

17 October 2019

Dear practitioner

Consultation on proposed changes to scopes of practice and prescribed qualifications

The Dental Council (the Council) regulates six separate and distinct professions under the Health Practitioners Competence Assurance Act 2003 (the Act). Under section 11(1) of the Act the Council must describe the contents of each profession in terms of one or more scopes of practice (scopes), and section 12 requires us to prescribe the qualification/s for every scope.

An external quality assurance review initiated by the Council highlighted some practices dating back to the inception of the Act that may have a potential for confusion or create legal uncertainty on what is, or is not, within a scope of practice. The areas identified included:

- some scopes being described as a “subset of dentistry” or “part of the practice of dentistry”, and not accurately attributing the scope to the profession it describes
- using “Detailed scopes” sub-sections in the scopes to describe in more detail the activities that fall within the scope
- description of the New Zealand Dental Specialist Registration Examination prescribed qualifications.

To address these issues, Council proposes to:

- attribute each scope to the profession it actually describes by removing references to a “subset of dentistry” or “part of the practice of dentistry” (except for the general dental practice and dental specialists’ scopes which do describe the profession of dentistry)
- remove the title *Detailed scope* from the scopes
- consolidate its Gazette notices by publishing one notice to replace all previous scopes and prescribed qualification notices.

The proposed amendments will **NOT** change, limit or impact the tasks practitioners registered in the affected scopes and related professions are currently able to perform in their day-to-day practice. Similarly, the professional relationships, established working relationships and agreements or supervision levels under which practitioners practise will not change as a result of these proposals.

The Council is also proposing some minor updates in this consultation to provide clarity and equity around prescribed qualifications for general dental practice and dental specialist scopes including:

- updating the prescribed qualifications for the oral surgery scope to allow applicants to access registration pathways available to other dental specialist professions
- removing the description *qualifications from recognised tertiary academic institution or equivalent* for entry into the New Zealand dental specialist registration examinations as a pass in the examination competence threshold, not the origin of the qualification
- adding more detail to overseas qualifications for the general dental scope of practice, to give applicants more clarity on the exact requirements for registration in New Zealand
- adding a *five-year undergraduate dental degree and a pass in the National Dental Examining Board of Canada Equivalency Examination Process* (NDEB equivalency process) as a stand-alone prescribed qualification for the general dental practice scope to reflect the Council’s approach since August 2015.

More details about these proposals are contained in the [consultation document](#) available on our website.

We invite your feedback

Council invites all practitioners and other individuals or organisations with an interest in this proposal to comment. Your feedback will inform the Council's final decision.

You can complete your submissions [online](#) or email them to consultations@dcnz.org.nz. Alternatively, you can post submissions to Dental Council, PO Box 10-448, Wellington 6143.

Your submissions must reach us before 5pm on **12 December 2019**.

Submissions are publicly available

All submissions received and the name of the submitter will be published on [our website](#) and will remain publically available. Published submissions from individuals will include your name, and your profession if you are a registered health practitioner. All other personal and contact details will be removed.

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

We will not publish any submissions we consider derogatory or inflammatory.

I am looking forward to receiving your views on the proposal.

Yours sincerely



Marie Warner, Chief Executive

Consultation on proposed changes to scopes of practice and prescribed qualifications

Consultation document issued: 17 October 2019

Submission closing date: 12 December 2019

1. Background

- 1.1 The Dental Council (the Council) regulates six separate and distinct professions under the Health Practitioners Competence Assurance Act 2003 (the Act). The professions named under the Act are:
- dentistry
 - oral health therapy
 - dental therapy
 - dental hygiene
 - dental technology
 - clinical dental technology.
- 1.2 Under section 11(1) of the Act the Council must “*describe the contents of the profession in terms of 1 or more scopes of practice*” (scopes).
- 1.3 Current scopes have been published in the New Zealand *Gazette* and are available on the [Council’s website](#).
- 1.4 The Act makes it clear that scopes describe “the profession”. This means each of the six oral health professions must be described by one or more scopes and it ought to be clear which scopes relate to which oral health profession.
- 1.5 Further, section 12(1) of the Act requires the Council to prescribe the qualification/s for each scope.
- 1.6 At the Council’s request, Claro Law (Claro) reviewed all scopes of practice and qualifications as part of a wider Council quality assurance review. This review identified some issues resulting from Council practices dating back to the inception of the Act that potentially cause confusion or create legal uncertainty on what is, or is not, within a scope of practice.
- 1.7 The Council recognises that drafting scopes under a new legislative scheme for (then) five oral health professions being regulated for the first time, and by a single regulator, may have resulted in unintended ambiguities. The Council wishes to take steps to remedy these issues.
- 1.8 For these reasons, the Council has accepted Claro’s recommendations and proposes to make the changes set out in this consultation document to address the areas of concern raised in the review.

2. Scope of practice proposals

- 2.1 The Council aims to make clear the professions the relevant scopes describe, by amending the wording for each scope as shown in the marked-up versions in appendix 1.
- 2.2 Practitioners should note that the proposed scope amendments do not impact on clinical practice such as, the activities practitioners can perform, professional working relationships or signed agreements, and clinical supervision requirements.
- 2.3 If accepted, all amended scopes and prescribed qualifications will be published in the *Gazette*.

2.4 The proposed scope amendments will give effect to the following four scope-related recommendations made by Claro (details for each recommendation are set out in the next sections of the consultation document):

- scopes are described in a way that accurately reflect which profession the scope is describing and avoids describing the scope as being “part of the practice of dentistry” unless it is a scope that is actually describing the profession of dentistry
- the Council ceases referring to “detailed scopes that are produced and published from time to time by the Council” and remove these references from the scopes
- the Council publishes the complete scope to fully describe each profession in the Gazette
- the Council consolidates its Gazette notices by publishing (after consultation) one notice that replaces all previous notices for all oral health professions’ scopes and prescribed qualifications.

3. Reference to ‘subset’, ‘part’, or ‘branch’ of dentistry ‘practice’ in scopes

Scopes for dental hygiene, dental therapy, dental technology, clinical dental technology and oral health therapy

- 3.1 The scopes for the professions of dental hygiene, dental therapy, dental technology and clinical dental technology refer to these professions being “a subset of the practice of dentistry”.
- 3.2 The scope for oral health therapy (effective from November 2017) describes this profession as being “a part of the practice of dentistry”.
- 3.3 The Council was advised by Claro that describing a scope as being part or a subset of the practice of dentistry, when the scope does not actually describe the profession of dentistry, is potentially confusing and could create legal uncertainty.
- 3.4 For example, the dental hygiene scope should describe the profession of dental hygiene—not the profession of dentistry or being defined as *a subset of the practice of dentistry*.
- 3.5 Further, being a “practitioner of the profession of dentistry” affords a person rights that they would not have as a practitioner of the other oral health professions such as prescribing rights under the Medicines Act. The Council wants to remove any such potential legal loopholes.
- 3.6 To ensure legal accuracy and certainty, the Council proposes to change the scope for each of the professions of oral health therapy, dental hygiene, dental therapy, dental technology and clinical dental technology to:
- make it clear which profession the scopes are describing
 - avoid describing the scope as being a subset or a part of the practice of dentistry unless it is a scope that is describing the profession of dentistry.

The proposed changes are reflected in red text in appendix 1.

Oral and Maxillofacial Surgery and Oral Pathology specialist scopes

- 3.7 Dental specialists can be described accurately as being part of the ‘profession of dentistry’. Currently the Council has set 12 scopes for dental specialists.
- 3.8 For 10 of the 12 scopes, the specialist scope is described as a ‘branch of dentistry’. For example, “Endodontic Specialists practice in the branch of dentistry...”.
- 3.9 However, two specialist dental scopes do not expressly refer to the ‘branch’ or ‘practice’ of dentistry:
- The **Oral and Maxillofacial Surgery** scope refers to such specialists practising in “*part of surgery*”
 - The **Oral Pathology** scope refers to such specialists practising “*in the branch of pathology*”.
- 3.10 The Council proposes to amend the **Oral and Maxillofacial Surgery** and **Oral Pathology** scopes to state that they are a branch of dentistry, as shown in red in appendix 1, to make it clear that they describe the profession of dentistry.
- 3.11 The Council acknowledges that most oral and maxillofacial surgeons are registered both with the Dental and Medical Councils. However, the Dental Council’s scopes are established for the professions it regulates, being dentistry in this case.

4. Detailed scopes

- 4.1 All scopes, except for the dental specialist scopes, include reference to a “*Detailed scope of practice*”, followed by the details of activities that form part of that scope. For example, the current scope for general dental practice includes the following subtitle and subsequent wording:
- Detailed Scope of Practice for General Dental Practice*
- The scope of practice for general dental practice is the practice of dentistry as set out in the documented “Detailed Scope of Practice for General Dental Practice” produced and published from time to time by the Dental Council.*
- 4.2 Claro was concerned that the reference to a separate ‘detailed scope’ may create legal uncertainty about what is, and what is not, specifically included within each scope. The Council wants to remove any ambiguity by removing the “*Detailed Scope of Practice*” subtitle but retaining the detailed activities listed as part of the scope.
- 4.3 Accordingly, the Council proposes to:
- cease referring to “Detailed scopes” and amend the current scopes to remove these subtitles, as shown in appendix 1
 - publish the complete scopes in the *Gazette* as shown in appendix 1, to fully describe the relevant profession within each scope.

5. Updates to prescribed qualifications proposals

- 5.1 The Claro review also commented on the prescribed qualifications for some scopes. To address these comments and to provide clarity and reflect current practice around prescribed qualifications, some minor updates to prescribed qualifications are proposed for some scopes. These are indicated in red text in appendix 1. The proposed changes include:

Dental specialist prescribed qualifications

- 5.2 Claro advised that referring to a “recognised tertiary academic institution or equivalent” in the New Zealand registration examination description for dental specialist prescribed qualifications creates ambiguity around which institutions are recognised the Council. Therefore, the Council proposes removing this reference from the specialist scope qualifications. A pass in the examination assessments is the threshold for competence, not where the candidate obtained their original qualifications.
- 5.3 To ensure equity across all dental specialist prescribed qualifications, the Council proposes adding Australian-accredited oral surgery programmes and the New Zealand Oral Surgery Specialist Examination as prescribed qualifications for the oral surgery scope.

General dental practice prescribed qualifications

- 5.4 The Council receives frequent questions from registration applicants about overseas qualifications. For example, applicants seek clarification on end-dates of the GDC accredited programmes. Proposed changes have been included in this proposal to provide greater clarity for such applicants.
- 5.5 The Council proposes adding a five-year undergraduate dental degree and a pass in the National Dental Examining Board of Canada Equivalency Examination Process (NDEB process) as a prescribed qualification. This reflects the Council’s approach since August 2015 when it determined the NDEB process appropriate and equivalent for assessing candidates with non-accredited overseas qualifications against the general dental practice scope for its New Zealand Dentist Registration Examinations.

General

- 5.5 The Council proposes updating the names of the two accreditation bodies in the USA and Canada to reflect their respective names.
- 5.6 The Council also proposes some additional minor changes to enhance readability as marked up in appendix 1.

Consultation questions

Stakeholders are invited to comment on the proposals and respond to the following questions:

- Q1. Do you agree or disagree with the proposed scope of practice amendments, as reflected in appendix 1, to:
- update the references of ‘subset’, ‘part’, or ‘branch’ of dentistry ‘practice’ in the scopes of practice to correctly attribute the scope to the profession it describes?
 - remove the references to the detailed scopes of practice, and clearly articulate the scope of practice’s definition?

If you have any concerns, please detail these.

- Q2. Do you agree or disagree with the proposed prescribed qualification amendments, as reflected in appendix 1? If you have any concerns, please describe these.

Draft gazette notice to update the Dental Council scopes of practice and prescribed qualifications

The following scopes of practice are issued by the Dental Council pursuant to section 11 of the Health Practitioners Competence Assurance Act 2003.

The following prescribed qualifications are issued by the Dental Council pursuant to section 12 of the Health Practitioners Competence Assurance Act 2003.

~~Scope of practice for general dentistry~~

Scope of practice for general dental practice

Dentists

~~Scope of Practice for General Dental Practice~~

~~The scope of practice for general dental practice is the practice of dentistry as set out in the documented "Detailed Scope of Practice for General Dental Practice" produced and published from time to time by the Dental Council of New Zealand.~~

~~It involves the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner's approved education, training and competence.~~

~~Detailed Scope of Practice for General Dental Practice~~

~~The Dental Council of New Zealand defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner's approved education, training and competence.~~

~~General dental practice encompasses the practice of dentistry in the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures in accordance with this scope of practice and a dentist's approved education, training, experience and competence.~~

~~This involves~~General dental practice includes:

- diagnosing orofacial conditions and providing appropriate information to patients of diagnosis, treatment or management options and their consequences
- removing tooth tissue and/or placing materials for either the temporary or permanent restoration or replacement of tooth structure or the rehabilitation of the dentition
- performing procedures on the orofacial complex, teeth, and the hard and soft tissues surrounding or supporting the teeth
- extracting teeth
- administering local analgesia and/or sedative drugs in connection with procedures on the teeth, jaws and the soft tissues surrounding or supporting the teeth

- prescribing medicines appropriate to the scope of practice, the sale or supply of which is restricted by law to prescription by designated health practitioners
- prescribing special tests in the course of dental treatment
- using ionising radiation, for diagnostic purposes, in the course of the practice of dentistry
- performing procedures on any person to prepare for or carry out the construction, fitting, adjustment, repair, or renewal of artificial dentures or restorative or corrective dental appliances.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of general dental 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. ~~relevant Code of Practice.~~**

Prescribed qualifications for the scope of practice for general dental practice of general dentistry

New Zealand

- Bachelor of Dental Surgery, University of Otago
- Bachelor of Dental Surgery with Honours, University of Otago

Australia

- an Australian Dental Council (ADC) accredited programme ¹
- a Dental Board of Australia approved programme of study providing a qualification for the purpose of registration in general dentistry in Australia²
- a five-year undergraduate dental degree and a pass in the Australian Dental Council licensing examinations.

General Dental Council (GDC) accredited dental schools in the UK and Commonwealth countries

- a GDC accredited undergraduate dental degree from a GDC accredited dental school in the UK, or Commonwealth as listed below.

Dental School	Dates of recognition – student must have completed and satisfied all programme requirements before the end-date listed below
Western Cape	Before 1 January 1998
Hong Kong	Before 1 January 2001
Singapore	Before 1 January 2001
Witwatersrand	Before 1 January 2001
Pretoria	Before 1 January 2001
Stellenbosch	Before 1 January 2001
Medical University of South Africa	1 January 1997 - 31 December 2000

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

USA and Canada

- ~~a Commission on Dental Accreditation (CDA) accredited undergraduate dental degree from a CDA accredited dental school in the USA or Canada~~
- an accredited undergraduate dental degree from the Commission on Dental Accreditation in the USA or the Commission on Dental Accreditation of Canada
- a five-year undergraduate dental degree and a pass in the USA licensing examinations
- a five-year undergraduate dental degree and a pass in the National Dental Examining Board of Canada Equivalency Examination Process³.

Other

- a five-year undergraduate dental degree and a pass in the New Zealand Dental Registration Examinations⁴.

³ A pass in any of the National Dental Examining Board of Canada Equivalency Examinations after 3 March 2014

⁴ Administered by the National Dental Examining Board of Canada on behalf of the Dental Council since August 2015

Scope of practice for endodontic specialists

Endodontic specialists practise in the branch of dentistry that is concerned with the morphology and pathology of the pulpo-dentine complex and periradicular tissues. Its study and practice encompass the basic clinical sciences including the biology of the normal pulp, and the aetiology, diagnosis, prevention, and treatment of diseases and injuries to the pulp and associated periradicular tissues.

Specialist endodontics is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of endodontic 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 endodontic specialists

New Zealand

- MDS (Endodontics) University of Otago
- DClinDent (Endodontics) University of Otago.

Australia

- an ADC accredited MDS or MDSc or DClinDent programme in endodontics¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in endodontics in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Endodontic Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for oral and maxillofacial surgery specialists

Oral and maxillofacial surgery specialists practise ~~in the branch of dentistry in that part of surgery~~ which deals with the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects of the human jaws and associated structures.

Specialist oral and maxillofacial surgery is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of oral and maxillofacial surgery 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 oral and maxillofacial surgery specialists

New Zealand

- MDS/MBChB (Oral and Maxillofacial Surgery) University of Otago
- DClinDent (Oral and Maxillofacial Surgery) University of Otago¹.

Australia

- an ADC accredited MDS or MDSc or DClinDent programme in oral and maxillofacial surgery², and a medical degree from a medical school listed in the World Directory of Medical Schools³
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in oral and maxillofacial surgery in Australia⁴, and a medical degree from a medical school listed in the World Directory of Medical Schools.

Australasia

- Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery)⁵.

United Kingdom

- registration in oral and maxillofacial surgery with the General Medical Council, United Kingdom.

¹ Entry criteria require completed undergraduate dentistry and medical degrees

² Before 30 June 2010, and before 17 October 2010 for Western Australia

³ WHO World Directory of Medical Schools replaced by Avicenna since August 2008, and the Faimer IMED Directory signed an agreement in March 2012 with WFME's Avicenna Directory to collaborate in single directory - World Directory of Medical Schools

⁴ From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

⁵ Conferred from 15 March 2012

USA and Canada

- Board certification in oral and maxillofacial surgery in a United States of America or Canadian state and possession of a medical degree from a medical school listed in the World Directory of Medical Schools and dental degree.

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Oral and Maxillofacial Surgery Specialist Examination.

Scope of practice for oral medicine specialists

Oral medicine specialists practise in the branch of dentistry that is concerned with the oral health care of patients with chronic and medically related disorders of the oral and maxillofacial region, and with their diagnosis and non-surgical management.

Specialist oral medicine is undertaken by a dental practitioner who possesses additional postgraduate, qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of oral medicine 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 oral medicine specialists

New Zealand

- MDS/MBChB (Oral Medicine) University of Otago
- DClinDent (Oral Medicine) University of Otago and a medical degree from a medical school listed in the World Directory of Medical Schools^{1,2}.

Australia

- an ADC accredited MDS or MDSc or DClinDent programme in oral medicine and a medical degree from a medical school listed in the World Directory of Medical Schools³
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in oral medicine in Australia and a medical degree from a medical school listed in the World Directory of Medical Schools⁴.

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Oral Medicine Specialist Examination.

¹ Conferred from 2013

² WHO World Directory of Medical Schools replaced by Avicenna since August 2008, and the Faimer IMED Directory signed an agreement in March 2012 with WFME's Avicenna Directory to collaborate in single directory - World Directory of Medical Schools

³ Before 30 June 2010, and before 17 October 2010 for Western Australia

⁴ From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for oral pathology specialists

Oral pathology specialists practise in the branch of **pathology dentistry** which deals with that nature of diseases affecting the oral, maxillofacial and adjacent regions.

Specialist oral pathology is undertaken by a dental practitioner who possesses additional postgraduate, qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of oral pathology 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 oral pathology specialists

New Zealand

- MDS (Oral Pathology) University of Otago
- DClinDent (Oral Pathology) University of Otago.

Australia

- an ADC accredited MDS or MDS_c or DClinDent programme in oral pathology¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in oral pathology in Australia².

Australasia

- Fellowship in Oral and Maxillofacial Pathology from the Royal College of Pathologists of Australasia³.

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Oral Pathology Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

³ Conferred from 2016

Scope of practice for oral surgery specialists

Oral surgery specialists practise in the branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dento-alveolar tissues.

Specialist oral surgery is undertaken by a dental practitioner who possesses additional postgraduate qualifications and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of oral surgery 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 oral surgery specialists

New Zealand

- DClinDent (Oral Surgery) University of Otago¹
- specialist registration as an oral surgeon with the Dental Council New Zealand as at 18 September 2004.

Australia

- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in oral surgery in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the speciality, evidence of research activity and a pass in the New Zealand Oral Surgery Specialist Examination.

¹ Conferred from 2016

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for orthodontic specialists

Orthodontic specialists practise in the branch of dentistry that is concerned with the supervision, guidance and correction of the growing and mature dentofacial structures and includes the diagnoses, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures.

Specialist orthodontics is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training, and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of orthodontic 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 specialists

New Zealand

- MDS (Orthodontics) University of Otago
- DClinDent (Orthodontics) University of Otago.

Australia

- an ADC accredited MDS or MDS_c or DClinDent programme in orthodontics¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in orthodontics in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Orthodontic Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for paediatric dentistry specialists

Paediatric dentistry specialists practise in the branch of dentistry that is concerned with oral health care for children from birth through to adolescence. It includes management of orofacial problems related to medical, behavioural, physical or developmental disabilities. It may include management of adults with special needs.

Specialist paediatric dentistry is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of paediatric dentistry 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 paediatric dentistry specialists

New Zealand

- MDS (Paediatric Dentistry) University of Otago
- DClinDent (Paediatric Dentistry) University of Otago.

Australia

- an ADC accredited MDS or MDS^c or DClinDent programme in paediatric dentistry¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in paediatric dentistry in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Paediatric Dentistry Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for periodontic specialists

Periodontic specialists practise in the branch of dentistry that is concerned with the prevention, diagnosis and treatment of diseases or abnormalities of the supporting tissues of the teeth or their substitutes.

Specialist periodontics is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of periodontology 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 periodontic specialists

New Zealand

- MDS (Periodontics) University of Otago
- DClinDent (Periodontics) University of Otago.

Australia

- an ADC accredited MDS or MDS_c or DClinDent programme in periodontics¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in periodontics in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Periodontic Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for prosthodontic specialists

Prosthodontic specialists practise in the branch of dentistry that is concerned with diagnosis, treatment planning, rehabilitation and maintenance of patients with a range of clinical conditions involving missing or deficient teeth and/or craniofacial tissues, using biocompatible substitutes.

Specialist prosthodontics is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of prosthodontic 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 prosthodontic specialists

New Zealand

- MDS (Prosthodontics) University of Otago
- DClinDent (Prosthodontics) University of Otago.

Australia

- an ADC accredited MDS or MDS_c or DClinDent programme in prosthodontics¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in prosthodontics in Australia².

USA and Canada

- certificate in prosthodontics from a three-year programme ~~CDA~~ accredited dental school by the Commission on Dental Accreditation in the USA or the Commission on Dental Accreditation of Canada, ~~in the USA or Canada~~ and evidence of research activity.

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Prosthodontic Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for public health dentistry (or community dentistry) specialists

Dental public health (community) specialists practise in the branch of dentistry that is concerned with the science and art of preventing oral disease, promoting oral health and improving the quality of life through the organised efforts of society.

Specialist public health (community) dentistry is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Please note: Existing specialists may apply to the Dental Council to retain the previous title if they wish.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of public health dentistry 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 public health dentistry (or community dentistry) specialists

New Zealand

- MComDent University of Otago.

Australia

- an ADC accredited MDS or MDSc programme in Public Health Dentistry¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in public health in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Public Health Dentistry Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for restorative dentistry specialists

Restorative dentistry specialists practise in the branch of dentistry that is concerned with dental procedures in the dentulous or partially edentulous mouth. This may include operative, endodontic, periodontic, orthodontic and prosthetic procedures.

Specialist restorative dentistry is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Please note: Restorative Dentistry as a scope of practice is no longer available to new registrants. Only those practitioners who were registered in the scope on 18 September 2004 may practice in this scope.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of restorative dentistry 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 restorative dentistry specialists

New Zealand

- Specialist registration as a Restorative Dentist with the Dental Council New Zealand as at 18 September 2004.

Scope of practice for special needs dentistry specialists

Special needs dentistry specialists practise in the branch of dentistry that is concerned with the oral health care of people adversely affected by intellectual disability, medical, physical or psychiatric issues.

(NB Special needs specialists who wish to identify their particular expertise in hospital dentistry can apply to the Dental Council to use the specialist title “Special needs dentistry (hospital)”.)

Specialist special needs dentistry is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Dental Council as appropriate for registration.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of special needs dentistry 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 special needs dentistry specialists

New Zealand

- MDS (Special Needs) University of Otago
- DClinDent (Special Needs) University of Otago.

Australia

- an ADC accredited MDS or MDSc programme in Special Needs Dentistry¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of specialist registration in special needs dentistry in Australia².

Other

- two years or more of full-time equivalent postgraduate training in the specialty ~~at a recognised tertiary academic institution or equivalent~~, evidence of research activity and a pass in the New Zealand Special Needs Dentistry Specialist Examination.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope of practice for dental hygiene

~~Notice of Scopes of Practice and Prescribed Qualifications~~

~~Issued by the Dental Council pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003~~

~~Dental Hygiene~~

~~Scope of Dental Hygiene Practice~~

~~The scope of practice for dental hygiene is set out in the documented “Detailed Scope of Practice for Dental Hygiene Practice” produced and published from time to time by the Dental Council.~~

~~Dental hygiene practice is a subset of the practice of dentistry, and is commensurate with a dental hygienist’s approved education, training and competence.~~

~~A dental hygienist’s major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist’s primary task is in prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients’ personal care to maintain sound oral tissues as an integral part of their general health.~~

~~The practice of dental hygiene is the prevention and non-surgical treatment of periodontal diseases through the provision of oral health assessment, diagnosis, management and treatment of any disease, disorder or condition of the orofacial complex and associated structures in accordance with this scope of practice and a dental hygienist’s approved education, training, experience and competence.~~

~~A dental hygienist guides patients’ personal care to maintain sound oral tissues as an integral part of a patient’s general health.~~

~~Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist¹ though s. Some aspects of the scope of practice are provided under direct clinical supervision².~~

~~Detailed Scope of Practice for Dental Hygiene Practice~~

~~The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.~~

~~Dental hygiene practice is a subset of the practice of dentistry, and is commensurate with a dental hygienist’s approved education, training and competence.~~

~~A dental hygienist’s major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist’s primary task is in prevention and~~

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 ~~will be~~ 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.

~~non-surgical treatment of periodontal diseases. A dental hygienist guides patients' personal care to maintain sound oral tissues as an integral part of their general health.~~

Dental hygiene practice ~~includes: involves the following aspects-~~

Provided under clinical guidance

- obtaining and reassessing medical and dental health histories
- examination of oral tissues and recognition of abnormalities
- assessing and provisionally diagnosing disease of periodontal tissues, and appropriate referral
- obtaining informed consent for dental hygiene care plans
- providing oral health education, information, promotion and counselling
- scaling, debridement and prophylaxis of supra and subgingival tooth surfaces
- applying and dispensing non-prescription preventive agents and fissure sealants
- applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- administering topical local anaesthetic
- taking impressions, recording occlusal relationships and making study models
- taking impressions, constructing and fitting mouthguards and bleaching trays
- taking intra and extra-oral photographs
- performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings
- recontouring and polishing of restorations
- taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium³
- taking extra-oral radiographs
- assisting the dentist or dental specialist in implementing orthodontic treatment plans, prepared by the dentist or dental specialist responsible for the patient's clinical care outcomes, through performing the following orthodontic procedures:
 - tracing cephalometric radiographs
 - supragingival polishing of teeth (as part of oral hygiene, before bonding and after removal of fixed attachments)
 - providing oral hygiene instruction and advice on the care and maintenance of orthodontic appliances
 - making study models, and fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature.

³ ~~Section 15 of the Radiation Protection Act 1965 requires non-licensed persons who take x rays to do so under the supervision or instructions of a person who holds a licence under that Act.~~

Provided under the direct clinical supervision of a dentist or dental specialist

- applying prescription preventive agents
- administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques
- assisting the dentist or dental specialist in implementing orthodontic treatment plans, prepared by the dentist or dental specialist responsible for the patient's clinical care outcomes, through performing the following orthodontic procedures:
 - placing separators
 - sizing of metal bands and their cementation including loose bands during treatment
 - preparation of teeth for the bonding of fixed attachments and fixed retainers
 - indirect bonding of brackets as set up by the dentist or dental specialist
 - placing archwires as formed by the dentist or dental specialist when necessary and replacing ligatures /closing self-ligating brackets
 - 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 using burs in slow speed handpieces where there is minimal potential for the removal of enamel
 - trial fitting of removable appliances. This does not include activation
 - fitting of passive removable retainers
 - bonding preformed fixed retainers.

~~Dental hygiene practice includes teaching, research and management given that such roles influence clinical practice and public safety.~~

Practice in this context goes wider than clinical dental hygiene practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of dental hygiene 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 of for dental hygiene

New Zealand

- Bachelor of Oral Health, University of Otago before 1 November 2017
- Bachelor of Health Science in Oral Health, Auckland University of Technology before 1 November 2017
- Certificate in Dental Hygiene issued by Otago Polytechnic and approved experience in the provision of oral health services within the scope of dental hygiene practice, and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography
- New Zealand Defence Force training programme in Dental Hygiene and approved experience in the provision of oral health services within the scope of dental hygiene practice, and Dental

Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography

- Diploma in Dental Hygiene issued by a New Zealand educational institution, and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography
- Diploma in Dental Hygiene, University of Otago (Orthodontic Procedures conferred from 2002) and Dental Council approved courses for Administering Local Anaesthetic and Extra-oral Radiography
- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago.

Australia

- an Australian Dental Council accredited programme that included education in Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography and registration in Australia¹
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of registration in dental hygiene in Australia that included education in Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography and registration in Australia².

General Dental Council (GDC) accredited dental schools in the UK

- a General Dental Council (GDC) accredited undergraduate dental hygiene degree or diploma from the United Kingdom, and registration with the GDC, and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography
- a Certificate or Diploma in Dental Hygiene conferred by the GDC, registration with the GDC, and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography.

USA or Canada

- an undergraduate dental hygiene degree or diploma or undergraduate dental degree and a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination, and
a pass in a USA or Canadian regional or state board dental hygiene clinical examination, and
registration with a USA or Canadian dental authority, and
Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography
- a Commission on Dental Accreditation **in the USA (~~GDA~~) or Commission on Dental Accreditation of Canada** accredited undergraduate dental hygiene degree or diploma, and
a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination, and
registration with a USA or Canadian dental authority, and

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography.

Other

- an undergraduate dental hygiene degree or diploma, or undergraduate dental degree, and a pass in the Dental Council Dental Hygiene Registration Examination.

Scope of practice for dental therapy

Dental Therapists

Scope of Dental Therapy Practice

The scope of practice for dental therapists is set out in the documented “Detailed Scope of Practice for Dental Therapy Practice” produced and published from time to time by the Dental Council.

Dental therapy practice is a subset of the practice of dentistry, and is commensurate with a dental therapist’s approved education, training and competence.

Dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Disease prevention and oral health promotion and maintenance are core activities.

The practice of dental therapy is the provision of oral health assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures in accordance with this scope of practice, and a dental therapist’s approved education, training, experience and competence. Dental therapy services are provided to children and adolescents up to age 18.

Disease prevention, oral health promotion and maintenance are core activities.

Dental therapists have a consultative working relationship¹ with dentists or dental specialists which is documented in an agreement between the parties.

Detailed Scope of Practice for Dental Therapy Practice

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.

Dental therapy practice is a subset of the practice of dentistry, and is commensurate with a dental therapist’s approved education, training and competence.

Dental therapists and dentists have a consultative working relationship, which is documented in an agreement between the parties.

In collaboration with dentists and other health care professionals, and in partnership with individuals, whānau and communities, dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Disease prevention and oral health promotion and maintenance are core activities.

Dental therapy practice includes: involves:

- obtaining medical histories and consulting with other health practitioners as appropriate
- examination of oral tissues, diagnosis of dental caries and recognition of abnormalities
- preparation of an oral care plan
- informed consent procedures
- administration of local anaesthetic using dentoalveolar infiltration, inferior dental nerve block and topical local anaesthetic techniques

¹ Further detail on the consultative working relationship between dental therapists and dentists or dental specialists is set out in the relevant Dental Council Practice Standard

- preparation of cavities and restoration of primary and permanent teeth using direct placement of appropriate dental materials
- extraction of primary teeth
- pulp capping in primary and permanent teeth
- preventive dentistry including cleaning, polishing and scaling (to remove deposits in association with gingivitis), fissure sealants, and fluoride applications
- oral health education and promotion
- taking of impressions for, constructing and fitting mouthguards²
- referral as necessary to the appropriate practitioner/agency
- performing pulpotomies on primary teeth
- taking and interpreting periapical and bitewing radiographs
- preparing teeth for and placing stainless steel crowns on primary teeth.

~~Dental therapy practice includes teaching, research and management given that such roles influence clinical practice and public safety.~~

Practice in this context goes wider than clinical dental therapy practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of dental therapy 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 ~~of~~ for dental therapy

New Zealand

- Bachelor of Oral Health, University of Otago before 1 November 2017
- Bachelor of Health Science in Oral Health, Auckland University of Technology before 1 November 2017
- Certificate in Dental Therapy or Certificate in Dental Nursing (issued by the Department of Health or a New Zealand educational institution), and
approved experience in the provision of dental therapy services within the scope of dental therapy practice (including interpreting periapical and bitewing radiographs under the direction and supervision of a dentist who can attest to competency), and
evidence of successful completion of Dental Council approved courses for Pulpotomies and Stainless Steel Crowns and Radiography and Diagnostic Radiography, or an exemption certificate for radiography issued by the New Zealand Medical Radiation Technologists Board (~~MRTB~~) current as at 18 September 2004
- Diploma in Dental Therapy (issued by a New Zealand educational institution), and
approved experience in the provision of dental therapy services within the scope of dental therapy practice (including interpreting periapical and bitewing radiographs under the direction and supervision of a dentist who can attest to competency), and

² Dental therapists who have not received training in this area as part of their undergraduate programme can undertake this activity only in accordance with the Dental Council's Standards Framework for Oral Health Practitioners.

evidence of successful completion of Dental Council approved courses for Pulpotomies and Stainless Steel Crowns and Radiography and Diagnostic Radiography (excluding a Diploma in Dental Therapy issued by University of Otago or an exemption certificate for radiography issued by the New Zealand Medical Radiation Technologists Board (~~MRTB~~) current as at 18 September 2004)

- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago.

Australia

- an Australian Dental Council accredited programme that included education in Pulpotomies, Stainless Steel Crowns, Radiography and Diagnostic Radiography and registration in Australia³
- a Dental Board of Australia approved programme of study providing a qualification for the purposes of registration in dental therapy in Australia that included education in Pulpotomies, Stainless Steel Crowns, Radiography and Diagnostic Radiography and registration in Australia⁴.

Other

- undergraduate dental therapy degree or diploma, or an undergraduate dental degree, and a pass in the Dental Council Dental Therapy Registration Examination.

³ Before 30 June 2010, and before 17 October 2010 for Western Australia

⁴ From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia

Scope for adult care in dental therapy practice

The practice of dental therapy on adults is the provision of oral health assessment, treatment, management and prevention services within the general dental therapy scope of practice for adult patients aged 18 years and older ~~that is~~. Depending on the dental therapist's qualifications this is provided in a team situation under direct clinical supervision¹ or the clinical guidance² of a practising dentist or dental specialist. Disease prevention, ~~and~~ oral health promotion and maintenance are core activities.

Practice in this context goes wider than clinical dental therapy practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of adult care in dental therapy 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 adult care in dental therapy

Prescribed qualifications for practising under clinical guidance

- Certificate in Dental Therapy (issued by the Department of Health or a New Zealand educational institution); ~~and registration in the scope of practice for dental therapy Scope of General Dental Therapy practice~~ and a Dental Council accredited qualification in adult dental therapy practice³
- Diploma in Dental Therapy (issued by a New Zealand educational institution); ~~and registration in the scope of practice for dental therapy Scope of General Dental Therapy practice~~ and a Dental Council accredited qualification in adult dental therapy practice
- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; ~~and registration in the scope of practice for dental therapy Scope of General Dental Therapy practice~~ and a Dental Council accredited qualification in adult dental therapy practice
- Bachelor of Health Science in Oral Health, Auckland University of Technology; ~~and registration in the scope of practice for dental therapy Scope of General Dental Therapy practice~~ and a Dental Council accredited qualification in adult dental therapy practice
- Bachelor of Oral Health, University of Otago; ~~and registration in the scope of practice for dental therapy Scope of General Dental Therapy practice~~ and a Dental Council accredited qualification in adult dental therapy practice.

Prescribed qualifications for practising under direct clinical supervision

- Currently no training programmes have been accredited.

¹ **Direct clinical supervision** means the clinical supervision provided to a dental therapist by a practising dentist or dental specialist when the dentist is present on the premises at the time the dental therapy work is carried out.

² **Clinical guidance** means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists and dentists/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 specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the adult patient group.

³ Currently no training programmes have been accredited.

For applications received before 19 September 2004

- Certificate in Dental Therapy (issued by the Department of Health or a New Zealand educational institution); registration in the Scope of General Dental Therapy Practice and approved experience in the provision of oral healthcare to adults under the direction and supervision of a dentist, who can attest to competency
- Diploma in Dental Therapy (issued by a New Zealand educational institution); registration in the Scope of General Dental Therapy Practice and approved experience in the provision of oral healthcare to adults under the direction and supervision of a dentist, who can attest to competency
- Bachelor of Health Science (Endorsement in Dental Therapy), University of Otago; registration in the Scope of General Dental Therapy practice and approved experience in the provision of oral healthcare to adults under direction and supervision of a dentist, who can attest to competency.

Scope of practice for oral health therapy

Updated scope effective from 1 November 2019¹

Oral health therapy

Scope of practice for oral health therapy

~~The scope of practice for oral health therapy is the practice of oral health therapy as set out in the documented “Detailed Scope of Practice for Oral Health Therapy” produced and published from time to time by the Dental Council. Oral health therapy is a part of the practice of dentistry.~~

~~Oral health therapists provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice, and commensurate with their approved education, training and competence.~~

The practice of oral health therapy is the provision of oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with this scope of practice and an oral health therapist’s approved education, training, experience and competence.

Oral health education, disease prevention and oral health promotion for individuals and communities are core activities, aimed at achieving and maintaining oral health as an integral part of general health.

Oral health therapists practise as part of the dental team and work collaboratively with other oral health practitioners and health practitioners to provide appropriate and comprehensive care to the benefit of patients’ overall health.

Oral health therapists and dentists have a consultative professional relationship. The relationship may be held between an oral health therapist and one dentist or dental specialist or an oral health therapist and a number of dentists or dental specialists. The establishment and maintenance of the consultative professional relationship is required for the practice of oral health therapy.

Practitioners within the consultative professional relationship are jointly responsible and accountable for the standard of decisions and care delivered to patients based on professional advice sought and given. Practitioners may wish to jointly develop a document containing agreed processes to support the consultative professional relationship and ensure advice is readily available when needed, however this is not mandatory.

~~Areas of oral health practice not included in an oral health therapist’s education must not be undertaken unless the practitioner has since completed appropriate further education and practises within the detailed oral health therapy scope of practice and to the standards required by the Council.~~

~~Detailed scope of practice for oral health therapy~~

~~Practised commensurate with the oral health therapist’s approved education, training and competence, oral health therapy involves:~~

¹ OHT scope changes approved in 9 September 2019 and gazetted ~~x~~ October 2019

Oral health therapy practice includes:

- obtaining and assessing medical and oral health histories
- examining oral tissues and recognising abnormalities
- taking and interpreting intra and extra-oral radiographs
- taking intra and extra-oral photographs
- diagnosing dental caries for patients
- diagnosing periodontal disease
- preparing oral health care plans
- consulting with other health practitioners as appropriate
- referring as necessary to the appropriate practitioner/agency
- obtaining informed consent
- providing oral health education, information and counselling to patients
- applying and dispensing non-prescription preventive agents
- applying and dispensing prescription medicines and preventive agents
- applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- applying fissure sealants
- administering topical local anaesthetic
- administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques
- removing hard and soft deposits from all tooth surfaces
- extracting primary teeth
- restorative activities:
 - preparing cavities and restoring primary and permanent teeth using direct placement of dental materials
 - performing pulpotomies on primary teeth
 - preparing primary teeth for, and placing, stainless steel crowns
- recontouring and polishing restorations
- taking impressions, recording occlusal relationships, and making study models
- constructing and fitting mouthguards and bleaching trays
- performing postoperative procedures such as removal of sutures and placement and removal of periodontal dressings
- promoting the oral health of communities by:
 - raising awareness of oral health and its effect on general health and well-being
 - designing and implementing oral health promotion projects, and evaluating their effectiveness, in response to the oral health needs of specific communities
- assisting the dentist or dental specialist in implementing orthodontic treatment plans through performing the following orthodontic procedures:
 - tracing cephalometric radiographs

- fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- assisting the dentist or dental specialist in implementing orthodontic treatment plans, as directed by the dentist or dental specialist who is responsible for the patient's clinical care outcomes and is on-site at the time, through performing the following orthodontic procedures:
 - 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.

Practice in this context goes wider than clinical oral health therapy practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of oral health therapy 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 oral health therapy

New Zealand

- University of Otago Bachelor of Oral Health² and a Dental Council New Zealand accredited Adult restorative programme
- Auckland University of Technology Bachelor of Health Science in Oral Health³ and a Dental Council New Zealand accredited Adult restorative programme.

Australia

- Dental Board of Australia-approved programmes that allow graduates registration in the Oral Health Therapist Scope of Practice in Australia. For those Australian programmes where the adult restorative treatment is not accredited as part of the undergraduate programme, a Dental Council New Zealand accredited programme is required to remove the Adult restorative treatment exclusion.

Other

- New Zealand Oral Health Therapist Registration Examination and a Dental Council New Zealand accredited Adult restorative programme.

² Qualification obtained since 2009 onwards

³ Qualification obtained since 2008 onwards

Scope of practice for dental technology

Dental Technicians

Scope for Dental Technology Practice

The Scope of Practice for Dental Technicians is set out in the documented “Detailed Scope for Dental Technology Practice” produced and published from time to time by the Dental Council.

Dental Technology practice is a subset of the practice of dentistry, and is commensurate with a Dental Technician's approved education, training and competence.

It involves processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner.

Detailed Scope for Dental Technology Practice

- The Dental Council defines the practice of Dental Technology as processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner.

The practice of dental technology involves the processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extra-oral appliances and prostheses prescribed by a practising health practitioner¹, and carried out in accordance with this scope of practice and a dental technician's approved education, training, experience and competence².

The working relationship between dental technicians and prescribing practising health practitioners is set out in Code of Practice – The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry.

This involves: Dental Technology practice includes:

- selection of appropriate dental materials for the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner
- processes and procedures associated with the design, manufacture and repair of:
 - complete removable dentures and overdentures
 - removable partial dentures including precision attachments
 - fixed and removable orthodontic appliances
 - crowns and bridges including precision attachments on natural teeth and implants
 - implant overdentures and implant supported dentures
 - tissue and implant supported maxillofacial, ocular and auricular appliances and prostheses, and other appliances and prostheses involved in the overall prosthetic rehabilitation of patients

¹ Appliances and prostheses are prescribed by a practising dentist, dental specialist, clinical dental technician, medical practitioner or other practising health practitioner

² The working relationship between dental technicians and prescribing health practitioners is set out in the relevant Dental Council Practice Standard.

- specialist treatment appliances such as, but not limited to: diagnostic stents and radiographic stents, appliances for the treatment of temporomandibular disorders, appliances for the treatment of speech disorders, appliances for the treatment of sleep disorders and appliances for the treatment of audio disorders.
- undertaking shade taking and shade checking, which may include the removal of a pre-loosened temporary restoration and try-in of the permanent restoration, without removal or placement of an abutment, as prescribed by and prior to the final fitting³ by a dentist or dental specialist.

Practice in this context goes wider than dental technology **practice** to include teaching, research, and management, given that such roles influence clinical and technical practice and public safety. Areas of dental technology practice that were not included in a practitioner's training should not be undertaken unless the practitioner has completed appropriate training and practices to the standard required by the **Standards Framework for Oral Health Practitioners** ~~relevant Code of Practice~~.

Prescribed qualifications for the scope of practice ~~of~~ for dental technology

New Zealand

- Bachelor of Dental Technology, University of Otago
- Bachelor of Dental Technology with Honours, University of Otago
- Diploma in Dental Technology, issued by a New Zealand educational institution, and commenced prior to 18 September 2004.

Other

- an approved overseas dental technology qualification and a pass in the New Zealand Dental Technicians Registration Examination.

³ Final fitting for dental technicians means ensuring the patient returns to the prescribing dentist /dental specialist as soon as possible on the same day for the refitting of the temporary or permanent restoration

Scope of practice for clinical dental technology

~~The Scope of Practice for Clinical Dental Technicians is set out in the documented “Detailed Scope for Clinical Dental Technology Practice” produced and published from time to time by the Dental Council.~~

~~Clinical Dental Technology practice is a subset of the practice of dentistry, and is commensurate with a Clinical Dental Technician's approved education, training and competence.~~

~~It involves the scope of practice for Dental Technology, plus the fitting of complete removable dentures and the fitting of some other types of removable dentures and oral and extraoral appliances under specific conditions — as set out in the detailed scope of practice.~~

~~The working relationship between clinical dental technicians and prescribing practising health practitioners is set out in the Dental Council Code of Practice—The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry.~~

~~The practice of clinical dental technology involves the processes and procedures associated with taking impressions, undertaking other non-invasive clinical procedures related to the design, manufacture, repair and fitting of complete or partial fixed and removable oral and extra-oral appliances and prostheses, in accordance with this scope of practice and the clinical dental technician's approved education, training, experience and competence¹.~~

~~Detailed Scope for Clinical Dental Technology Practice~~

~~The Dental Council defines the practice of clinical dental technology as:~~

- ~~• processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extraoral appliances and prostheses prescribed by a practising dentist, dental specialist, medical practitioner or other authorised health practitioner as set out in the detailed scope for dental technology practice.~~
- ~~• taking impressions and undertaking other non-invasive clinical procedures involved in the fitting of removable complete dentures and the fitting of some other types of removable dentures and oral and extraoral appliances under specific conditions as set out below and as described below.~~
- ~~• taking impressions and undertaking other non-invasive clinical procedures involved in the trial fitting and repair of removable complete and partial implant overdentures prescribed and the final fitting¹ by a dentist or dental specialist.~~

~~As well as the activities delineated in the detailed scope for dental technology practice, clinical dental technology practice involves:~~

¹ The working relationship between clinical dental technicians and prescribing health practitioners is set out in the relevant Dental Council Practice Standard.

Clinical dental technology practice includes:

- activities described in the scope of practice for dental technology
- taking impressions and undertaking other non-invasive clinical procedures involved in:
 - the fitting and relining of removable complete dentures when there are no natural teeth remaining and there is no diseased or unhealed hard or soft tissue
 - ~~taking impressions and undertaking other non-invasive clinical procedures involved in~~ the fitting and relining of removable partial dentures subject to the patient having obtained an oral health certificate from a dentist or dental specialist; and
 - ~~taking impressions and undertaking other non-invasive clinical procedures involved in~~ the construction of removable complete and partial immediate dentures on the prescription of, and prior to the fitting by a dentist or dental specialist
 - ~~taking impressions, relining and undertaking other non-invasive clinical procedures involved in the relining and~~ construction of removable complete and partial root/tooth overdentures subject to the patient having obtained an oral health certificate from and on the prescription of a dentist or dental specialist, and prior to the final fitting² by a dentist or dental specialist
- processes and procedures associated with extraoral maxillofacial prostheses, for those with formal training or if they can demonstrate that they have the requisite knowledge and training to undertake this work³:
 - taking impressions and undertaking other non-invasive clinical procedures involved in the fitting, construction and repair of extra-oral maxillofacial prostheses, that are not in direct communication with the naso- or the oropharyngeal airway under the prescription of a dentist, dental specialist or medical practitioner, who remains responsible for the clinical outcomes of the patient
 - taking impressions of maxillofacial defects that are in direct communication with the naso- or the oropharyngeal airway, for those clinical dental technicians with formal training or if they can demonstrate that they have the requisite knowledge and training to undertake this work, and only under the direct clinical supervision of a dentist, dental specialist or medical practitioner qualified to manage an airway emergency, who remains responsible for the clinical outcomes of the patient
 - taking impressions and undertaking other non-invasive clinical procedures involved in the construction of removable complete and partial implant overdentures on the prescription of, and prior to the final fitting¹ by a dentist or dental specialist. This does not include removal or placement of abutments such as healing, temporary or permanent, or fixture level/subgingival impression copings
 - repairing and/or relining of removable complete and partial implant overdentures on the prescription of and prior to the final fit¹ by a dentist or dental specialist and appropriate referral when indicated
 - designing, constructing, repairing and supplying appliances for the treatment of sleep disorders only on the prescription of a registered dentist, dental specialist or medical practitioner
 - taking impressions and undertaking other non-invasive procedures involved in the construction of an anti-snoring device, however, only a dentist, dental specialist or medical practitioner, who retains responsibility for the clinical care outcomes, can perform the final fit¹ of the appliance

² Final fitting for clinical dental technicians means ensuring the patient is referred back to the prescribing dentist/dental specialist for the subsequent management and ongoing monitoring of that patient's oral health.

³ Practitioners should demonstrate that they have the requisite knowledge and training to undertake extraoral maxillofacial prostheses work in accordance with the Standards Framework.

- in relation to the above activities:
 - obtaining medical and dental histories and consulting with other health practitioners as appropriate
 - examination of the oral tissues to ensure that the patient's mouth is fit for purpose and free of disease, disorder or abnormality
 - referral of patients to a dentist, dental specialist or medical practitioner when any disease, disorder or abnormality is detected
 - referral of patients to a dentist, dental specialist or medical practitioner for a prescription for an oral health certificate and treatment plan where required
 - preparation of a treatment plan (in association with a prescription if required) and communicating this to the patient
 - oral health education and promotion.

Practice in this context goes wider than clinical ~~dentistry~~ dental technology practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of clinical dental technology 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 by the Dental Council Policy on Advanced Areas of Practice and the Code of Practice on The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry.~~

Prescribed qualifications for the scope of practice of clinical dental technology

New Zealand

- Registration in the dental technology scope of practice and a Postgraduate Diploma in Clinical Dental Technology University of Otago.

Scope of practice for implant overdentures

~~The Scope for Implant Overdentures in Clinical Dental Technology Practice is set out in the documented “Detailed Scope for Implant Overdentures” produced and published from time to time by the Dental Council.~~

~~The scope involves clinical procedures associated with the design, manufacture, trial fitting and repair of removable complete and partial implant overdentures prescribed and fitted by a practising dentist or dental specialist.~~

~~Detailed scope of practice for implant overdentures~~

~~The practice of implant overdentures by clinical dental technicians is the processes and procedures associated with taking impressions, undertaking other non-invasive clinical procedures related to the design, manufacture, repair and trial fitting of removable complete and partial implant overdentures, in accordance with this scope of practice and the clinical dental technician’s additional approved education, training, experience and competence¹.~~

~~The scope for implant overdenture practice includes:~~

- ~~• the activities described in the scopes of practice for dental technology and clinical dental technology~~
- ~~• taking impressions and undertaking other non-invasive clinical procedures involved in the construction of removable complete and partial implant overdentures on the prescription of, and prior to the final fitting² by, a dentist or dental specialist~~
- ~~• repairing removable complete and partial implant overdentures prescribed and fitted by a dentist or dental specialist and appropriate referral when indicated~~
- ~~• relining removable complete and partial implant overdentures on the prescription of, and prior to the final fitting by a dentist or dental specialist².~~

~~Practice in this context goes wider than clinical dental technology practice to include teaching, research, and management, given that such roles influence clinical practice and public safety. Areas of implant overdentures 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 implant overdentures

Other

- ~~• Until 1 July 2017 - registration as a Clinical Dental Technician plus evidence of appropriate training, completion or commencement of at least 8 documented cases and a competency attestation from an appropriately qualified dentist or dental specialist~~
- ~~• A Dental Council approved implant overdenture course or a pass in the Dental Council implant overdenture registration examination.~~

~~*The prescribed qualification above was available until 1 July 2007. Thereafter the prescribed qualification for registration in the additional scope of Implant Overdentures will be the successful completion of a Dental Council approved implant overdenture course or a pass in the Dental Council implant overdenture registration examination.*~~

¹ Appliances and prostheses are prescribed by a practising dental specialist or dentist; and they do the final fit of the implant overdenture

² Final fitting for clinical dental technicians means ensuring the patient is referred back to the prescribing dentist/dental specialist for the subsequent management and ongoing monitoring of that patient’s oral health

Scope of practice of for orthodontic auxiliary practice

Orthodontic Auxiliaries

Scope of Orthodontic Auxiliary Practice

The scope of practice for orthodontic auxiliaries is set out in the documented “Detailed Scope of Practice for Orthodontic Auxiliary Practice” produced and published from time to time by the Dental Council.

Orthodontic auxiliary practice is a subset of the practice of dentistry, and is commensurate with an orthodontic auxiliary’s approved training, experience and competence.

Orthodontic auxiliaries practise to a treatment plan prepared by a dentist or orthodontist for the patient concerned. 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. The dentist or orthodontist is responsible for the patient’s overall clinical care outcomes.

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

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 outcomes¹.

Orthodontic auxiliaries assist the dentist or orthodontist in implementing orthodontic treatment through performing such orthodontic procedures as taking impressions and making study models, inserting and removing some orthodontic appliances, preparing teeth for bonding, removing bonding composite and banding cement and providing oral health education and advice on the care and maintenance of orthodontic appliances.

Detailed Scope of Practice for Orthodontic Auxiliary Practice

Orthodontic Auxiliary practice involves includes:

- taking clinical photographs for records
- taking impressions. Obtaining a record of occlusal relationships
- tracing cephalometric radiographs
- placing separators
- sizing of metal bands and their cementation including loose bands during treatment
- supragingival polishing of teeth (as part of oral hygiene, before bonding and after removal of fixed attachments)
- preparation of teeth for the bonding of fixed attachments and fixed retainers
- indirect bonding of brackets as set up by the orthodontist
- providing oral hygiene instruction and advice on the care and maintenance of orthodontic appliances

¹ Further detail on the working relationship between orthodontic auxiliaries and dentists/orthodontists will be set out in the relevant Dental Council Code of Practice.

- placing archwires as formed by the orthodontist when necessary and replacing ligatures /closing self ligating brackets
- 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 using burs in slow speed handpieces where there is minimal potential for the removal of enamel
- trial fitting of removable appliances – this does not include activation
- fitting of passive removable retainers
- bonding preformed fixed retainers
- making study models, and fabricating retainers, and undertaking other simple laboratory procedures of an orthodontic nature
- taking intra-oral and extra-oral radiographs.

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 of for orthodontic auxiliary practice

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.

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

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