



## **S U B M I S S I O N :**

**Consultation on proposed updates to professional competencies and changes to related scopes of practice**

# KAUPAPA - OUR PURPOSE

Te Ao Mārama is an organisation of around 100 members, who provide leadership, representation and support to the Māori oral health workforce including clinicians, specialists, health promoters, support staff, researchers, teachers and students. Our membership remains committed to our vision of 'Hei oranga niho mo te iwi Māori' – Good Oral health for Māori, for life.

Te Ao Mārama is an important forum for members to showcase and share information about new initiatives that have positive outcomes for Māori oral health. We are also a professional body that acknowledges and celebrates members who are driving positive change, optimizing leadership potential and working towards reducing inequalities in Māori oral health.

The future work for Te Ao Mārama includes supporting the professional development of the Māori oral health workforce and developing rewarding career pathways, building research capability to conduct significant Māori research projects and working closer with Iwi and Māori communities to ensure the best access possible to the best services available.

## **Our Vision:**

Good Oral health for Māori, for life

## **Our Outcome:**

Māori enjoying good oral health at all ages

## **Our Purpose:**

To provide leadership for Māori in oral health

## **Our Role:**

To advocate on behalf of Māori for improved oral health and to support and develop initiatives that lead to Māori oral health

## **Our Objectives:**

- Uphold Māori oral health as guaranteed under Te Tiriti o Waitangi
- Pursue the delivery of oral health services to Māori at the optimum level
- Safeguard and promote the oral health of te iwi Māori
- Promote the opportunity for te iwi Māori to access quality oral health services

## **Kaupapa Māori values:**

- Manaakitanga: Having respectful intentions and behaviour towards all other
- Whanaungatanga: Strong links and relationships that support a shared purpose and goals.  
The ability to develop and maintain relationships that enhance identity and service the community, Iwi, Hapū and Whānau

- Pūkengatanga: Respect for on-going education and learning and supporting the development of skills and knowledge from Te Ao Māori and Te Ao Pākeha
- Wairuatanga: Te Ao Mārama is a wairua-nurturing environment that recognises the importance and value of kaumatua leadership in relation to the spiritual dimension
- Kotahitanga: Unity of purpose and direction
- Rangatiratanga: Leadership attributes: Rights and responsibilities; Autonomy
- Ukaipotanga/Turangawaewae: A place (organisation) to belong, where people with common goals and interests have purpose and are important; A place where we gain strength and energy

# NGĀ KAIMAHI: OUR PEOPLE

Te Ao Mārama has dedicated group of leaders. The Ngā Kaiwhakahaere fulfils both a leadership and management role. Successful nominees are confirmed at the Annual General Meeting and represent a range of oral health professionals from the sector.

## **Te Kairangi - Patron**

Emeritus Professor John Broughton *Ngai Tahu, Ngāti Kahungunu Ki Heretaunga*

## **Kuia**

Ms Vicki Murray, *Ngāti Pūkeko, Ngāti Awa, Te Whānau-a-Apanui, Ngāpuhi*

## **Life members**

Emeritus Professor John Broughton *Ngai Tahu*, Inez Kingi *Ngāti Whakaue*, Mrs Astrid Tawhai *Te Whānau-a-Apanui, Te Ehutu*, Dr Albert Kewene *Tainui*, Mrs Minnie McGibbon, Mrs Christine Rimene, Mr Hunaara Kaa *Ngātai Porou*, Dame Areta Koopu *Te Aitanga-a-Hauiti, Ngāti Kahu*

## **He Kaiwhakaū**

The late Mr Pihopa Kingi, *Ngāti Whakaue*

## **Kaiārahi Ahurea - Cultural Advisor**

Hone Hurihanganui *Ngāti Tahu, Ngāti Whaoa, Ngāti Porou, Ngāti Whakaue*

## **Ngā Mōkai O Ngā Whetū - Ki Ōtākou Executive Committee, University of Otago**

Malcolm Doherty - *Ngāti Kahungunu-Ki-Wairarapa* (BDS4 Student) - Tumuaki

Tapekaoterangi Hakopa - *Ngāti Tūwharetoa, Ngāti Kahungunu-Ki-Wairarapa, Kāi Tahu* (BDS4 Student) - Tumuaki Tuarua

Kezia Naumai - *Ngāti Wai, Ngāti Kahungunu-Ki-Wairarapa* (BDS3 Student) - Kaituhi

Lateisha Chant - *Ngāti Kuia, Ngāti Apa ki te Rā, Kāi Tahu* (BOH3) - BOH Kaiwhakahaere

## **Ki Tāmaki Makaurau, Auckland University of Technology**

Ngaawi O'Leary *Ngā Puhī* (BOH3) - Tumuaki

## **Ngā Kaiwhakahaere - Te Ao Mārama Executive Committee**

Leeann Waaka *Ngāpuhi* (Dental Therapist, Bay of Plenty DHB) Tūmuaki

Samuel (Sam) Carrington *Te Arawa, Ngāti Whakaue, Ngāti Pīkiao* (Oral Health Therapist, Lecturer, Faculty of Dentistry, University of Otago)

Dr Atamira Roa *Waikato Maniapoto* (Dentist, Rural Dental Services Limited)

Dr Tihema Nicol *Ngāti Tuwharetoa, Ngāti Whatua, Ngāpuhi* (Dentist, Bee Healthy Regional Dental Service)

Dr Kura Lacey *Te Arawa, Ngāruahine* (Dentist, University of Otago)

Dr Margaret-Rae Clark *Ngāti Awa, Te Āti Awa* (Dentist, Ora Toa PHO)

Rehutaī Tipene *Ngāti Kahunguni, Te Whānau-ā-Apanui, Rangitāne* (Oral Health Therapist, WaitemataDHB)

Hatea Ruru *Te Aitanga-a-Māhaki, Ngāti Maniapoto* (Oral Health Promoter, Bay of Plenty DHB)

# SUBMISSION SUMMARY

Māori oral health inequities are avoidable, unfair and unjust. The role of the dental profession is to work towards oral health equity, recognising Māori are tangata whenua, acknowledging our mātauranga, our culture, our language and our tikanga.

Te Ao Mārama (TeAM) has been a Stakeholder of Dental Council of New Zealand (DCNZ) since 1995. It is important DCNZ continue to work alongside our association and other Māori Associations, such as Māori Oral Health Improvement Group (MOHQIG) who collectively represent tangata whenua.

We are pleased to receive the consultation information from DCNZ, and strongly encourage the DCNZ to continue to be bold and courageous in developing and finalising these proposed professional competencies, particularly the Kaiakatanga ahurea (cultural competence) and Haumarutanga ahurea (cultural safety) domains and the positive impacts this will have across all oral health professions in Aotearoa.

Thank you for considering this submission. If you have further questions on the submission or the work of Te Ao Mārama towards achieving oral health equity and improving Māori oral health outcomes, please contact us [nzteaomarama@gmail.com](mailto:nzteaomarama@gmail.com)

Ngā Manaakitanga



[Leeann Waaka]

Tūmuaki

On behalf of Te Ao Mārama The New Zealand Māori Dental Association.

# INTRODUCTION

This submission was developed in response to an invitation from the Dental Council of New Zealand (DCNZ) for feedback on its proposal of updates to professional competencies and changes to related scopes of practice.

Amongst the most substantive changes proposed by DCNZ is the inclusion of 3(a) Kaiakatanga ahurea Cultural competence and 3(b) Haumarutanga ahurea Cultural safety which our association has particular interest in.

In preparing this submission, we asked ourselves the following questions:

- Do the proposed updates to professional competencies and changes to related scopes of practice appropriately acknowledge and apply Te Tiriti o Waitangi?
- Will this proposal help us achieve health (and oral health) equity for Māori?
- Are the articles of Te Tiriti of Waitangi upheld within this proposed document?
- How will the proposed standards of cultural competence and cultural safety be implemented safely, with particular reference to the DCNZ protecting the public (including Māori)?

After considering the consultation document and draft accreditation standard carefully, our submission focused 3 main points.

1. Te Tiriti o Waitangi
2. Language used throughout this document
3. References used throughout this document

## OUR KŌRERO

A Treaty was a tool used by the British to colonise Māori, their land, resources, power and everything. It is important not only to understand "Te Tiriti o Waitangi" but also to understand Colonisation. Aotearoa will be a healthier nation through a decolonisation process.

TeAM suggest being extra bold and to remove "Treaty of Waitangi" (which aligns to the English text); noting that this would be consistent with the Ministry of Health's *Whakamaua: Māori Health Action Plan 2020-2025* which only references "Te Tiriti o Waitangi"(the Maori text).

We encourage DCNZ to be extra bold to acknowledge that the English version is fraudulent.

We encourage the DCNZ to be extra bold and acknowledge under International law - *Contra proferentem*, also known as "interpretation against the draftsman", is a doctrine of contractual interpretation providing that, where a promise, agreement or term is ambiguous, the preferred meaning should be the one that works against the interests of the party who provided the wording, in this instance Māori.

Be extra bold to acknowledge the history of this land and the people that have lived here and live here today. The perspectives of both treaty partners (tangata whenua and tangata Tiriti); the impact of The Doctrine of discovery and white supremacy in the societies people live in.

TeAM agrees to remove the detailed general dental scope of practice activities from the gazetted scope of practice, and to replace these with gazetted professional competencies

The following table outlines recommended changes as they appear under the draft Competencies documents for Oral Health Professionals.

Oral Health Professional Competencies	Recommended action
<p><b>Te Tiriti o Waitangi/<del>Treaty of Waitangi</del></b></p> <p>The Council is seeking to improve Māori oral health outcomes underpinned by Te Tiriti o Waitangi/<del>Treaty of Waitangi</del>. This is not a new approach and is consistent with central government policy in relation to hauora Māori/<del>health</del> and the Ministry of Health’s Whakamaua: Māori Health Action Plan 2020-2025, which has an equity focus. Recognition of health’s role to give effect to Te Tiriti is further demonstrated by the recently announced central government health sector reforms with the establishment of the new Māori Health Authority.</p> <p>Oral health practitioners’ competence in relation to Māori oral health care must be informed by Te Ao Māori, Tikanga Māori and Te Reo Māori to achieve Pae Ora - healthy futures for whānau, hapū and iwi. This work, in the Council’s view, will contribute to long term oral health benefits for Māori, their whānau and hapū.</p>	Remove as per strike through
<b>Proposed Competency</b>	<b>Recommended action</b>
<b>1. Ngaiotanga Professionalism</b>	
<p><i>Patients, colleagues and the public</i></p> <p>Oral health professional will be able to:</p> <p>1.1 Provide patient-centred care by putting the patient’s needs first and protect and promote patient and whānau or family wellbeing.</p> <p>1.2 Understand the concept of professionalism and how to develop and maintain an effective practitioner-patient relationship.</p> <p>1.3 Act with dignity and respect towards others by being open and honest, courteous, empathetic, and supportive in interactions, and acknowledging and respecting Tikanga Māori/<del>Māori</del> customs.</p>	1.3 Remove as per strike through

<p>1.4 Treat others fairly and without discrimination, respecting cultural values, personal disabilities, and individual differences.</p> <p>1.5 Respect patients’ autonomy and their right to make their own oral health decisions, aligned with <del>kāwanatanga/governance</del>, <del>tino rangatiratanga/sovereignty</del> and <del>ōritetanga/equity</del>.</p> <p>1.6 Respect patients’ right to complain and enable them to seek redress by facilitating the fair, simple, speedy, and efficient resolution of complaints.</p> <p>1.7 Respect and protect the confidentiality of patient information at all times, including situations outside the healthcare setting.</p> <p>1.8 Behave in a professional manner that maintains public trust and confidence in them personally, and the profession.</p> <p>1.9 Act to protect the interests of patients and colleagues from any risk posed by their own personal issues, health, competence, or conduct: or those of a colleague.</p> <p>1.10 Act to protect the interests of <del>tamariki/children</del> or young people in cases of suspected neglect or abuse by disclosing information to a relevant authority or person.</p>	<p>1.5 Remove as per strike through</p>
<p><i>Laws and regulation</i></p> <p>Oral health professional will be able to:</p> <p>1.11 Practise in accordance with legal and regulatory requirements that affect oral health practice in Aotearoa <del>New Zealand</del>.</p> <p>1.12 Understand the relevance of Te Tiriti o Waitangi/Treaty of Waitangi. Specifically, the articles on <del>kāwanatanga/governance</del>, <del>tino rangatiratanga/sovereignty</del> and <del>ōritetanga/equity</del>.</p> <p>1.13 Understand and comply with the professional standards and practice standards of the Dental Council’s standards framework, and adhere to the ethical</p>	<p>1.11 Remove as per strike through</p> <p>1.12 Remove as per strike through</p>

<p>principles, in their interactions with patients and their communities.</p>	
<p><b>2. Whakawhiti kōrero Communication</b></p>	
<p><b>Oral health professionals</b> will be able to:</p> <p>2.1 Communicate respectfully, effectively and in a culturally appropriate way with and about patients, their parents, whānau or family, carers, representatives, kaiāwhina/support people, and the public. 2.2 Listen to their patients, recognise communication barriers, and take into account specific communication needs and preferences. This includes Te Reo Māori me ona Tikanga/<del>Māori language and customs</del>, communication needs and preferences.</p> <p>2.3 Communicate honestly, factually and without exaggeration in all forms of communication.</p> <p>2.4 Provide patients with the information they need and request and facilitate their understanding of their oral health condition and options for care.</p> <p>2.5 Communicate openly and respectfully with colleagues, other members of the oral health team, other health professionals, other hauora/health providers and social organisations.</p>	<p>2.1 Remove as per strike through</p>
<p><b>3(a) Kaiakatanga ahurea Cultural competence (effective until 31 December 2022) Culturally competent</b></p>	
<p><b>Oral health professionals</b> will be able to:</p> <p>3.1 Understand Te Tiriti o Waitangi/<del>Treaty of Waitangi</del> and the application of the principles to their practice.</p>	<p>3.1 Suggest being extra bold and to remove "Treaty of Waitangi" (which aligns to the English text); noting that this would be consistent with the MoH <i>Whakamaua: Māori Health Action Plan 2020-2025</i> which only references "Te Tiriti o Waitangi"(the Maori text).</p> <p>Add new bullet</p> <p>3.2 Understand colonisation and its impact.</p>

	<p>Colonisation has deeply harmed Maori communities, seriously and consistently undermining their vitality, aspirations and potentials, particularly since the 1860s, at inestimable cost to the entire nation. "<a href="https://www.tandfonline.com/doi/full/10.1080/03036758.2019.1668439">https://www.tandfonline.com/doi/full/10.1080/03036758.2019.1668439</a>"</p> <p>Still very much in operation today</p>
<p>3.2 Recognise and respect the cultural diversity of the Aotearoa <del>New Zealand</del> population.</p>	<p>3.2 renumber to 3.5 and shift bullet after 3.4</p>
<p>3.3 Describe the Māori world view of hauora <del>Māori/Māori</del> health, tikanga/<del>customs</del> and kawa/<del>practices</del> and apply this knowledge to their practice.</p>	<p>3.3 renumber to 3.4. Remove as per strike through</p>
<p>3.4 Use knowledge of whanaungatanga and Te Tiriti o Waitangi as a basis for their practice, and to establish functional relationships with Māori patients.</p>	<p>3.4 Remove as per strike through</p>
<p>3.5 Understand that a patient’s cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.</p>	<p>3.5 Renumber to 3.6.</p>
<p>3.6 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, <del>whānau</del> and/or cultural <del>groupings</del>.</p>	<p>3.6 Renumber to 3.7. Remove as per strike through. Change <del>groupings</del> to identity</p>
<p>3.7 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide.</p>	<p>3.7 Renumber to 3.8. Remove as per strike through</p>
<p>3.8 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau to enable culturally competent care.</p>	<p>3.8 Renumber to 3.9.</p>

**3(b) Haumarutanga ahurea Cultural safety (effective from 1 January 2023)**

**Culturally safe care**

Oral health professionals will be able to:

3.1 Understand Te Tiriti o Waitangi/~~Treaty of Waitangi~~ and their application when providing care.

3.1 Remove Treaty of Waitangi

Add new bullet

3.2 Understand colonisation and its impact.

3.2 Recognise and respect the cultural diversity of the Aotearoa ~~New Zealand~~ population.

3.2 Renumber to 3.5 and shift bullet after 3.4

3.3 Describe the Māori world view of hauora ~~Māori/ Māori health~~, tikanga/~~customs and kawa/practices~~ and apply this knowledge to their practice.

3.3 Remove as per strike through

3.4 Use knowledge of Te Kawa Whakaruruhau/cultural safety and Te Tiriti o Waitangi/~~Treaty of Waitangi~~ as a basis for their practice, to achieve whanaungatanga-based relationships.

3.4 Remove as per strike through

3.5 Understand the concepts of kāwanatanga/~~governance~~, tino rangatiratanga/~~sovereignty~~ and ōritetanga/~~equity~~ in relation to Māori oral health outcomes.

3.5 Renumber to 3.6. Remove as per strike through

3.6 Understand that a patient's cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.

3.6 Renumber to 3.7.

3.7 Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and hauora/~~health~~ outcomes.

3.7 Renumber to 3.8. Remove as per strike through

3.8 Provide culturally safe care - as determined by the patient, their whānau ~~or family~~, hapū or community.

3.8 Renumber to 3.9. Remove as per strike through

3.9 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to,

3.9 Renumber to 3.10,

<p>age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural groupings.</p> <p>3.10 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide.</p> <p>3.11 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau or family to enable culturally safe care.</p>	<p>Change groupings to identity</p> <p>3.10 Renumber to 3.11</p> <p>3.11 Renumber to 3.12</p>
<p>4. Ngā whakaaro kaikini Critical thinking</p>	
<p>Oral health professionals will be able to:</p> <p>4.1 Apply contemporary scientific knowledge to oral health practice appropriately.</p> <p>4.2 Critically evaluate published clinical, scientific, Matāuranga Māori, and health-related research; and integrate this information, where appropriate, into their practice.</p> <p>4.3 Understand and apply the principles of good rangahau/research practice, including <b>referenced tohungatanga</b> scientific method and critical evaluation of research and evidence or information.</p> <p>4.4 Recognise and evaluate the impact of new techniques, materials, and technologies in clinical practice.</p> <p>4.5 Critically reflect on their individual knowledge and skills throughout their professional career, to inform their ongoing professional development or identify their own limitations and how that may impact on their current practice.</p>	<p>4.3 If you are going to reference scientific method and Rangahau, you must validate the input of Tohunga in rangahau therefore add <b>referenced tohungatanga</b></p>
<p>5. <b>Mōhiotanga pūtaiao me te haumaru Scientific and clinical knowledge. Application of scientific and clinical knowledge</b></p>	

Oral health professionals will be able to apply scientific and clinical knowledge relating to:

5.1 General anatomy, with emphasis on head and neck, and physiology.

5.2 The aetiology, pathology, diagnosis, prevention and management of oral diseases and disorders.

5.3 General and systemic disease and disorders, including their relevance to oral health and potential impact on patient management.

5.4 Growth, development, and ageing, especially in the orofacial region; and orofacial developmental disorders.

5.5 Normal and abnormal tooth development, tooth eruption and occlusal development of the primary, mixed, and permanent dentition.

5.6 Social and behavioural sciences, and Te Ao Māori and Tikanga Māori, to support patients and whānau or family in achieving oral health and wellbeing.

5.7 The core principles of infection prevention and control, including standard precautions, reprocessing of reusable items, performance testing and validation. This includes consideration of Te Ao Māori and Tikanga Māori.

5.8 Pharmacology, with a focus on medicines, rongoā Māori and therapeutic agents relevant to oral health practice.

5.9 The science of dental materials, their risks, benefits and limitations including health, safety and Te Taiao/~~environmental~~ considerations.

5.9 Remove as per strikethrough

5.10 Ionising radiation and methods of imaging relevant to oral health practice, including appropriate selection and safe use of dental radiographic techniques.

5.11 The role and indications for use of sedation or general anaesthesia in oral health practice, and related regulations.

**6. Tiaki turoro Patient care**

*Clinical information gathering*

Oral health professionals will be able to effectively gather information relating to:

6.1 Patient's presenting complaint/s, concerns, ideas, wishes and expectations, including Te Reo Māori me ona Tikanga.

6.2 Medical, oral health, cultural, and whānau or family histories, and recognise the relationship between general hauora/~~health~~ and oral health.

6.3 Extra-oral and intra-oral examination of the soft and hard tissues of the orofacial region, including radiographic imaging of adequate diagnostic quality and photographic imaging.

6.4 The following conditions:

- a. dental and orofacial pain
- b. dental and periodontal diseases and conditions
- c. temporomandibular joint disorders
- d. oral pathology
- e. abnormalities of the occlusion, craniofacial disorders, dental and maxillofacial trauma.

6.5 Individual risk factors related to caries, periodontal disease, oral cancer, and injury.

6.2 Remove as per strike through

*Diagnosis and risk determination*

Oral health professionals will be able to:

6.6 Perform or request relevant special investigations and diagnostic tests.

6.7 Analyse the complete information gathered to:

- Formulate an accurate diagnosis, or seek additional clinical opinion or refer if required
- Determine the individual patient's risk of oral disease or injuries.

*Oral health care planning*

Oral health professionals will be able to analyse the information gathered and when developing a plan for care:

6.8 Understand and consider each patient's individual preferences, needs and cultural values, their hinengaro wairua/psychological and social situation.

This includes the specific needs of patients who are young/~~tamariki~~, anxious, older adults and patients with special needs in their requirements to achieve oral health equity.

6.9 Identify oral health problems, and formulate an evidence-based, patient-centred plan for care that addresses the:

- aetiology of dental and oral diseases
- attainment and maintenance of oral health - including disease management and prevention appropriate for the patient's oral disease risk
- priority of management
- options for care
- involvement of, and support for, whānau ~~or family~~, and kaiāwhina/~~carers~~, and
- anticipated outcomes and future needs.

6.10 Identify where the patient's medical condition/s or rongōā Māori, medications may influence the oral health care plan and the anticipated outcomes.

Oral health professionals will be able to:

6.11 Determine whether they have the knowledge, skills and competence to provide for the patient's complete health needs and wishes and refer appropriately to another oral health or health practitioner when they do not.

6.12 Gain informed consent, appropriate for the individual, and ensure informed consent remains valid throughout

6.8 Remove as per strike through

6.9 Remove as per strike through

*Establishing and maintaining oral health*

Oral health professionals will be able to:

*Guide behavioural change*

6.13 Help patients understand the importance of their own tikanga/kawa and behaviours in establishing and maintaining oral health.

6.14 Apply their knowledge of behaviour change in relation to health to support and guide patients/whānau behaviours towards optimal general hauora/~~health~~ and oral health.

6.15 Educate patients across the life course, sharing current concepts of ~~general health~~/hauora, oral health, prevention, risk assessment and management of oral disease.

6.16 Work with patients and whānau to develop an oral health programme which employs strategies aimed at disease management and prevention appropriate for the patient's disease status and risk, and their personal preferences and circumstances; and review and adjust strategies and goals as required.

*Preventive care*

6.17 Promote periodontal health by providing patients with preventive advice and removal of supra-and subgingival hard and soft deposits from natural teeth and implants.

6.18 Prescribe and apply fluoride, provide dietary advice, and carry out preventive procedures to prevent dental caries.

6.19 Promote the prevention of dental injuries by providing custom-made mouthguards where indicated.  
Periodontal management

6.20 Manage conditions and diseases of the periodontium and perform appropriate periodontal therapy where indicated.

*Dental management*

6.21 Manage conditions and diseases affecting the teeth, including dental caries, non-cariou tooth tissue

6.14 Remove as per strike through

6.15 Remove as per strike through

loss, tooth abnormalities and aesthetic problems, and recognise when operative intervention is required.

6.22 Prioritise the use of techniques that conserve tooth structure and preserve pulp vitality.

6.23 Provide direct and indirect restorations, and fixed and removable prostheses, that are appropriate for the nature and extent of tooth tissue loss and in the best interests of the patient, considering immediate and long-term outcomes of care.

6.24 Manage pulp and periapical disease including acute management, vital pulp therapy (partial/complete pulpotomy) and non-surgical root canal treatment for single and multirooted teeth.

#### *Dental appliances*

6.25 Design appliances and prescribe technical laboratory procedures, evaluate laboratory products, and be able to make chairside adjustments where appropriate.

#### *Orthodontics*

6.26 Assess the development of normal occlusion and identify any developing malocclusion.

6.27 Collect and interpret information related to the chief orthodontic complaint, history information, pre-treatment study models, clinical records including extra-oral and intra-oral photographs, and radiographic findings.

6.28 Identify the need for simple interceptive orthodontics (not requiring tooth bodily movement or arch expansion) that they could perform independently, as well as recognise cases that would require referral to a specialist orthodontist.

6.29 Perform simple tooth movement by providing removable orthodontic appliances and provide space maintenance when indicated.

#### *Extractions and oral surgery*

6.30 Extract erupted teeth and perform surgery for the removal of fractured or retained roots.

6.31 Manage complications related to extractions and oral surgery procedures appropriately.

Pain management

6.32 Use local anaesthesia safely, appropriately and effectively; with the correct administration technique; and selecting the appropriate local anaesthetic solutions.

6.33 Recognise patients with orofacial pain and/or dysfunction, including headache, TMJ disorders, and neuropathic pain disorders and plan appropriate management and/or referral.

Young patients, anxious patients, older adults and patients with special needs

6.34 Manage care for tamariki/~~young~~ or anxious patients, older adults and patients who have special needs; and advocate for and support individuals with these needs to achieve oral health equity.

6.34 Remove as per strike through

#### *Dental emergencies*

6.35 Manage dental emergencies of the primary and permanent dentition including those of periodontal, pulpal, or traumatic origin.

#### *Prescribing*

6.36 Select and prescribe/administer medicines to manage orofacial pain, infection, risk of infection, and anxiety in accordance with legal and regulatory requirements.

#### *Monitoring*

6.37 Evaluate and monitor the progress of treatment and oral health outcomes, in cooperation with the wider oral health team, whānau, ~~family~~ or kaiāwhina, where appropriate, and at regular intervals when treatment occurs over an extended period.

6.37 Remove as per strike through

<p><b>Safe practice</b></p> <p><b>Oral health professionals</b> will be able to:</p> <p>6.38 Establish, manage, and maintain a safe working environment for patients, staff and colleagues; and to protect the public. This includes a culturally safe workplace, the routine and proper use of infection prevention and control measures and following safe radiation practices.</p> <p>6.39 Identify and appropriately manage potential hazards (including hazardous materials), and behavioural risks in the place of work.</p> <p>6.40 Understand the principles and legal obligations of waste management and show awareness of practices used to limit unnecessary waste.</p> <p>6.41 Produce and maintain accurate, time-bound, and up-to-date patient records which are secure.</p> <p>6.42 Complete a comprehensive medical history: medical conditions, current rongoā Māori, medications (prescribed and non-prescribed) and allergies.</p> <p>6.43 Manage a medical emergency appropriately and effectively in their workplace within their prescribed resuscitation training.</p>	
<p><b>Teamwork</b></p> <p><b>Oral health professionals</b> will be able to:</p> <p>6.44 Understand the value of interdisciplinary practice in providing patient-centred care and work collaboratively with oral health and other health practitioners for enhanced patient outcomes.</p> <p>6.45 Recognise the unique set of skills and competencies that each member of the oral health team contributes to patient care and the promotion of oral health in the whānau <del>or family</del>, hapū, <del>iwī</del> and community.</p>	<p>6.45 Remove as per strike through</p>
<p><b>The practice environment</b></p> <p><b>Oral health professionals</b> will be able to:</p>	

<p>6.46 Develop and comply with systems and processes in their workplace to support safe and effective patient care.</p> <p>6.47 Describe the skills needed to lead and manage oral health team members.</p> <p>6.48 Effectively manage their own time and resources.</p> <p>6.49 Describe the basic principles of practice administration and management.</p> <p>6.50 Be familiar with the use of contemporary information technology tools commonly used in practice to support safe and effective care.</p>	
<p><b>7. Te hauora ā-waha o te hapori</b> <b>Community oral health</b></p>	
<p>Oral health professionals will be able to:</p> <p>7.1 Understand the Aotearoa New Zealand oral health care system and the public health approach, including the scientific basis for it.</p> <p>7.2 Understand the social determinants of health; the barriers to equitable access to health care and equity in hauora/<del>health</del> outcomes; and their impact on oral health in Aotearoa New Zealand. In particular, on the oral health status of Māori.</p> <p>7.3 Understand the basic principles of oral health epidemiology, the measurement thereof, and the impact of oral conditions on public health - including periodontal diseases, enamel defects, mucosal conditions, dry mouth, and tooth loss.</p> <p>7.4 Understand the nature, scope and contribution of dental health services research.</p> <p>7.5 Understand the principles of ethics in hauora Māori rangahau/<del>health</del> research, and the evaluation of research findings related to dentistry.</p> <p>7.6 Participate in oral health promotion activities and engage with whānau or family, hapū and iwi.</p>	<p>7.2 Remove as per strike through</p> <p>7.5 Remove as per strike through</p>

<p>7.7 Work with other health professionals, educational staff, whānau or family, hapū, iwi and health navigators to promote oral health.</p> <p>7.8 Assess both short and long-term outcomes of population oral health strategies.</p>																																																																	
<p><b>Kupu Māori</b></p>																																																																	
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