

Scope of practice for dental hygiene

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 with the aim of achieving and to-maintaining sound oral tissues-oral health 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. Some aspects of the scope of practice are provided under direct clinical supervision².~~

Dental hygiene practice includes:

~~Provided under clinical guidance~~

- obtaining and ~~re~~assessing medical and oral 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 prescription preventive agents
- applying and dispensing topical agents for the treatment of tooth surface sensitivity and tooth discolouration
- administering topical local anaesthetic
- administering local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques
- 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 periodontium
- 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.

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

- 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 using burs in slow speed handpieces where there is minimal potential for the removal of enamel
 - fitting of passive removable retainers
 - bonding preformed fixed retainers.

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.

~~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 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~~

Scope of practice for dental therapy

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, [aimed at achieving and maintaining oral health as an integral part of general health](#).

~~Dental therapists have a consultative working relationship with dentists or dental specialists¹.~~

Dental therapy practice includes:

- 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
- 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.

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.

~~*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*~~

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

Scope of practice 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.

Depending on the dental therapist's qualifications this is provided in a team situation under direct clinical supervision³ or the clinical guidance⁴ of a practising dentist or dental specialist. Disease prevention, 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.

3 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

4 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.

Scope of practice for oral health therapy

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 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.~~

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.

Scope of practice for dental technology

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.

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
 - 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.

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

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 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 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 competence⁴.

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
 - 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
 - the construction of removable complete and partial immediate dentures on the prescription of, and prior to the fitting by a dentist or dental specialist
 - 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 fitting² 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 fit² 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 fit² of the appliance
- 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 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.

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

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

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 competence⁴.

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 fitting⁵ 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 specialist⁵

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.

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

5 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

Scopes of practice for orthodontic auxiliary practice

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 direction of the dentist or orthodontist who is responsible for the patient's clinical care outcomes and who is on-site at the time. 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 Auxiliary practice 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
- 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.

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