



Faculty of Dentistry, University of Otago submission on proposed changes to the working relationship requirements for oral health practitioners with dentists, and the practising conditions for dental hygiene activities

Retaining a 'working relationship' or 'consultative working relationship' with a dentist as a scope of practice requirement for oral health therapists (OHTs), dental therapists (DTs), dental hygienists (DHs) and orthodontic auxiliaries (OAs) should not be necessary, nor should DTs, DHs and OAs be required to have a written professional agreement with a dentist. Oral health therapy, dental therapy, and dental hygiene are recognised as health professions in their own right under the HPCA Act 2003 and, as such, OHTs, DTs, DHs and OAs should be registered and regulated the same way as other registered health professionals, in particular, other oral health professionals regulated by the Dental Council of New Zealand (DCNZ).

From our understanding, there appear to be no other health professional groups registered under the HPCA Act (2003) that are required to have a 'consultative relationship' with another group of health professionals, even though several, such as nurses and chiropractors, also provide care that could impact greatly on patient health and safety. Furthermore, in Australia, OHTs, DTs and DHs have no direct clinical supervision, guidance, or oversight requirements on their practice and all dental practitioners have the same scope of practice requirements¹. Given that Australian education programmes are similar to ours, and that Australian practitioners are able to register in New Zealand through trans-Tasman mutual recognition, it is unlikely that New Zealand practitioners pose any more risk than Australian practitioners to public health and safety, such that they require a consultative relationship with a dentist.

Similar to other registered health professionals, including other oral health professionals, New Zealand OHTs, DTs, DHs and OAs have a responsibility under regulation to practise ethically and professionally, as well as work within the boundaries of their scope of practice, skills and education while referring or asking for advice when necessary. They already seek advice or refer to the most appropriate health professional, organise prescriptions and standing orders as required, and maintain professional relationships within the dental team as defined by the Dental Council's Standards Framework. Adding the requirement for a consultative relationship to the scopes of practice of DTs, OHTs, and DHs adds unnecessary complexity to the practising conditions for these groups. Many New Zealanders do not have access to dental care and continuing to add an extra layer of legislation to oral health practitioners' scopes of practice has the potential to further limit access, particularly for those who live in rural and low socioeconomic areas.

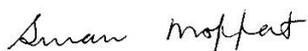
Much work has already gone into the Council's Standards Framework to ensure that all practitioners behave ethically and professionally. In particular, professional standards 8, 9, 12, 17, 18, 21, 22, 23, 23, 25, 26, 27, 28 ensure that oral health professionals practise safely within their scopes of practice and have the necessary working relationships with other health professionals. In addition, the Council's recertification programme requires that practitioners have a professional peer, either someone from the same scope or another oral health practitioner with whom they can discuss their practice and seek advice, and this programme will also require new registrants to be part of a mentoring programme

¹ Dental Board of Australia (2020). Scope of Practice Registration Standard. <https://www.dentalboard.gov.au/registration-standards/scope-of-practice-registration-standard.aspx>

to provide support while they are new to practice in New Zealand. The Standards Framework and the recertification programme should be the only means required to ensure a safe and effective working relationship between oral health practitioners, and the Council and the community should have confidence that these measures are effective and robust.

In terms of dental hygiene practice, complying with the Standards Framework and recertification programme would enable dental hygienists and dentists to collaborate in a team environment to provide best care for their patients, including discussing and caring for patients with complex medical histories. Dental hygienists (who do not have an exclusion for local anaesthesia on their scope) have had similar education and training in local anaesthesia as oral health therapists and dental therapists, and the administration of local anaesthetic should not require direct clinical supervision. All procedures within a scope of practice should have the same practising conditions; the current situation where different clinical procedures within the dental hygiene scope have different levels of supervision is not necessary and has been somewhat confusing and difficult to manage in day-to-day practice. Direct clinical supervision, however, remains appropriate for orthodontic auxiliaries and orthodontic activities specified in the dental hygiene scope of practice, and changing the wording within the document to the same as that specified in the OHT scope for the same procedures is also appropriate.

In summary, the University of Otago Faculty of Dentistry supports OHTs, DTs, DHs and OAs being regulated with the same practising conditions as other oral health professionals (dentists, dental specialists, dental technicians and clinical dental technicians) registered with the Council. While the Council's role is to protect the health and safety of the public, the Standards Framework also focuses on practitioners providing good quality care to patients and promoting good oral health by collaborating with other oral health professionals. OHTs, DTs, DHs and OAs already provide excellent oral health care within their scopes and in line with public expectations; they are committed to improving oral health and access to care and reducing inequalities. A written professional agreement or consultative working relationship is not necessary for these practitioners to continue to practise safely within a dental team to further 'protect and promote the health of patients and the public'² and, most importantly, to improve oral health care for New Zealanders.



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² Dental Council of New Zealand (2015) Standards Framework for Oral Health Practitioners. Professional Standards. Provide Good Care. <https://www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework/>