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## **Code of Practice**

# **Working Relationship between Dental Hygienists and Dentists**

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

**January 2008**

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## **Code of practice rationale**

- 1 The Health Practitioners Competence Assurance Act 2003 (the Act) promotes the continuation of a team approach between dental hygienists/dental auxiliaries 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, dental auxiliaries 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 dental auxiliaries and to provide detail on their scopes of practice.
- 3 This code of practice is designed to assist practitioners to understand the requirements of dental hygiene and auxiliary practice and to facilitate appropriate clinical guidance and, where applicable, direct clinical supervision. The activities that registered dental hygienists and registered dental auxiliaries practise are set out in the scopes of practice detailed in Appendix 1.

## **Dental hygiene scopes of practice**

- 4 The Dental Hygienist Board has defined three registration categories (scopes of practice) related to dental hygiene:
  - a) Dental Hygienist
  - b) Dental Auxiliary
  - c) Orthodontic Auxiliary.

This Code addresses dental hygienists (both those full registration and those with limited scope) and dental auxiliaries.

- 5 Two groups of practitioners are encompassed within the dental hygienist scope of practice. That is, “dental hygienists” comprise both practitioners working with full registration within Dental Hygiene Practice (described in paragraphs 6 to 10) and practitioners working within Dental Hygiene Practice with limited scope (paragraphs 11 to 14). The term “Dental Hygienist” is a registered protected title and can only be used by, or to describe, those practitioners registered as dental hygienists.

## ***Dental hygiene practice (full registration)***

- 6 Dental hygiene practice is a subset of the practice of dentistry and is commensurate with a dental hygienist’s approved education, training and competence.
- 7 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.
- 8 Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist.
- 9 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.
- 10 Some procedures of dental hygiene practice require direct clinical supervision by a dentist or dental specialist.

### ***Dental hygiene practice (limited scope)***

- 11 Dental hygiene practice (limited scope) is a subset of the practice of dental hygiene. Conditions are placed on practitioners registered with limited scope, to ensure their practice is commensurate with their training, experience and competence.
- 12 Those registered in this manner are principally practitioners previously registered in dental auxiliary practice (see paragraphs 17-20 below), who have since met certain criteria set by the Dental Council for limitations-based registration within the dental hygienist scope of practice.
- 13 Dental hygiene practice (limited scope) involves: 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.
- 14 Dental hygienists registered in dental hygiene practice (limited scope) must practice:
  - a) under the onsite prescription and clinical monitoring of a dentist or dental specialist who is present on the premises at which the work is carried out, and
  - b) subject to an initial dental and periodontal examination having been carried out by a dentist or dental specialist for each patient.

These hygienists must also publicly display their practising certificates.

### ***Dental auxiliary practice***

- 15 The term Dental Auxiliary is the registered protected title that describes those practitioners registered in the limited dental auxiliary scope of practice. Dental auxiliary practice is a subset of the practice of dental hygiene and is commensurate with a dental auxiliary's approved training, experience and competence.
- 16 This interim category of registration was established to provide for non-hygiene qualified practitioners who were providing dental hygiene services up to September 2004 to continue to practise. The majority of those initially registered in this scope of practice are now registered in dental hygiene practice (limited scope). The Dental Council intends to revoke the dental auxiliary scope of practice in September 2009.
- 17 Dental auxiliary practice involves prevention of oral health disease through the application of non-prescription preventive agents to the teeth; oral health education and promotion; and treatment of oral health disease through the removal of plaque and calculus.
- 18 A dental auxiliary must practise under the direct clinical supervision of a dentist who is present on the premises at which the work is carried out and who has completed an initial periodontal examination on the patient concerned and who is responsible for the patient's clinical care outcomes.

### **Principles of this code of practice**

- 19 The Dental Council of New Zealand's approved scopes of dental hygiene practice (including dental auxiliaries) prescribes a working relationship that enables the full scope of a hygienist's practice to be conducted under clinical guidance.<sup>1</sup>

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<sup>1</sup> With the exception of the application of prescription preventive agents, which requires direct clinical supervision.

- 20 The additional scope of local anaesthesia must be practised under the direct clinical supervision of a dentist or dental specialist. The additional orthodontic procedures scope requires the dental hygienist to undertake orthodontic procedures under the clinical guidance of a dentist or orthodontist who has prepared a treatment plan for the patient concerned and who is responsible for the patient's clinical care outcomes.
- 21 Other activities such as radiography and access to prescription medicines have requirements that are defined in other legislation.
- 22 All the activities that dental auxiliaries/dental hygienists with limited scope undertake require direct clinical supervision by a dentist or dental specialist.
- 23 The particular responsibilities and requirements associated with these two categories of working relationships (clinical guidance and direct clinical supervision) together with those relating to medicines and radiation legislation are outlined below under the following headings:
  - a) clinical guidance
  - b) direct clinical supervision
  - c) radiography
  - d) access to prescription medicines.

### ***Clinical guidance***

- 24 Within the dental team, dental hygienists registered in the full dental hygienist scope of practice are responsible and accountable for their own clinical practice within their scope of practice.
- 25 Dental hygienists must not practise outside the boundaries of the scope/s of practice they are registered in.
- 26 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.
- 27 Dental hygienists and dentists/dental specialists normally work from the same premises, providing a team approach.
- 28 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 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.
- 29 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.

### **Responsibilities within the working 'Clinical guidance' relationship.**

- 30 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.
- 31 Hygienists and dentists/dental specialists in a clinical guidance relationship must jointly review and sign a code of practice agreement.

## **Responsibilities of the dentist/dental specialist**

### ***Examination and timely advice procedures***

- 32 In relation to examination and timely advice procedures and in keeping with the 'clinical guidance' relationship between the dental hygienist and dentist/dental specialist, the dentist/dental specialist should:
- a) be the first team member to examine any new patient<sup>2</sup> 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 practise
  - 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
  - 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**

- 33 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.

### **Appropriate management and referral**

- 34 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.

### **Orthodontic procedures undertaken by dental hygienists**

- 35 In relation to the procedures undertaken by dental hygienists registered in the additional orthodontic procedures scope of practice, 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, and
  - b) remain responsible for the patient's clinical care outcomes.

### ***Responsibilities in relation to self-referred patients<sup>3</sup>***

- 36 A self-referred patient is someone who requests treatment from a dental hygienist without being referred by a dentist.
- 37 Dental auxiliaries/dental hygienists with limited scope must not see patients unless they have previously been examined by their supervising dentist (see also paragraph 48).
- 38 In relation to patients who self-refer directly to a hygienist:

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<sup>2</sup> 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 37 to 39

<sup>3</sup> Modified self-referral responsibilities exist in relation to patients who self-refer for sports mouth guards. Dental hygienists with full registration 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. 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.

- 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(s) 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 onsite and 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)
- e) where the patient has a regular dentist, the hygienist should provide that dentist with updated details of the hygiene treatment provided.

***Responsibilities in relation to patients referred by other dentists***

- 39 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(s) 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 onsite and 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
  - 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)***

- 40 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
  - 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.

***Direct clinical supervision***

- 41 Some activities within the dental hygiene scopes of practice require direct clinical supervision of the hygienist by a registered dentist or dental specialist. These activities are:
- a) the administration of local anaesthetic (and registration in the additional LA scope of practice)
  - b) the treatment of patients under sedation
  - c) applying prescription preventive agents.
- 42 Direct clinical supervision means the clinical supervision provided to a dental hygienist or dental auxiliary 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.
- 43 All activities undertaken by dental auxiliaries/dental hygienists with limited scope require direct clinical supervision.

## **Responsibilities within the ‘direct clinical supervision’ working relationship**

### ***Local anaesthetic***

- 44 The dental hygienist additional local anaesthetic scope of practice allows the administration of local anaesthetic using dento-alveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist or 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***

- 45 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 or dental specialist), and this must be done in accordance with the joint NZDA/DCNZ Code of Practice “Sedation for Dental Procedures”
  - 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.
- 46 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 or dental specialist. In such circumstances the dentist/dental specialist administers the sedation and performs the clinical work, but is assisted by an assistant appropriately trained in observation, monitoring and resuscitation of sedated patients. This staffing arrangement is described in the Code of Practice “Sedation for Dental Procedures”.

### ***Dental auxiliaries/dental hygienists with limited scope***

- 47 All tasks performed by dental auxiliaries/dental hygienists with limited scope must be undertaken under the direct clinical supervision of a dentist or dental specialist who is present on the premises at which the work is carried out. All patients must first have had a periodontal examination carried out by the supervising dentist who remains responsible for the patient’s clinical care outcomes.
- 48 Dental auxiliaries/dental hygienists with limited scope must not practise outside the boundaries of their registered scope/s of practice.
- 49 Dentists and dental specialists providing direct clinical supervision to dental auxiliaries/dental hygienists with limited scope have the same responsibilities in relation to examination and timely advice, appropriate management and referral and continuing professional development as articulated in paragraph 35 of this code, under the clinical guidance section.
- 50 It is the responsibility of both the registered dentist/dental specialist and the registered dental auxiliary/dental hygienists with limited scope to be aware of and practice in accordance with the current legislation and this Code of Practice. Dental auxiliaries/dental hygienists with limited scope and the dentists/dental specialists who supervise them should jointly review and sign a Code of Practice Agreement.

### ***Radiography***

- 51 Dental hygienists and dental auxiliaries/dental hygienists with limited scope might also be registered in the additional scopes of intra oral and/or extra oral radiography. Dentists working with a hygienist or auxiliary must be aware of the exact nature of their registered scopes and whether it extends to one or both of the additional radiography categories.
- 52 These additional 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.
  - b) Extra Oral Radiography – taking extra oral radiographs for the purpose of allowing dentists/dental specialists to appropriately utilise the information these radiographs contain.

- 53 Dental hygienists and auxiliaries/dental hygienists with limited scope 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.
- 54 It is therefore legally necessary for all dental hygienists and dental auxiliaries/dental hygienists with limited scope whose scopes of practice include the additional scopes of intra oral and/or extra oral radiography, to work under the supervision or instruction of a dentist for this aspect of their practice.
- 55 The dentist who is providing the radiography supervision 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.

### ***Access to prescription drugs***

- 56 The use of medicines is controlled by the Medicines Act 1981 and Medicines Regulations 1984.
- 57 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.
- 58 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 (eg 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***

- 59 The use of laser technology falls within the dental hygiene scope 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.
- 60 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.
- 61 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
- 62 The course or instructor needs to be accredited by NZDA (or NZDHA) 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 Scopes of Practice (please tick)

- General Dental Hygiene
- Radiography:    Intra oral
- Extra oral
- Local Anaesthetic
- Orthodontic Practice

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)**

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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 / dental specialist holds a current **radiography** licence and is responsible for the supervision and 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.

**Code of Practice Agreement for dental hygienists (limited scope)/dental auxiliaries and dentists/dental specialists [applicable until 31 March 2008]**

**(i) Registered Dental Hygienist (limited scope) or Dental Auxiliary**

\_\_\_\_\_  
(Insert name)

I am registered in the following Scopes of Practice (please tick)

- Dental Hygiene (limited scope)
- Dental Auxiliary
- Radiography: Intra oral
- Extra oral

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

\_\_\_\_\_ Dental Hygienist (limited scope)/Dental Auxiliary  
(Signed)

\_\_\_\_\_ Dentist \_\_\_\_\_ Dentist  
(Name of dentist) (Signed)

\_\_\_\_\_ Dentist \_\_\_\_\_ Dentist  
(Name of dentist) (Signed)

\_\_\_\_\_ Dentist \_\_\_\_\_ Dentist  
(Name of 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/ dental auxiliary with direct clinical supervision 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 / dental specialist holds a current **radiography** licence and is responsible for the supervision related to radiography and in accordance with the above dental hygienist's/dental auxiliary's registered Scope of Practice.

\_\_\_\_\_ (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 – Scopes of practice

Please note the scopes of practice listed here are current as at December 2006.  
You should check the DCNZ website for the latest version.

### Scope of General Dental Hygiene Practice

The Dental Council of New Zealand 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.<sup>4</sup>

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

Dental hygiene practice involves:

- 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 prescription preventive agents under the direct clinical supervision of a dentist
- 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.

### Prescribed Qualifications

- 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

<sup>4</sup> 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/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 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.

- 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
- Diploma in Dental Hygiene issued by a New Zealand educational institution
- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago
- Undergraduate dental hygiene degree or diploma from an Australian Dental Council accredited educational institution
- Undergraduate dental hygiene degree or diploma, or undergraduate dental degree; and a pass in the DCNZ Dental Hygiene Registration Examination.
- 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
- Commission on Dental Accreditation (CDA) accredited undergraduate dental hygiene degree or diploma; a pass in the USA National Board Dental Hygiene Examination or a Canadian National Dental Hygiene Certificate Examination; and registration with a USA or Canadian dental authority
- General Dental Council (GDC) accredited undergraduate dental hygiene degree or diploma from the United Kingdom; and registration with the GDC
- Certificate or Diploma in Dental Hygiene conferred by the GDC; and registration with the GDC.

***For applications received before 19/9/04***

- New Zealand Dental Association Operating Auxiliaries Course and hold a prescribed qualification for the Scope of General Dental Therapy and a minimum of 600 clinical hours' experience subsequent to 1 July 2001 in the provision of oral health services within the scope of dental hygiene practice
- Bachelor of Dental Surgery, University of Otago and a minimum of 600 clinical hours' experience subsequent to 1 July 2001 in the provision of oral health services within the scope of dental hygiene practice.

**Dental Hygiene Practice (limited scope)**

Dental hygienists with limited scope are limited in their practise to: 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.

The limitations are considered on case by case basis. Some practitioners may, therefore, have one or more of these activities excluded from their list of permitted activities.

Dental hygienists with limited scope practise under the onsite prescription and clinical monitoring of a dentist or dental specialist who is present on the premises at which the work is carried out; who has completed an initial periodontal examination on the patient concerned; and who is responsible for patient's clinical care outcomes. A dental hygienist with limited scope must also display their practicing certificate.

**Scope of Dental Auxiliary Practice**

Dental auxiliary practice will be considered a subset of the practice of dental hygiene and is commensurate with the dental auxiliary's approved training, experience and competence.

Dental auxiliary practice is limited to: 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.

Dental auxiliaries practise under the direct clinical supervision of a dentist who is: present on the premises at which the work is carried out; who has completed an initial periodontal examination on the patient concerned; and who is responsible for patient's clinical care outcomes.

### **Prescribed Qualifications**

#### ***For applications received before 19/9/04***

A minimum of 600 clinical hours' experience subsequent to 1 July 2001 in the provision of oral health services within the scope of dental auxiliary practice, under the direction and supervision of a dentist or dental specialist who can attest to competency.

### **Additional scopes of practice for dental hygiene and auxiliary practice**

#### **Scope for Administering Local Anaesthetic in Dental Hygiene Practice**

Administration of local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist or specialist who is present on the premises at which the work is carried out.

#### **Prescribed Qualifications**

- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago and registration in the Scope of Dental Hygiene Practice
- Approved experience in the provision of local anaesthetic within the general dental therapy or general dental scope of practice and registration in the Scope of Dental Hygiene Practice
- Completion of the Auckland University of Technology Local Anaesthesia Course for Dental Hygienists and registration in the Scope of Dental Hygiene Practice
- An approved Local Anaesthetic training course and registration in the Scope of Dental Hygiene Practice.

#### **Scope for Undertaking Orthodontic Procedures in Dental Hygiene Practice**

Dental hygienists with approved training, experience and competence in orthodontic procedures assist the dentist or orthodontist in implementing orthodontic treatment plans through performing such orthodontic procedures as taking impressions and making study models, inserting, and removing some orthodontic appliances, preparing teeth for bonding, removing bonding composite and banding cement and providing oral health education and advice on the care and maintenance of orthodontic appliances.

Dental hygienists who undertake orthodontic procedures do so under the clinical guidance of a dentist or orthodontist who has prepared a treatment plan for the patient concerned and is responsible for the patient's clinical care outcomes.

The procedures involve:

- oral hygiene instruction, care and maintenance of orthodontic appliances
- taking clinical photographs for records
- making study models including taking impressions and bite records
- pre banding polishing of teeth
- removing and placing arch wires as formed by the orthodontist
- removing composite/band cement following removal of fixed appliances

- removing O rings
- de-bonding and de-banding fixed appliances
- replacing loose bands.

### **Prescribed Qualifications**

- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago, conferred from 2002 and registration in the Scope of Dental Hygiene Practice
- Diploma in Dental Hygiene, University of Otago conferred from 2002 and registration in the Scope of Dental Hygiene Practice
- Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting and registration in the Scope of Dental Hygiene Practice

### ***For applications received before 19/9/04***

- Diploma in Dental Hygiene, University of Otago conferred before 2002; registration in the Scope of Dental Hygiene Practice and a minimum of 150 clinical hours' experience subsequent to 1 July 2001 in the provision of oral health services within the scope of Orthodontic Procedures in Dental Hygiene Practice, under the direction and supervision of a dentist or dental specialist who can attest to competency<sup>5</sup>
- Certificate in Dental Hygiene issued by Otago Polytechnic of New Zealand; registration in the Scope of Dental Hygiene Practice and a minimum of 150 clinical hours' experience subsequent to 1 July 2001 in the provision of oral health services within the scope of Orthodontic Procedures in Dental Hygiene Practice, under the direction and supervision of a dentist or dental specialist who can attest to competency<sup>6</sup>
- New Zealand Defence Force training programme in Dental Hygiene; registration in the Scope of Dental Hygiene Practice and a minimum of 150 clinical hours' experience subsequent to 1 July 2001 in the provision of oral health services within the scope of Orthodontic Procedures in Dental Hygiene Practice, under the direction and supervision of a dentist or dental specialist who can attest to competency<sup>7</sup>.

### **Scope for Intra Oral Radiography in Dental Hygiene, Dental Auxiliary and Orthodontic Auxiliary Practice**

Taking periapical and bitewing radiographs for the purpose of recognising disease of the periodontium<sup>8</sup>.

### **Prescribed Qualifications**

- Diploma in Dental Hygiene conferred by a New Zealand educational institution and registration in the Scope of Dental Hygiene Practice
- Bachelor of Health Science (Endorsement in Dental Hygiene), University of Otago and registration in the Scope of Dental Hygiene Practice
- Certificate in Dental Hygiene issued by Otago Polytechnic and approved experience in the provision of oral health services within the scope of intra oral radiography and registration in the Scope of Dental Hygiene Practice
- New Zealand Defence Force training programme in Dental Hygiene and approved experience in the provision of oral health services within the scope of intra oral radiography and registration in the Scope of Dental Hygiene Practice
- Undergraduate dental hygiene degree or diploma from an Australian Dental Council accredited educational institution and registration in the Scope of Dental Hygiene Practice

<sup>5</sup> This prescribed qualification was withdrawn as at 19 September 2004.

<sup>6</sup> This prescribed qualification was withdrawn as at 19 September 2004.

<sup>7</sup> This prescribed qualification was withdrawn as at 19 September 2004.

<sup>8</sup> 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.

- An exemption certificate for intra oral radiography issued by the New Zealand Medical Radiation Technologists Board (MRTB) current as at 18 September 2004 and registration in the Scope of Dental Hygiene Practice or Scope of Dental Auxiliary Practice or the Scope of Orthodontic Auxiliary Practice
- An approved intra oral radiography training course and registration in the Scope of Dental Hygiene Practice or Scope of Dental Auxiliary Practice or the Scope of Orthodontic Auxiliary Practice.

### **Scope for Extra Oral Radiography Practice in Dental Hygiene, Dental Auxiliary and Orthodontic Auxiliary Practice**

Taking extra oral radiographs<sup>9</sup>.

#### **Prescribed Qualifications**

- An exemption certificate for extra oral radiography issued by the New Zealand Medical Radiation Technologists Board current as at 18 September 2004 and registration in the Scope of Dental Hygiene Practice or Scope of Dental Auxiliary Practice or Scope of Orthodontic Auxiliary Practice; or
- New Zealand Defence Force training programme in Dental Hygiene and approved experience in the provision of oral health services within the scope of extra-oral radiography and registration in the Scope of Dental Hygiene Practice
- An approved extra oral radiography training course and registration in the Scope of Dental Hygiene Practice or Scope of Dental Auxiliary Practice or Scope of Orthodontic Auxiliary Practice.

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<sup>9</sup> 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.

## 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