

Code of Practice - Working Relationship between Dental Hygienists and Dentists/Dental Specialists

This code of practice applies to the working relationship between dental hygienists and dentists/dental specialists

Code of practice rationale

- 1 The Health Practitioners Competence Assurance Act 2003 (“the Act”) promotes the continuation of a team approach between dental hygienists and dentists/dental specialists in relation to the delivery of dental hygiene services within the overall provision of integrated care to patients.

Objectives of this code of practice

- 2 This Code of Practice describes the working relationship between dental hygienists and dentists/dental specialists. Specifically, the objectives of this code of practice are to describe the general functions and levels of supervision required by dental hygienists and to provide detail on their scope of practice.
- 3 This code of practice is designed to assist practitioners to understand the requirements of dental hygiene practice and to facilitate appropriate clinical guidance and, where applicable, direct clinical supervision. The activities that registered dental hygienists practise are set out in the scopes of practice detailed in Appendix 1.

Dental hygiene scope of practice

- 4 Dental hygiene practice is a subset of the practice of dentistry and is commensurate with a dental hygienist’s approved education, training and competence.
- 5 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 the 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.
- 6 Dental hygienists practise in a team situation with clinical guidance¹ provided by a practising dentist/dental specialist.
- 7 Some activities of dental hygiene practice require direct clinical supervision² by a dentist/dental specialist.

¹ Details on Clinical Guidance are described in paragraphs 23-43.

² Details on Direct Clinical Supervision are described in paragraphs 44-58.

- 8 Dental hygienists are responsible and accountable for their own clinical practice within their scope of practice, but the dentist/dental specialist is responsible and accountable for the clinical guidance and direct clinical supervision, where applicable, provided.
- 9 Previously gazetted additional scopes of practice in dental hygiene were merged into the general dental hygiene scope of practice on 17 March 2011. This means that those practitioners who were not registered in any of the additional scopes of practice before the change will have exclusions on their registration in any of the following areas: Orthodontic Procedures; Local Anaesthetic; Extra-oral Radiography; and Intra-oral Radiography. Practitioners with any of these exclusions on their scope of practice cannot perform any of these activities.
- 10 Dental hygienists must not practise outside the boundaries of the scope of practice they are registered in.

Previously registered Dental Auxiliaries

- 11 The interim category of Dental Auxiliary registration was established to provide for non-hygiene qualified practitioners, who were providing dental hygiene services up to September 2004, to continue to practise with the introduction of the Health Practitioners Competence Assurance Act 2003.
- 12 The dental auxiliary scope of practice was closed in September 2009.
- 13 All practitioners that were previously registered in the dental auxiliary scope of practice were migrated into the dental hygiene scope of practice with a *limited scope of practice*, based on a set of criteria.
- 14 The activities within the dental hygiene scope of practice that they are allowed to perform is commensurate with their training, experience and competence and includes: recording medical and dental health histories; examining and recording of oral tissues; providing oral health education, information, promotion and counselling; scaling 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; taking impressions, recording occlusal relationships and making study models; taking impressions, constructing and fitting mouthguards and bleaching trays; and taking intra and extra-oral photographs.³
- 15 These dental hygienists registered with a limited scope of practice and a dental auxiliary qualification must practice:
 - a) under the direct clinical supervision of a dentist/dental specialist who is present on the premises at which the work is carried out; and

³ The limited scope of practice registrations were considered on a case by case basis. Some practitioners may, therefore, not have all of these permitted activities approved as their registered scope of practice.

- b) subject to an initial dental and periodontal examination having been carried out for each patient by a dentist/dental specialist, responsible for the patient's clinical care outcomes.

16 These hygienists must also publicly display their annual practising certificates.

Principles of this code of practice

17 The Dental Council's approved scope of practice for dental hygiene prescribes a working relationship that requires the activities to be performed under either the clinical guidance or direct clinical supervision of a dentist/dental specialist.

18 The particular responsibilities and requirements associated with these different levels of supervision are described in the rest of the document.

19 All activities performed by hygienists with a limited scope of practice must be practised under the direct clinical supervision of a dentist/dental specialist.

20 Activities such as radiography, use of laser technology and access to prescription medicines have additional requirements that are defined in other legislation.

21 It is the responsibility of both the dentist/dental specialist and the dental hygienist to be aware of and practice in accordance with the current legislation and this Code of Practice.

22 Dental hygienists and the dentists/dental specialists who supervise them must jointly review and sign a Code of Practice Agreement.

Clinical guidance

23 Clinical guidance means the professional support and assistance provided to a dental hygienist by a practising dentist/dental specialist as part of the provision of overall integrated care to the patient group.

24 Dental hygienists and dentists/dental specialists normally work from the same premises, providing a team approach.

25 Clinical guidance may be provided at a distance, provided the hygienist is not registered with a limited scope, but appropriate access must be available to ensure that the dentist/dental specialist is able to provide guidance and advice when required, and maintain general oversight of the clinical care outcomes of the patient group.

Responsibilities within the working ‘Clinical guidance’ relationship.

- 26 Hygienists assess, plan and provide periodontal care within the boundaries of their education, training, competence and scope of practice. The dental hygienist is responsible and accountable for the management of his/her own clinical practice within the boundaries of his/her scope of practice. The dentist/dental specialist is responsible for the overall management of the patient’s dental health within a team service delivery system.

Responsibilities of the dentist/dental specialist

Examination and timely advice on procedures

- 27 In relation to examination and timely advice on procedures and in keeping with the clinical guidance and/or clinical supervision relationship between the dental hygienist and dentist/dental specialist, the dentist/dental specialist should:
- a) be the first team member to examine any new patient⁴ to a practice to diagnose the disease processes for that patient – the dentist/dental specialist formulates an overall dental care plan and makes a referral to the hygienist where appropriate;
 - b) be responsible for the initial assessment of the patient’s medical history (as part of the patient’s overall treatment plan) and be available for advice regarding the subsequent medical history reassessments performed prior to, but associated with, on-going hygiene treatment/maintenance;
 - c) collaborate with the dental hygienist regarding the ongoing periodontal health status of the patient receiving hygiene treatment – the dentist/dental specialist should provide an ongoing yearly review of the periodontal status of the patients within his/her practice;
 - d) be available for timely advice regarding any hygiene treatment needs. If the dentist/dental specialist, whose role it is to provide the clinical guidance for the hygienist, is off the premises and not contactable, another dentist/dental specialist should be contactable for such guidance; and
 - e) be prudent regarding such availability when a new graduate hygienist is employed or contracted to provide hygiene services – recognition should be given to the need for added support for this group of hygienists.

Continuing professional development

- 28 In relation to continuing professional development (CPD) the dentist/dental specialist should support the dental hygienist’s continuing education, by assisting the hygienist with appropriate access to, and allowing time for attendance at, CPD opportunities.

⁴ A new patient is someone who is new to the practice but does not include self-referred patients or patients who have been referred by a dentist external to the practice. The responsibilities of the hygienist and the onsite dentist in relation to self-referred and external dentist-referred patients are set out in paragraphs 30-36.

Appropriate management and referral

- 29 In relation to appropriate management and referral the dentist/dental specialist should:
- a) collaborate with the dental hygienist regarding treatment beyond his or her scope of practice to ensure appropriate management and referral where necessary; and
 - b) provide professional advice in a timely manner to facilitate best care for the patient.

Responsibilities in relation to self-referred patients

- 30 A self-referred patient is someone who requests treatment from a dental hygienist without being referred by a dentist.
- 31 Dental hygienists with a limited scope must not see patients unless they have previously been examined by their supervising dentist.
- 32 In relation to patients who self-refer directly to a hygienist:
- a) the dental hygienist, before commencing treatment, must take the patient's medical history and have this assessed by the dentist providing the onsite clinical guidance;
 - b) the dental hygienist should seek and record advice and clinical guidance from the dentist/dental specialist who has signed the Code of Practice Agreement and has undertaken the responsibility for that role at the treatment location;
 - c) the dentist should be available to provide advice and consultation in relation to the practice of the dental hygienist in situations of patient "self-referral";
 - d) the dental hygienist must inform a self-referred patient that they should see a dentist for an overall dental care plan within each twelve month period – this can be done, for example, by way of having the patient sign a document to this effect (see Appendix 2); and
 - e) where the patient has a regular dentist, the hygienist should provide that dentist with updated details of the hygiene treatment provided.
- 33 Modified self-referral responsibilities exist in relation to patients who self-refer for sports mouth guards.
- 34 Dental hygienists, within their registered scope of practice, can take impressions, construct and fit sports mouth guards for self-referred patients without the need for the dentist to assess the medical history or be onsite.
- 35 However the dentist must be aware that this activity is being undertaken and be available for advice if required and the dental hygienist must abide by the requirements of the relevant codes of practice and must refer in the event of the patient not being dentally fit.

Responsibilities in relation to patients referred by other dentists

- 36 In relation to patients who are referred by dentists from outside the practice at which the dental hygiene care is being delivered:
- a) the dental hygienist, before commencing treatment, must have evidence that the patient's medical history has been taken and that this has been assessed by a dentist;
 - b) the hygienist should seek and record advice and clinical guidance from the dentist/dental specialist who has signed the Code of Practice Agreement and has undertaken the responsibility for that role at the treatment location;
 - c) the dentist should be available to provide advice and consultation in relation to the practice of the dental hygienist in situations of patients referred by dentists outside the practice; and
 - d) the hygienist should provide the external referring dentists with updated details of the hygiene treatment provided.

Responsibilities in relation to off-site care (treatment provided outside the dental practice environment)

- 37 In relation to patients seen in a site other than their usual dental practice (such as nursing homes, residential care facilities and hospitals) and where a dentist is not normally present:
- a) patients who have a regular dentist must provide a letter of referral to the dental hygienist; and
 - b) for patients without a regular dentist the dental hygienist must have in place a relationship with a named dentist who is responsible for clinical guidance and has signed the Code of Practice Agreement.

Responsibilities in relation to orthodontic procedures undertaken by dental hygienists

- 38 In relation to the orthodontic procedures undertaken under clinical guidance by dental hygienists the dentist/dental specialist:
- a) must prepare a treatment plan for the patient concerned prior to the dental hygienist undertaking any orthodontic procedures on the patient;
 - b) remain responsible for the patient's clinical care outcomes; and
 - c) must be available to provide clinical guidance for all those activities specified in the dental hygiene scope of practice that can be performed under the clinical guidance of a dentist/dental specialist.

Responsibilities in relation to Radiography

- 39 Dental hygienists, within their registered scope of practice, can take intra-oral and/or extra-oral radiographs. Dentists working with a hygienist must be aware of the exact nature of their registered scopes and whether it extends to include taking intra-oral and/or extra-oral radiographs.
- 40 These registered activities are for the purposes of:
- a) Intra-oral Radiography – taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium; and
 - b) Extra-oral Radiography – taking extra-oral radiographs for the purpose of allowing dentists/dental specialists to appropriately utilise the information these radiographs contain.
- 41 Dental hygienists cannot be licensed to take x-rays under the Radiation Protection Act (1965), and dental x-ray machines must be owned and under the safe care of a licensed person. Only a registered dentist may be granted a licence for dental diagnosis under the Act.
- 42 It is therefore legally necessary for all dental hygienists whose scopes of practice include the taking of intra-oral and/or extra-oral radiographs, to work under the clinical guidance of a dentist for this aspect of their practice.
- 43 The dentist who is providing the radiography clinical guidance must be named in the Code of Practice Agreement. Where a Code of Practice names multiple dentists for professional advice, a single dentist must be clearly identified with the responsibility for dental radiography.

Direct clinical supervision

- 44 Some activities within the dental hygiene scope of practice require direct clinical supervision of the hygienist by a registered dentist/dental specialist. These activities are:
- a) applying prescription preventive agents
 - b) administering local anaesthetic
 - c) certain orthodontic procedures⁵
 - d) the treatment of patients under sedation
 - e) laser technology.
- 45 Direct clinical supervision means the clinical supervision provided to a dental hygienist by a practising dentist/dental specialist requires the dentist/dental specialist to be present on the premises at the time the dental hygiene work is carried out. The dentist/dental specialist is accountable for the supervision provided.

⁵ The specific orthodontic procedures to be performed under direct clinical supervision is defined in the Dental Hygiene Scope of Practice.

- 46 All activities undertaken by dental hygienists with a limited scope require direct clinical supervision.
- 47 Dentists/dental specialists providing direct clinical supervision to hygienists have the same responsibilities in relation to examination and timely advice; continuing professional development; and appropriate management and referral as articulated in the *Responsibilities of the dentist* under the clinical guidance section of this code.

Responsibilities within the ‘direct clinical supervision’ working relationship

Local anaesthetic

- 48 The dental hygiene scope of practice allows the administering of local anaesthetic using dento-alveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist/dental specialist who is present on the premises at which the work is carried out. Accountability for this working relationship resides with both parties.

Sedation procedures

- 49 In the interests of patient safety, patients receiving dental hygiene treatment while under sedation must have:
- a) the sedation administered by a suitably trained medical or dental practitioner (dentist/dental specialist), and this must be done in accordance with the joint New Zealand Dental Association/Dental Council Code of Practice “Sedation for Dental Procedures”; and
 - b) a suitably trained health practitioner (e.g. dentist, dental specialist, registered nurse) remain within the direct surgery environment to monitor the patient throughout treatment.
- 50 Given the above requirements, in virtually all instances, the effective, safe and practical delivery of periodontal care to patients under sedation will require the hygienist to refer that care to a dentist/dental specialist. In such circumstances the dentist/dental specialist administers the sedation and performs the clinical work, but is assisted by an appropriately trained assistant in observation, monitoring and resuscitation of sedated patients. This staffing arrangement is described in the Code of Practice “Sedation for Dental Procedures”.

Orthodontic procedures undertaken by dental hygienists

- 51 In relation to the orthodontic procedures undertaken under direct clinical supervision by dental hygienists the dentist/dental specialist:
- a) must prepare a treatment plan for the patient concerned prior to the dental hygienist undertaking any orthodontic procedures on the patient;
 - b) remain responsible for the patient’s clinical care outcomes; and
 - c) must be available on-site for all those procedures specified in the dental hygiene scope of practice that must be performed under the direct clinical supervision of a dentist/dental specialist, to make the individual visit by visit treatment decisions of these specific orthodontic procedures.

Access to prescription drugs

- 52 The use of medicines is controlled by the Medicines Act 1981 and Medicines Regulations 1984.
- 53 Of particular importance for hygiene practice is the prescription of antibiotics, analgesics and anti-inflammatory medications. The hygienist will need to obtain the required prescription from the dentist within the team providing the patient's care.
- 54 Appropriate mechanisms need to be in place to ensure all patients have access to required medications in an appropriate and timely fashion. In addition, the responsibility and accountability for accurate, updated medical histories also rests with the clinician providing the clinical treatment at each visit. It is not possible to list every circumstance that might occur, but of special relevance is the provision of appropriate prophylactic antibiotic cover in accordance with recognised protocols (e.g. National Heart Foundation guidelines). The obtaining of appropriate cover prior to invasive hygiene treatment by a dental hygienist falls within the responsibilities and accountabilities of that hygienist.

Use of laser technology

- 55 The use of laser technology, performed under direct clinical supervision, falls within the dental hygiene scope of practice for the removal of calculus and bleaching procedures. The use of laser technology falls outside the dental hygiene scope of practice where the use of that technology removes or alters hard or soft tissue or desensitises teeth.
- 56 Dental hygienists seeking to use laser technology may only do so in accordance with the Council's policy on advanced and new areas of practice. This requires practitioners to have undertaken appropriate training and be assured, based on scientific evidence, of the efficacy of new techniques or procedures before introducing them into their practice.
- 57 Any training course to equip dental hygienists to use laser technology should have the following components:

Didactic components

- laser physics
- biological effects and tissue interactions
- laser safety, hazard identification, control methods
- laser safety standards/regulations
- operative applications/techniques.

Practical components

- simulated techniques
- observation of cases performed by an appropriately trained and practising clinician
- supervised clinical use
- assessment of competency.

58 The course or instructor needs to be accredited by New Zealand Dental Association or New Zealand Dental Hygiene Association for verifiable continuing professional development purposes.

Code of Practice Agreement for dental hygienists and dentists/dental specialists

(i) Registered Dental Hygienist

(Insert name)

I am registered in the following scope of practice (please tick):

Dental Hygiene

*with the following **exclusions** on my registration:*

Radiography: Intra-oral

Radiography: Extra-oral

Local Anaesthetic

Orthodontic Practice

None

Dental Hygiene with a limited scope of practice
(previously registered as a Dental Auxiliary)

I have read, understand and will abide by this Code of Practice

_____ Hygienist

(Signed)

_____ Dentist

(Name of dentist)

_____ Dentist

(Signed)

_____ Dentist

(Name of dentist)

_____ Dentist

(Signed)

_____ Dentist

(Name of dentist)

_____ Dentist

(Signed)

Date

(ii) At these listed location (s)

The following dentist(s) / dental specialist(s) are responsible for providing the above signed registered dental hygienist with clinical guidance and access to prescription medicines in accordance with this Code of Practice.

_____ (Name of dentist)

_____ (Name of dentist)

_____ (Name of dentist)

and

The following dentist(s) / dental specialist(s) holds a current **radiography** licence and is responsible for the clinical guidance related to radiography and in accordance with the above dental hygienist's registered scope of practice.

_____ (Name of dentist)

and

In the situation of **patient self-referral** to the dental hygienist the following dentist(s) / dental specialist(s) are responsible for providing the above signed registered dental hygienist with clinical guidance and access to prescription medicines in accordance with this Code of Practice.

_____ (Name of dentist)

_____ (Name of dentist)

_____ (Name of dentist)

Notes

Please note this Agreement is location specific – i.e. at a particular location a particular dentist(s) is agreeing to responsibilities as per the Code of Practice.

Appendix 1 – Scope of practice

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.

Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist¹, though 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 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 hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist, though some aspects of the scope of practice are provided under direct clinical supervision.

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 set out in the relevant Dental Council Code of Practice.

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.

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

Dental hygiene practice 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.

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.

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.

- 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.

Prescribed Qualifications

1. Bachelor of Oral Health, University of Otago; or
2. Bachelor of Health Science in Oral Health, Auckland University of Technology; or
3. 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; or
4. 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; or
5. 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; or
6. 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, or
7. Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago; or
8. an undergraduate dental hygiene degree or diploma from the Australian Dental Council or Dental Board of Australia accredited educational institution that included

- education in Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography and registration in Australia⁴; or
9. an undergraduate dental hygiene degree or diploma, or undergraduate dental degree; and a pass in the Dental Council Dental Hygiene Registration Examination; or
 10. 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; or
 11. a Commission on Dental Accreditation (CDA) accredited undergraduate dental hygiene degree or diploma; 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 Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography; or
 12. 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; or
 13. a Certificate or Diploma in Dental Hygiene conferred by the GDC; and registration with the GDC; and Dental Council approved courses for Administering Local Anaesthetic, Undertaking Orthodontic Procedures, Intra-oral Radiography and Extra-oral Radiography.

⁴ With the introduction of the National Registration and Accreditation Scheme in 2010 all Australian State Licensing Boards were replaced by the Dental Board of Australia.

Appendix 2 – Self-referral document

(Sample only)

Surgery Letterhead

Date

A warm welcome to our surgery.

As you are a new patient to our clinic it is important that you understand recommended dental procedures.

The dental hygienist you are seeing is a registered professional trained to help you to improve and maintain your oral health as part of your overall general health.

It is also recommended that you see a dentist every twelve months for an examination and overall dental care plan.

I _____ have read and understand the above.
(Patient's name)

Signed _____

I do have a regular dentist.

My regular dentist is _____

I do not have a regular dentist.

I would like you to recommend a dentist. Yes/No