

Notice Under the Legislation Act 2019 of Scope of Practice, Qualifications and Competencies for Orthodontic Auxiliary Practice

Under the Legislation Act 2019, notice is given of the making of the following secondary legislation:

<i>Title</i>	<i>Empowering provision(s)</i>	<i>Administering agency</i>	<i>Date made</i>
Health Practitioners Competence Assurance Act 2003	Sections 11, 12 and 118(i)	Dental Council	8/12/21

This secondary legislation can be accessed at <http://dcnz.org.nz/resources-and-publications/resources/gazette-notices/>.

The following replaces the scope of practice and prescribed qualifications for orthodontic auxiliary published in the [New Zealand Gazette, 14 July 2021, Notice No. 2021-gs2913](#) and [New Zealand Gazette, 10 March 2020, Notice No. 2020-gs883](#), respectively.

This notice is issued by the Dental Council pursuant to sections 11, 12 and 118(i) of the Health Practitioners Competence Assurance Act 2003, to come into effect from **8 December 2021**.

Scope of Practice for Orthodontic Auxiliary

Orthodontic auxiliary practice is a subset of dental hygiene practice that involves implementing orthodontic treatment plans prepared by a dentist or orthodontist, by performing orthodontic procedures and providing oral health education and advice on the care and maintenance of orthodontic appliances in accordance with an orthodontic auxiliary's approved education, training, experience and competence.

Orthodontic auxiliaries practise under the direction of the dentist or orthodontist who is responsible for the patient's clinical care outcomes and who is on-site at the time care is provided.

The scope of practice encompasses the orthodontic auxiliary competencies.

Practice in this context goes wider than clinical orthodontic auxiliary practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of orthodontic auxiliary practice which were not included in a practitioner's training should not be undertaken unless the practitioner has completed appropriate training and practises to the standards required by the Standards Framework for Oral Health Practitioners.

Prescribed Qualifications for the Scope of Practice for Orthodontic Auxiliary

New Zealand

- Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme¹
- Bachelor of Oral Health, University of Otago and registration in the Scope of Dental Hygiene Practice before 1 November 2017
- Bachelor of Health Science in Oral Health, Auckland University of Technology conferred from 2011, and registration in the Scope of Dental Hygiene Practice before 1 November 2017
- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice
- Diploma in Dental Hygiene, University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice, and Dental Council approved course for Extra-oral Radiography.

Other

- Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting, and possession of a dental therapy, dental hygiene or dentistry qualification and approved experience in the provision of orthodontic auxiliary services under the direction and supervision of a dentist or dental specialist who can attest to competency².

Ngā Kaiakatanga mō ngā Kaiāwhina Tautoko mo ngā Whakatika Niho Tāpiki - Orthodontic Auxiliary Competencies

Introduction

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.

This document describes the minimum competencies a practitioner must achieve through their education and training

to be registered in the orthodontic auxiliary scope.

The competencies prescribe the scope of practice for orthodontic auxiliary practice.

The competencies are presented in the following domains:

- Ngaiotanga - Professionalism
- Whakawhiti kōrero - Communication
- Kaiakatanga ahurea - Cultural competence (effective until 31 December 2022)
- Haumarutanga ahurea - Cultural safety (effective from 1 January 2023)
- Ngā whakaaro kaikini - Critical thinking
- Mōhiotanga pūtaiao me te haumaruru - Scientific and clinical knowledge
- Tiaki turoro - Patient care.

The competencies broadly describe the knowledge, skills, attitudes and behaviours expected of an orthodontic auxiliary; and are outcome focussed. The learning curriculum will provide the level and extent of detail needed to facilitate graduates' achievement of these competencies, for registration in the scope of practice for orthodontic auxiliary practice.

Orthodontic auxiliaries practise under the 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.

It is assumed that all competencies are performed with a degree of quality consistent with patient and whānau well-being, and that oral health practitioners can self-evaluate the quality and effectiveness of the care they provide.

There is also a clear link between a number of the competencies and the standards embodied in the standards framework (<http://www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework/>) that registered oral health practitioners must meet.

Aims

The competencies document aims to describe the minimum competencies for a registrant in the orthodontic auxiliary scope of practice, while not restricting the ways in which education providers achieve these outcomes.

The overarching aim is to develop a well-rounded orthodontic auxiliary who is:

- scientifically grounded and clinically and technically skilled;
- practises safely and competently as a member of the health care team;
- provides evidence-based, patient-centred and culturally safe care which promotes and protects patient and whānau health and wellbeing; and
- adheres to high standards of ethical and professional behaviour.

Ongoing Competence

Each practitioner's scope of practice is commensurate with their approved education, training, experience, and competence.

It is expected that over time practitioners will maintain and enhance their professional knowledge and skills for application within their scope of practice, through self-assessment, ongoing learning and professional interaction.

On the learning continuum, competence on graduation develops into confidence, proficiency, and for some ultimately excellence.

Once registered, competence must be maintained throughout a practitioner's career in the areas they practise in. Some practitioners may choose to limit their individual practice to certain clinical areas within their scope of practice.

It is essential that practitioners critically self-reflect on their competence throughout their professional career to support their ongoing learning or identify their own limitations and how that may impact on their practice.

Patient care in those areas where competence has not been maintained, must be referred to another suitable practitioner.

Uses

The Council will use this document as a reference in carrying out its key functions of:

- Accreditation of education programmes for orthodontic auxiliaries.
- The assessment of international orthodontic auxiliary graduates for practice in Aotearoa New Zealand.
- In case of a competence concern, to support the assessment of whether the orthodontic auxiliary is meeting the minimum competencies.

- If competence deficiencies are confirmed, use it as the minimum standard the orthodontic auxiliary must attain to reach competence again in those areas deemed insufficient.
- Overseas registration applicants do not meet the competencies related to the New Zealand context, legislation and laws, health regulation and cultural safety. If registration is granted, these practitioners will be required to attain these competencies within a defined timeframe.

Context

An understanding of the terms “evidence-based practice”, “patient-centred” and “culturally safe” care is key in understanding and achieving the competencies. They represent the overall approach to care practitioners are expected to develop.

Explanations of these terms can be found in the glossary on pages 16–17 and may provide further context to facilitate understanding of the competencies. The glossary also includes translation of Māori in this document.

Te Tiriti o Waitangi

The Council is seeking to improve Māori oral health outcomes underpinned by Te Tiriti o Waitangi. This is not a new approach and is consistent with central government policy in relation to hauora Māori and the Ministry of Health’s *Whakamaua: Māori Health Action Plan 2020–2025*, which has an equity focus. Recognition of health’s role to give effect to Te Tiriti is further demonstrated by the recently announced central government health sector reforms with the establishment of the new Māori Health Authority.

Oral health practitioners’ competence in relation 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. This work, in the Council’s view, will contribute to long term oral health benefits for Māori, their whānau and hapū.

Acknowledgements

The Council recognises the input from Te Aō Marama – New Zealand Māori Dental Association and the Māori Oral Health Quality Improvement Group.

The orthodontic auxiliary competencies are founded on a number of sources from the New Zealand accredited orthodontic auxiliary training programme and the orthodontic auxiliary scope of practice.

The cultural safety aspects were further informed by the Nursing Council of New Zealand’s *Guidelines for Cultural safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice* (2011), the Medical Council of New Zealand’s *Statement on Cultural Safety* (2019).

1. Ngaiotanga - Professionalism

<p>Patients, colleagues and the public</p>	<p>An orthodontic auxiliary will be able to:</p> <ol style="list-style-type: none"> 1.1 Provide patient-centred care by putting the patient’s needs first, and protect and promote patient and whānau or family wellbeing. 1.2 Understand the concept of professionalism and how to develop and maintain an effective practitioner-patient relationship. 1.3 Act with dignity and respect towards others by being open and honest, courteous, empathetic, and supportive in interactions, and acknowledging and respecting Tikanga Māori. 1.4 Treat others fairly and without discrimination, respecting cultural values, personal disabilities, and individual differences. 1.5 Respect patients’ autonomy and their right to make their own oral health decisions, aligned with kāwanatanga, tino rangatiratanga and ōritetanga. 1.6 Respect patients’ right to complain and enable them to seek redress by facilitating the fair, simple, speedy, and efficient resolution of complaints. 1.7 Respect and protect the confidentiality of patient information at all times, including situations outside the healthcare setting. 1.8 Behave in a professional manner that maintains public trust and confidence in them personally, and the profession. 1.9 Act to protect the interests of patients and colleagues from any risk posed by their own personal issues, health, competence, or conduct; or those of a colleague. 1.10 Act to protect the interests of tamariki, mokopuna, rangatahi in cases of suspected neglect or abuse by disclosing information to a relevant authority or person.
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Laws and regulation	<p>An orthodontic auxiliary will be able to:</p> <p>1.11 Practise in accordance with legal and regulatory requirements that affect oral health practice in Aotearoa New Zealand.</p> <p>1.12 Understand the relevance of Te Tiriti o Waitangi. Specifically, the concepts in relation to hauora Māori and Māori oral health outcomes: tino rangatiratanga, equity, active protection, options, and partnerships.</p> <p>1.13 Understand and comply with the professional standards and practice standards of the Dental Council’s standards framework, and adhere to the ethical principles, in their interactions with patients and their communities.</p>
Professional development and ongoing competence	<p>An orthodontic auxiliary will be able to:</p> <p>1.14 Critically self-reflect on their practice and apply this to their ongoing professional development; including reflecting on their decision-making, actions, performance, and whether culturally safe care has been achieved.</p> <p>1.15 Recognise the importance of ongoing learning and professional interaction as means of maintaining and enhancing professional knowledge and skills.</p>

2. Whakawhiti Kōrero - Communication

Communication	<p>An orthodontic auxiliary will be able to:</p> <p>2.1 Communicate respectfully, effectively and in a culturally appropriate way with and about patients, their parents, whānau or family, carers, representatives, kaiāwhina, and the public.</p> <p>2.2 Listen to their patients, recognise communication barriers, and take into account specific communication needs and preferences. This includes Te Reo Māori me ona Tikanga, communication needs and preferences.</p> <p>2.3 Communicate honestly, factually and without exaggeration in all forms of communication.</p> <p>2.4 Provide patients with the information they need and request, and facilitate their understanding of their oral health condition and options for care.</p> <p>2.5 Communicate openly and respectfully with colleagues, other members of the oral health team, other health professionals, other hauora providers and social organisations.</p>
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3(a). Kaiakatanga Ahurea - Cultural Competence (effective until 31 December 2022)

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<p>Culturally competent</p>	<p>An orthodontic auxiliary will be able to:</p> <p>3.1 Understand Te Tiriti o Waitangi and Treaty of Waitangi and the application of the principles to their practice.</p> <p>3.2 Recognise and respect the cultural diversity of the Aotearoa New Zealand population.</p> <p>3.3 Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice.</p> <p>3.4 Use knowledge of whanaungatanga and Te Tiriti o Waitangi as a basis for their practice, and to establish functional relationships with Māori patients.</p> <p>3.5 Understand that a patient’s cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.</p> <p>3.6 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identity.</p> <p>3.7 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide, including delivery of culturally appropriate care.</p> <p>3.8 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau to enable culturally competent care.</p>
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3(b). Haumarutanga Ahurea - Cultural Safety (effective from 1 January 2023)

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<p>Culturally safe care</p>	<p>An orthodontic auxiliary will be able to:</p> <p>3.1 Understand Te Tiriti o Waitangi and their application of the articles, as described in Wai 2575, when providing care.</p> <p>3.2 Recognise and respect the cultural diversity of the Aotearoa New Zealand population.</p> <p>3.3 Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice.</p> <p>3.4 Use knowledge of Te Kawa Whakaruruhau and Te Tiriti o Waitangi as a basis for their practice, to achieve whanaungatanga-based relationships.</p> <p>3.5 Understand the following concepts in relation to hauora Māori and Māori oral health outcomes:</p> <ul style="list-style-type: none"> • tino rangatiratanga which provides for self-determination and mana Motuhake • equity³ which focusses on equitable health outcomes for Māori • active protection to achieve equitable health outcomes • options which focus on access to oral health care, and delivering the care in a culturally appropriate way that recognises hauora Māori models of care • partner with Māori on delivery of oral health care to Māori to improve access, equity and oral health outcomes. <p>3.6 Understand that a patient’s cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.</p> <p>3.7 Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and hauora outcomes.</p> <p>3.8 Provide culturally safe care – as determined by the patient, their whānau or family, hapū or community.</p> <p>3.9 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identity.</p> <p>3.10 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide.</p> <p>3.11 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau or family to enable culturally safe care.</p>
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4. Ngā Whakaaro Kaikini - Critical Thinking

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Critical thinking	<p>An orthodontic auxiliary will be able to:</p> <p>4.1 Apply contemporary scientific knowledge to oral health practice appropriately.</p> <p>4.2 Recognise the impact of new techniques, materials, and technologies in clinical practice.</p> <p>4.3 Recognise and evaluate the impact of Matāuranga Māori and research on Māori oral health outcomes and equity, and how to use this information to improve hauora Māori and equity.</p> <p>4.4 Critically reflect on their individual knowledge and skills throughout their professional career, to inform their ongoing professional development or identify their own limitations and how that may impact on their current practice.</p>
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5. Mōhiotanga Pūtaiao me te Haumaru - Scientific and Clinical Knowledge

Application of scientific and clinical knowledge	<p>An orthodontic auxiliary will be able to apply scientific and clinical knowledge relating to:</p> <p>5.1 Orofacial anatomy.</p> <p>5.2 The aetiology, pathology, diagnosis, and management of gingivitis and dental caries; and their prevention for orthodontic patients.</p> <p>5.3 Normal and abnormal tooth development, tooth eruption and occlusal development of the primary, mixed, and permanent dentition.</p> <p>5.4 Tooth movement, orthodontic treatment options, and intra-and extra-oral orthodontic appliances.</p> <p>5.5 The core principles of infection prevention and control including standard precautions, reprocessing of reusable items, performance testing and validation. This includes consideration of Te Ao Māori and Tikanga Māori.</p> <p>5.6 Ionising radiation and methods of imaging relevant to orthodontic auxiliary practice, including appropriate selection and safe use of dental radiographic techniques.</p>
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6. Tiaki Turoro - Patient Care

Clinical information gathering	<p>An orthodontic auxiliary will be able to:</p> <p>6.1 Take intra-and extra- oral photographs.</p> <p>6.2 Take impressions, record occlusal relationships, and make study models.</p> <p>6.3 Take intra-and extra-oral radiographs.</p> <p>6.4 Trace cephalometric radiographs.</p>
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<p>Establishing and maintaining oral health</p>	<p>An orthodontic auxiliary will be able to:</p> <p><i>Informed consent</i></p> <p>6.5 Confirm that informed consent has been gained and remains valid throughout.</p> <p><i>Guide behavioural change</i></p> <p>6.6 Help patients understand the importance of their own tikanga/kawa and behaviours in establishing and maintaining oral health.</p> <p><i>Preventive care</i></p> <p>6.7 Promote oral health by providing patients with information about prevention of gingivitis and dental caries during orthodontic treatment, including dietary advice and oral hygiene instruction.</p> <p>6.8 Provide advice on the care and maintenance of orthodontic appliances.</p> <p>6.9 Provide information on the wear requirements for elastics, headgear, and removable or functional appliances.</p> <p>6.10 Supragingival polishing of teeth before bonding and after removal of fixed attachments.</p> <p><i>Young and anxious patients</i></p> <p>6.11 Manage care for tamariki, mokopuna, rangatahi or anxious patients; and advocate for and support individuals with these needs to achieve oral health equity.</p> <p><i>Orthodontic procedures</i></p> <p>6.12 Assist in the implementation of orthodontic treatment plans by:</p> <ul style="list-style-type: none"> • placing separators • sizing and cementing metal bands including loose bands during treatment • preparing teeth for bonding fixed attachments and fixed retainers • indirect bonding of brackets as set up by the dentist or dental specialist • placing archwires when necessary (as formed by the dentist or dental specialist) and replacing ligatures/closing self-ligating brackets • trial fitting removable appliances - this does not include activation • removing archwires after removing elastomeric or wire ligatures, or opening self-ligating brackets • removing fixed orthodontic attachments and retainers • removing adhesives after the removal of fixed attachments • fitting passive removable retainers • bonding preformed fixed retainers • fabricating retainers and undertaking other simple laboratory procedures of an orthodontic nature.
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Safe practice	<p>An orthodontic auxiliary will be able to:</p> <p>6.13 Establish, manage, and maintain a safe working environment for patients, staff and colleagues; and to protect the public. This includes a culturally safe workplace, the routine and proper use of infection prevention and control measures and following safe radiation practices.</p> <p>6.14 Identify and appropriately manage potential hazards (including hazardous materials), and behavioural risks in the place of work.</p> <p>6.15 Understand the principles and legal obligations of waste management and show awareness of practices used to limit unnecessary waste.</p> <p>6.16 Produce and maintain accurate, time-bound and up-to-date patient records which are secure.</p> <p>6.17 Manage a medical emergency appropriately and effectively in their workplace within their prescribed resuscitation training.</p>
Teamwork	<p>An orthodontic auxiliary will be able to:</p> <p>6.18 Understand the value of interdisciplinary practice in providing patient-centred care, and work collaboratively with oral health and other health practitioners for enhanced patient outcomes.</p> <p>6.19 Recognise the unique set of skills and competencies that each member of the oral health team contributes to patient care and the promotion of oral health in the whānau or family, hapū, iwi and community.</p>
The practice environment	<p>An orthodontic auxiliary will be able to:</p> <p>6.20 Comply with systems and processes in their workplace to support safe and effective patient care.</p> <p>6.21 Effectively manage their own time and resources.</p> <p>6.22 Be familiar with the use of contemporary information technology tools commonly used in practice to support safe and effective care.</p>

Glossary

Patient-centred care	<p>Patient-centred care can be defined as providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions (Institute of Medicine 2011).</p> <p>It represents an all-inclusive approach. The widely accepted dimensions of patient-centred care are:</p> <ul style="list-style-type: none"> • Fast access to reliable health advice • Effective treatment delivered by trusted professionals • Continuity of care and smooth transitions • Patient involvement in decisions and respect for patient preferences • Clear, comprehensible information and support for self-care • Involvement of, and support for, family, whānau and kaiāwhina • Emotional support, empathy, and respect • Attention to physical and environmental needs. <p>Research findings show that patient-centred care improves patient experience, creates value for services and is increasingly recognised as a critical dimension of high-quality health care⁴.</p>
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Culturally safe care	<p>The Health Practitioners Competence Assurance Act 2003 requires the Council to set standards of cultural competence for oral health practitioners⁵. This includes competencies that will enable effective and respectful interaction with Māori.</p> <p>The Council’s Cultural competence practice standard defines cultural competence as “an awareness of cultural diversity and the ability to function effectively and respectfully when working with and treating people of different cultural backgrounds”.</p> <p>Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.</p> <p>Cultural safety extends beyond a practitioner’s cultural awareness or cultural sensitivity.</p> <p>It requires the practitioner to examine themselves and the potential impact of their own culture on clinical interactions and the care they provide.</p> <p>This means the practitioner needs to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, characteristics, and hold themselves accountable for providing culturally safe care.</p> <p>Key to providing culturally safe care is that the practitioner understands the inherent power imbalance in the practitioner-patient relationship, recognises and respects each patient as an individual, and enables meaningful two-way communication to occur.</p> <p>Cultural safety requires that all people receive oral health care that takes into account their uniqueness. It is the person and/or their community, whānau or family, hapū or iwi receiving the care who determine what culturally safe care means for them.</p> <p>A well-referenced definition of cultural safety is:</p> <p style="padding-left: 40px;">an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening⁶.</p> <p>This definition supports the understanding that the relationship between a practitioner and patient is a partnership based on trust and respect, where communication is key in meeting the patient’s needs and goals.</p>
Evidence-based practice	<p>Evidence-based practice is the integration of relevant scientific evidence with the practitioner’s expertise (clinical, technical, health protection and promotion) and the patient’s or community’s needs and preferences. Evidence-based practice promotes consistency and optimal outcomes of care.</p> <p>In providing evidence-based practice it is fundamental that the practitioner has relevant scientific knowledge, understands scientific method, can evaluate evidence, and works to a robust and contemporary evidence base.</p>
Equity	<p>In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.</p>

Kupu Māori

Hangarau	Technology
Hapū	Group, clan, subtribe
Hauora	Health
Hauora ā-waha	Oral health
Hinengaro	Psychological
Iwi	Tribe
Kaiāwhina	Helper
Kawa	Practice, protocols
Kawa whakaruruhau	Cultural safety

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Kāwanatanga	Governance
Kupu	Words
Mana motuhake	Self-determination, self-governance, independence, sovereignty
Matāuranga	Knowledge, wisdom, understanding
Mokopuna	Grandchildren
Ngā kaiakatanga	Competencies
Ōritetanga	Equity
Pae ora ⁷	<p>Healthy futures - to live with good health and wellbeing in an environment that supports a good quality of life.</p> <ul style="list-style-type: none"> • mauri ora - healthy individuals • whānau ora - healthy families • wai ora - healthy environments.
Rangahau	Research
Rangatahi	Young ones, youth
Ratonga	Services
Rongoā	Medicine, remedy
Tamariki	The young
Tapu	Sacred
Te Reo	Māori language
Te Taiao	Environmental
Te Tiriti	Te Tiriti o Waitangi
Tiaki niho	Dental
Tikanga	Correct procedure, custom or reason/purpose
Tikanga akuaku	Hygiene
Tino Rangatiratanga	Sovereignty
Tohungatanga	Competence
Wairua	Spiritual
Whānau	Extended family, family group
Whanaungatanga	A relationship through shared experiences and working together, providing a sense of belonging

Dated this 5th day of November 2021.

MARIE WARNER, Chief Executive, Dental Council New Zealand.

¹ The Dental Council approved this prescribed qualification on 15 February 2010.

² The Dental Council approved this prescribed qualification on 10 July 2006.

³ In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

⁴ Health Navigator New Zealand <http://www.healthnavigator.org.nz/clinicians/p/patient-centred-care/>.

⁵ Section 118i of the Health Practitioners Competence Assurance Act 2003.

⁶ Williams, R. (1999). Cultural safety - what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.

⁷ <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures>.