluding the orthodontic activities currently defined as being performed under direct supervision). Please detail why.
5. Do you agree/disagree to align the description of the following scope activity with current dental hygiene practice in the following way: *obtaining and ~~re~~assessing medical and ~~dental oral~~ health histories*? Please detail why.

General

6. Any further comments?