Dental Council
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Dear practitioner,

Outcome – follow up consultation on 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 follow-up consultation on the proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities on 19 March 2021, with a closing date on 7 May 2021.

Submissions received

The Council received a total of 36 completed submissions, with 25 (70%) of the responses from dental hygienists, dental therapists, and oral health therapists. Each of the proposals received over 80% support by submitters.

The proposal to remove the requirement for a professional relationship was supported by most submitters. The concerns expressed by those who did not support the proposal related to the potential for the safety and quality of patient care to be compromised, and the view that the overall treatment plan is best overseen by a registered dentist to ensure safe and appropriate care.

The proposal to remove direct clinical supervision for administration of local anaesthetic and prescription preventive agents from the dental hygiene scope of practice was overwhelmingly supported. Concerns about this proposal related to the implications for management of medical emergencies.

Following consideration of the submission responses, the Council has agreed to proceed with the proposals, as consulted. The details and basis for these decisions are as follows:

Outcomes

Proposal area 1: The requirement for a professional relationship

The Council agreed to:

- Remove the existing 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.

- Remove references to working/professional/ consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary, oral health therapy, dental technology, and clinical dental technology scopes of practice.

As expressed in the follow-up consultation document, it is the Council's view and supported by the majority of submitters, that the professional obligations currently contained in the professional relationship practice standards are already sufficiently covered in the *Standards Framework for Oral Health Practitioners*. All practitioners must practise within their professional knowledge, skills and competence, or refer to another practitioner. It is fully expected that if an oral health practitioner considers they cannot provide the care the patient requires, they will refer the patient. This applies for all practitioners.

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; and will continue to seek advice, support and/or assistance from dentists/dental specialists when needed.

Regarding the view that the overall treatment plan is best overseen by a registered dentist:

- It is considered this comment could only be in relation to dental hygiene practice, as oral health therapists and dental therapists develop oral health care plans independently, consulting with a dentist or dental specialist only when seeking guidance or advice; and orthodontic auxiliaries practise under the direction of the dentist or orthodontist who prepares the treatment plan.

- Dental hygienists also possess the capability to plan care for their patients which they demonstrate repeatedly when patients receive hygiene care as part of ongoing care and maintenance; and when patients access care directly.

Given the above, the Council does not consider that removing the mandated requirement for a professional relationship will result in any substantial change to oral health practitioners' current approach to planning and providing oral health care for patients.

Therefore, it is not anticipated that this change would result in an increased risk to the quality, safety, or appropriateness of care patients will receive.

What does this mean for existing professional relationships?

Effective 1 August 2021:

- A mandated professional relationship with a dentist or dental specialist is no longer required for dental therapy, dental hygiene, and orthodontic auxiliary practice; and no signed agreement is needed.
- A mandated consultative professional relationship is no longer required for oral health therapy practice.
- The professional relationship practice standards for dental therapy, dental hygiene and orthodontic auxiliary practice will be rescinded, and the existing guidance document for the consultative professional relationship for oral health therapy will be removed.
- The practice standards for the working relationship in dental technology and clinical dental technology will be removed.
- There will be no references to professional relationships in the scopes of practice, with a new gazette notice issued to effect the proposed changes to the scopes of practice.

Proposal area 2: Practising conditions for dental hygiene activities

The Council agreed to make the following changes to the dental hygiene scope of practice:

- Remove the requirement for direct clinical supervision 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).
- Update the scope activity for obtaining and assessing medical and oral health histories to read as follows: *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.

Updating the dental hygiene scope activity for obtaining and assessing medical and oral health histories reflects current capabilities and practice, and in cases where the medical history is complex, the expectation remains that oral health practitioners will seek advice.

Medical emergencies management

The concerns expressed about the proposal to remove direct clinical supervision for the administration of local anaesthetic in the dental hygiene scope of practice related to potential implications for management of medical emergencies.

As dental hygienists complete NZRC CORE Immediate, or equivalent, resuscitation training—the same level of resuscitation training as dentists not providing sedation—the Council considers them equally capable of managing a medical emergency, including administration of adrenaline in the management of anaphylaxis.

The Council will publish an updated medical emergencies practice standard requiring dental hygienists to have access to adrenaline (1:1000), for management of an anaphylactic event.

The Council consulted on a one year lead-time for the medical emergencies practice standard to come into effect for dental hygienists. However, in the interest of patient safety the Council decided to align this implementation date to when the dental hygiene scope changes come into effect. The reason for this is because the capability for hygienists to manage anaphylaxis already exists through their resuscitation training, and adrenaline will already be available in the locations where dental hygienists currently practice.

The potential for access to other medicines for use in the management of medical emergencies by dental hygienists, dental therapists and oral health therapists (for example, salbutamol, glyceryl trinitrate) will be considered in the future review of the medical emergencies practice standard.

What does this mean for the dental hygiene scope of practice?

Effective 1 August 2021, for dental hygiene:

- Direct clinical supervision for administration of local anaesthetic and prescription preventive agents is no longer required.
- Clinical guidance for the remaining dental hygiene activities (excluding the defined orthodontic procedures) is no longer required.
- The scope of practice will reflect the above, and the following updated wording: *obtaining and assessing medical and oral health histories.*
- Dental hygienists will need to have a standing order with a dentist/dental specialist in place 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.
- An updated medical emergencies practice standard will be published with a requirement for dental hygienists to have access to adrenaline (1:1000) for use in the management of an anaphylactic event.

Gazette notice

The Council will publish updated scopes of practice in the New Zealand Gazette. The Gazette notice will be available on our website once published.

The Council thanks submitters for taking the time to share their views. If you have any further questions, please do not hesitate to email us at inquiries@dcnz.org.nz**.**

Yours sincerely

Marie Warner

Chief Executive