Page 2: Your information

Q1

Your details

Name	**Brooke**
Surname	**Holmes**
City/town	[redacted]
Email	[redacted]

Q2 **dental hygienist**

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3 **Respondent skipped this question**

Name of company/organisation

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

[redacted]

Page 5: Proposal area 1: The requirement for a professional relationship

Q5

Do you agree/disagree with the proposal to remove the mandated requirement for a professional relationship (dental therapy), working relationship (dental hygiene, orthodontic auxiliary practice), and a consultative professional relationship (oral health therapy) from the respective scopes of practice. Please detail why.

Agree

Q6

Please provide comments to support your response.

As dental providers, we are capable of providing care in our own right without the need for a professional working relationship. We don't have this requirement in the USA, and therefore I feel we so not need it in NZ. I do feel that hygienists should be allowed to practice outside of a clinical office setting without the need to be directly under a dentist.

Page 6: Proposal area 1: The requirement for a professional relationship

Q7

Do you agree/disagree to remove references to working/professional/consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary practice, oral health therapy, dental technology and clinical dental technology scopes of practice? (as detailed in Appendices A – F). Please detail why.

Agree

Q8

Please provide comments to support your response.

Refer to previous answer. We are autonomous clinical specialist in our own right and are fully capable of making decisions regarding best care for patients without the need of a professional or working relationship. This wording makes it impossible for an RDH to earn income outside of a clinical setting.

Page 8: Proposal area 2: Practising conditions for dental hygiene activities

Q9

Do you agree/disagree with the removal of the requirement for direct clinical supervision for administration of local anaesthetic and prescription preventive agents? Please detail why.

Agree

Q10

Please provide comments to support your response.

As a dental Hygienist with 16 years of clinical experience, I feel this is not necessary for many reasons. The first would be that an OHT, working as a dental Hygienist, does not have the same mandate placed upon them when doing the same job. Most of the dental hygienists remaining have significantly more experience than thier OHT counterparts, and I have been administering LA in a clinical setting for a long time. In the USA I did not have to have direct supervision. We were guidance only, and could administer LA without the dentist on the premises. This also creates an issue if the dentist decides to leave the premises for any reason. Example would be different lunch schedules ans the dentist is off site when Hygienist has a perio patient in chair that needs LA with a Quadrant scaling. This wording makes it hard for a hygienist to consistently administer best clinical practice to patients for that very reason. It should be removed. OHT's don't have it placed upon them, ans neither should a hygienist; especially when they are in the same job setting. It also makes it impossible for hygienists to open up thier own practice without a dentist working for them. It is an outdated idea and should be removed.

Page 9: Proposal area 2: Practising conditions for dental hygiene activities

Q11

Agree

Do you agree/disagree with the removal of clinical guidance for the remainder of the dental hygiene scope activities? (excluding the orthodontic activities currently defined as being performed under direct supervision). Please detail why.

Q12

Please provide comments to support your response.

Refer to previous answer. Hygienists should be seen as a competent clinical professional in thier own right, and should be allowed to practice with or without a dentist. This opens up more avenues for access to care allowing hygienists to be fully self employed. I personally feel this is a long overdue and much needed change.

Page 10: Proposal area 2: Practising conditions for dental hygiene activities

Q13

Agree

Do you agree/disagree to align the description of the following scope activity with current dental hygiene practice in the following way: obtaining and reassessing medical and dental oral health histories? Please detail why.

Q14

Please provide comments to support your response.

I had to take the same pharmacology classes as my dental counterparts in the USA. We are capable of understanding, assessing and appropriately treating patients, even with complex health histories. We are capable and competent to understand drug interactions and to refer patients when needed to a specialist. This should eb changed.

Page 11: General

Q15

Are there any further comments you would like to made on the proposals?

Yes

Q16

Please comment below

I agree all these should change. In order to move forward and for the future of dentistry these should all change. The old way and wording makes it impossible for me hygienist to go out on her own to earn income, or to provide his/her best treatment on the occasion the dentist leaves the premises for a short period of time. I have personally been in these situations where I am fully capable of admintering LA and know it IS needed for a Stage II/III perio case, but have had to have an OHT come admitted due to legality. Please change these items in order for us to be fully self autonomous with our care. These are already changed in most places in the USA and have been that way for the whole time I have been practicing. I also think all clinical practitioners in NX should have to take a clinical board exam upon graduating. This would provide assuring that your providers are knowledgeable ans competent in thier care to patients.