

Notice Under the Legislation Act 2019 of Scope of Practice, Qualifications and Competencies for General Dental Practice

Under the Legislation Act 2019, notice is given of the making of the following secondary legislation:

| <i>Title</i> | <i>Empowering provision(s)</i> | <i>Administering agency</i> | <i>Date made</i> |
|--|--------------------------------|-----------------------------|------------------|
| Health Practitioners Competence Assurance Act 2003 | Sections 11, 12 and 118(i) | Dental Council | 8/12/21 |

This secondary legislation can be accessed at: <http://dcnz.org.nz/resources-and-publications/resources/gazette-notices/>.

The following replaces the scope of practice and prescribed qualifications for general dental practice published in the [New Zealand Gazette, 10 March 2020, Notice No. 2020-gs883](#).

This notice is issued by the Dental Council pursuant to sections 11, 12 and 118(i) of the Health Practitioners Competence Assurance Act 2003, to come into effect from **8 December 2021**.

Scope of Practice for General Dental Practice

General dental practice encompasses the practice of dentistry in 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 in accordance with a dentist's approved education, training, experience and competence.

The scope of practice encompasses the dentist competencies.

Practice in this context goes wider than clinical dentistry to include teaching, research, and management, given that such roles influence clinical practice and public safety.

Areas of general dental 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.

Prescribed Qualifications for the Scope of Practice for General Dental Practice

New Zealand

- Bachelor of Dental Surgery, University of Otago
- Bachelor of Dental Surgery with Honours, University of Otago.

Australia

- an Australian Dental Council (ADC) accredited programme¹
- a Dental Board of Australia approved programme of study providing a qualification for the purpose of registration in general dentistry in Australia²
- a five-year undergraduate dental degree and a pass in the Australian Dental Council licensing examinations.

General Dental Council (GDC) Accredited Dental Schools in the UK and Commonwealth Countries

- a GDC accredited undergraduate dental degree from a GDC accredited dental school in the UK, or Commonwealth as listed below.

| Dental School | Dates of Recognition - student must have completed and satisfied all programme requirements before the end-date listed below |
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| Western Cape | Before 1 January 1998 |
| Hong Kong | Before 1 January 2001 |
| Singapore | Before 1 January 2001 |
| Witwatersrand | Before 1 January 2001 |
| Pretoria | Before 1 January 2001 |
| Stellenbosch | Before 1 January 2001 |
| Medical University of South Africa | 1 January 1997 - 31 December 2000 |

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| Malaysia | 1 January 1997 - 31 December 2000 |
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USA and Canada

- an accredited undergraduate dental degree from the Commission on Dental Accreditation in the USA or the Commission on Dental Accreditation of Canada.
- a five-year undergraduate dental degree and a pass in the USA licensing examinations.
- a five-year undergraduate dental degree and a pass in the National Dental Examining Board of Canada Equivalency Examination Process³.

Other

- a five-year undergraduate dental degree and a pass in the New Zealand Dental Registration Examinations⁴.

Ngā Kaiakatanga Mō Ngā Hauora Niho - Dentist Competencies**Introduction**

The Council defines competence as the knowledge, skills, attitudes, and behaviours (“competencies”) an oral health practitioner must have to practise safely, competently, and professionally in their scope of practice.

This document describes the minimum competencies a dental graduate must achieve through their education and training to be registered in the scope of general dental practice.

The competencies prescribe the scope of practice for general dental practice.

The competencies are presented in the following domains:

- Ngaiotanga - Professionalism
- Whakawhiti kōrero - Communication
- Kaiakatanga ahurea - Cultural competence (effective until 31 December 2022)
- Haumarutanga ahurea - Cultural safety (effective from 1 January 2023)
- Ngā whakaaro kaikini - Critical thinking
- Mōhiotanga pūtaiao me te haumaruru - Scientific and clinical knowledge
- Tiaki turoro - Patient care
- Te hauora ā-waha o te hapori - Community oral health.

The competencies broadly describe the knowledge, skills, attitudes and behaviours expected of a dentist; and are outcomes focussed. The learning curriculum will provide the level and extent of detail needed to facilitate graduates’ achievement of these competencies, for registration in the scope of practice for general dental practice.

It is assumed that all competencies are performed with a degree of quality consistent with patient and whānau well-being, and that dentists can self-evaluate the quality and effectiveness of the care they provide.

There is also a clear link between a number of the competencies and the standards embodied in the standards framework (<http://www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework/>) that registered oral health practitioners must meet.

Aims

The competencies document aims to describe the minimum competencies for a registrant in the scope of general dental practice, while not restricting the ways in which education providers achieve these outcomes.

The overarching aim is to develop a well-rounded dentist who is:

- scientifically grounded and clinically and technically skilled
- practises safely and competently as a member of the health care team
- provides evidence-based, patient-centred and culturally safe care which promotes and protects patient and whānau health and wellbeing, and
- adheres to high standards of ethical and professional behaviour.

Ongoing Competence

Each practitioner’s scope of practice is commensurate with the practitioner’s approved education, training, experience, and competence.

It is expected that over time practitioners will maintain and enhance their professional knowledge and skills for

application within their scope of practice, through self-assessment, ongoing learning and professional interaction.

On the learning continuum, competence on graduation develops into confidence, proficiency, and for some, ultimately, excellence.

Once registered, competence must be maintained throughout a practitioner's career in the areas they practise in. Some practitioners may choose to limit their individual practice to certain clinical areas within their scope of practice.

It is essential that practitioners critically self-reflect on their competence throughout their professional career to support their ongoing learning or identify their own limitations and how that may impact on their practice.

Patient care in those areas where competence has not been maintained, must be referred to another suitable practitioner.

Uses

The Council will use this document as a reference in carrying out its key functions of:

- Accreditation of education programmes for dentists.
- The assessment of international dental graduates for practice in Aotearoa New Zealand.
- In case of a competence concern, to support the assessment of whether the dentist is meeting the minimum core competencies.
- If competence deficiencies are confirmed, use it as the minimum standard the dentist must attain to reach competence again in those areas deemed insufficient.

Overseas registration applicants do not meet the competencies related to the New Zealand context, legislation and laws, health regulation and cultural safety. If registration is granted, these practitioners will be required to attain these competencies within a defined timeframe.

Context

An understanding of the terms 'evidence-based practice', 'patient-centred' and 'culturally safe' care is key in understanding and achieving the competencies. They represent the overall approach to care practitioners are expected to develop.

Explanations of these terms can be found in the glossary on pages 18–20 and may provide further context to facilitate understanding of the competencies. The glossary also includes translation of Māori in this document.

Te Tiriti o Waitangi

The Council is seeking to improve Māori oral health outcomes underpinned by Te Tiriti o Waitangi. This is not a new approach and is consistent with central government policy in relation to hauora Māori and the Ministry of Health's *Whakamaua: Māori Health Action Plan 2020–2025*, which has an equity focus. Recognition of health's role to give effect to Te Tiriti is further demonstrated by the recently announced central government health sector reforms with the establishment of the new Māori Health Authority.

Oral health practitioners' competence in relation to Māori oral health care must be informed by Te Ao Māori, Tikanga Māori and Te Reo Māori to achieve Pae Ora – healthy futures for whānau, hapū and iwi. This work, in the Council's view, will contribute to long term oral health benefits for Māori, their whānau and hapū.

Acknowledgements

The Council recognises the input received from:

- Te Aō Marama – New Zealand Māori Dental Association
- Māori Oral Health Quality Improvement Group
- University of Otago Bachelor of Dental Surgery programme.

The dentist competencies are founded on a number of sources including the General Dental Council's *Preparing for practice* (2015), the Association for Dental Education in Europe's *The Graduating European Dentist* (2017), and the Australian Dental Council's *Professional competencies of the newly qualified dentist* (2016). The Bachelor of Dental Surgery curriculum from the Faculty of Dentistry, University of Otago was also relied on.

The cultural safety aspects were further informed by the Nursing Council of New Zealand's *Guidelines for Cultural safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice* (2011), the Medical Council of New Zealand's *Statement on Cultural Safety* (2019).

1. Ngaiotanga – Professionalism

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| <p>Patients, colleagues and the public</p> | <p>A dentist will be able to:</p> <p>1.1 Provide patient-centred care by putting the patient’s needs first, and protect and promote patient and whānau or family wellbeing.</p> <p>1.2 Understand the concept of professionalism and how to develop and maintain an effective practitioner-patient relationship.</p> <p>1.3 Act with dignity and respect towards others by being open and honest, courteous, empathetic, and supportive in interactions, and acknowledging and respecting Tikanga Māori.</p> <p>1.4 Treat others fairly and without discrimination, respecting cultural values, personal disabilities, and individual differences.</p> <p>1.5 Respect patients’ autonomy and their right to make their own oral health decisions, aligned with kāwanatanga, tino rangatiratanga and ōritetanga.</p> <p>1.6 Respect patients’ right to complain and enable them to seek redress by facilitating the fair, simple, speedy, and efficient resolution of complaints.</p> <p>1.7 Respect and protect the confidentiality of patient information at all times, including situations outside the healthcare setting.</p> <p>1.8 Behave in a professional manner that maintains public trust and confidence in them personally, and the profession.</p> <p>1.9 Act to protect the interests of patients and colleagues from any risk posed by their own personal issues, health, competence, or conduct; or those of a colleague.</p> <p>1.10 Act to protect the interests of tamariki, mokopuna, rangatahi in cases of suspected neglect or abuse by disclosing information to a relevant authority or person.</p> |
| <p>Laws and regulation</p> | <p>A dentist will be able to:</p> <p>1.11 Practise in accordance with legal and regulatory requirements that affect oral health practice in Aotearoa New Zealand.</p> <p>1.12 Understand the relevance of Te Tiriti o Waitangi, specifically, the concepts in relation to hauora Māori and Māori oral health outcomes: tino rangatiratanga, equity, active protection, options, and partnerships.</p> <p>1.13 Understand and comply with the professional standards and practice standards of the Dental Council’s standards framework, and adhere to the ethical principles, in their interactions with patients and their communities.</p> |
| <p>Professional development and ongoing competence</p> | <p>A dentist will be able to:</p> <p>1.14 Critically self-reflect on their practice and apply this to their ongoing professional development; including reflecting on their decision-making, actions, performance, and whether culturally safe care has been achieved.</p> <p>1.15 Recognise the importance of ongoing learning and professional interaction as means of maintaining and enhancing professional knowledge and skills.</p> |

2. Whakawhiti Kōrero - Communication

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| Communication | <p>A dentist will be able to:</p> <p>2.1 Communicate respectfully, effectively and in a culturally appropriate way with and about patients, their parents, whānau or family, carers, representatives, kaiāwhina, and the public.</p> <p>2.2 Listen to their patients, recognise communication barriers, and take into account specific communication needs and preferences. This includes Te Reo Māori me ona Tikanga, communication needs and preferences.</p> <p>2.3 Communicate honestly, factually and without exaggeration in all forms of communication.</p> <p>2.4 Provide patients with the information they need and request, and facilitate their understanding of their oral health condition and options for care.</p> <p>2.5 Communicate openly and respectfully with colleagues, other members of the oral health team, other health professionals, other hauora providers and social organisations.</p> |
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3(a) Kaiakatanga Ahurea - Cultural Competence (Effective Until 31 December 2022)

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| Culturally competent | <p>A dentist will be able to:</p> <p>3.1 Understand Te Tiriti o Waitangi and Treaty of Waitangi and the application of the principles to their practice.</p> <p>3.2 Recognise and respect the cultural diversity of the Aotearoa New Zealand population.</p> <p>3.3 Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice.</p> <p>3.4 Use knowledge of whanaungatanga and Te Tiriti o Waitangi as a basis for their practice, and to establish functional relationships with Māori patients.</p> <p>3.5 Understand that a patient’s cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.</p> <p>3.6 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identity.</p> <p>3.7 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide, including delivery of culturally appropriate care.</p> <p>3.8 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau to enable culturally competent care.</p> |
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3(b). Haumarutanga Ahurea - Cultural Safety (effective from 1 January 2023)

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| <p>Culturally safe care</p> | <p>A dentist will be able to:</p> <p>3.1 Understand Te Tiriti o Waitangi and their application of the articles, as described in Wai 2575, when providing care.</p> <p>3.2 Recognise and respect the cultural diversity of the Aotearoa New Zealand population.</p> <p>3.3 Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice.</p> <p>3.4 Use knowledge of Te Kawa Whakaruruhau and Te Tiriti o Waitangi as a basis for their practice, to achieve whanaungatanga- based relationships.</p> <p>3.5 Understand the following concepts in relation to hauora Māori and Māori oral health outcomes:</p> <ul style="list-style-type: none"> • tino rangatiratanga which provides for self-determination and mana Motuhake • equity⁵ which focusses on equitable health outcomes for Māori • active protection to achieve equitable health outcomes • options which focus on access to oral health care, and delivering the care in a culturally appropriate way that recognises hauora Māori models of care • partner with Māori on delivery of oral health care to Māori to improve access, equity and oral health outcomes. <p>3.6 Understand that a patient’s cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.</p> <p>3.7 Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and hauora outcomes.</p> <p>3.8 Provide culturally safe care – as determined by the patient, their whānau or family, hapū or community.</p> <p>3.9 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identity.</p> <p>3.10 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide.</p> <p>3.11 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau or family to enable culturally safe care.</p> |
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4. Ngā Whakaaro Kaikini - Critical Thinking

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| Critical thinking | <p>A dentist will be able to:</p> <p>4.1 Apply contemporary scientific knowledge to oral health practice appropriately.</p> <p>4.2 Critically evaluate published clinical, scientific, Matāuranga Māori, and health-related research; and integrate this information, where appropriate, into their practice.</p> <p>4.3 Understand and apply the principles of good rangahau and research practice. This includes, scientific method, critical evaluation and referenced tohungatanga, of research, evidence or information.</p> <p>4.4 Recognise and evaluate the impact of new techniques, materials, and technologies in clinical practice.</p> <p>4.5 Recognise and evaluate the impact of Matāuranga Māori and research on Māori oral health outcomes and equity, and how to use this information to improve hauora Māori and equity.</p> <p>4.6 Critically reflect on their individual knowledge and skills throughout their professional career, to inform their ongoing professional development or identify their own limitations and how that may impact on their current practice.</p> |
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5. Mōhiotanga Pūtaiao me te Haumaru - Scientific and Clinical Knowledge

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| Application of scientific and clinical knowledge | <p>A dentist will be able to apply scientific and clinical knowledge relating to:</p> <p>5.1 General anatomy, with emphasis on head and neck, and physiology.</p> <p>5.2 The aetiology, pathology, diagnosis, prevention and management of oral diseases and disorders.</p> <p>5.3 General and systemic disease and disorders, including their relevance to oral health and potential impact on patient management.</p> <p>5.4 Growth, development, and ageing, especially in the orofacial region; and orofacial developmental disorders.</p> <p>5.5 Normal and abnormal tooth development, tooth eruption and occlusal development of the primary, mixed, and permanent dentition.</p> <p>5.6 Social and behavioural sciences, and Te Ao Māori and Tikanga Māori, to support patients and whānau or family in achieving oral health and wellbeing.</p> <p>5.7 Understanding the causes of Māori inequity to access and improve hauora Māori outcomes.</p> <p>5.8 The core principles of infection prevention and control, including standard precautions, reprocessing of reusable items, performance testing and validation. This includes consideration of Te Ao Māori and Tikanga Māori.</p> <p>5.9 Pharmacology, with a focus on medicines, rongoā Māori and therapeutic agents relevant to oral health practice.</p> <p>5.10 The science of dental materials, their risks, benefits and limitations including health, safety and Te Taiao considerations.</p> <p>5.11 Ionising radiation and methods of imaging relevant to oral health practice, including appropriate selection and safe use of dental radiographic techniques.</p> <p>5.12 The role and indications for use of sedation or general anaesthesia in oral health practice, and related regulations.</p> |
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6. Tiaki Turoro - Patient Care

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| <p>Clinical information gathering</p> | <p>A dentist will be able to effectively gather information relating to:</p> <p>6.1 Patient’s presenting complaint/s, concerns, ideas, wishes and expectations, including Te Reo Māori me ona Tikanga.</p> <p>6.2 Medical, oral health, cultural, and whānau or family histories, and recognise the relationship between hauora Māori and oral health.</p> <p>6.3 Extra-oral and intra-oral examination of the soft and hard tissues of the orofacial region, including radiographic imaging of adequate diagnostic quality and photographic imaging.</p> <p>6.4 The following conditions:</p> <ul style="list-style-type: none"> a. dental and orofacial pain b. dental and periodontal diseases and conditions c. temporomandibular joint disorders d. oral pathology e. abnormalities of the occlusion, craniofacial disorders, dental and maxillofacial trauma. <p>6.5 Individual risk factors related to diseases and conditions of the dentition, periodontium, oral mucosa, jaws and the oro-facial region, and trauma.</p> |
| <p>Diagnosis and risk determination</p> | <p>A dentist will be able to:</p> <p>6.6 Perform or request relevant special investigations and diagnostic tests.</p> <p>6.7 Analyse the complete information gathered to:</p> <ul style="list-style-type: none"> • Formulate an accurate diagnosis, or seek additional clinical opinion or refer if required • Determine the individual patient’s risk of oral disease or injuries. |

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| <p>Oral health care planning</p> | <p>A dentist will be able to analyse the information gathered and when developing a plan for care:</p> <p>6.8 Understand and consider each patient’s individual preferences, needs and cultural values, their hinengaro/wairua and social situation.</p> <p>This includes the specific needs of patients who are young, anxious, older adults and patients with special needs in their requirements to achieve oral health equity.</p> <p>6.9 Identify oral health problems, and formulate an evidence-based, patient-centred plan for care that addresses the:</p> <ul style="list-style-type: none"> • aetiology of dental and oral diseases • attainment and maintenance of oral health - including disease management and prevention appropriate for the patient’s oral disease risk • priority of management • options for care • involvement of, and support for, whānau or family, and kaiāwhina, and • anticipated outcomes and future needs. <p>6.10 Identify where the patient’s medical condition/s or rongoā Māori, medications may influence the oral health care plan and the anticipated outcomes.</p> <p>A dentist will be able to:</p> <p>6.11 Determine whether they have the knowledge, skills and competence to provide for the patient’s complete health needs and wishes and refer appropriately to another oral health or health practitioner when they do not.</p> <p>6.12 Gain informed consent, appropriate for the individual, and ensure informed consent remains valid throughout.</p> |
| <p>Establishing and maintaining oral health</p> | <p>A dentist will be able to:</p> <p><i>Guide behavioural change</i></p> <p>6.13 Help patients understand the importance of their own tikanga/kawa and behaviours in establishing and maintaining oral health.</p> <p>6.14 Apply their knowledge of behaviour change in relation to health to support and guide patients/whānau behaviours towards optimal hauora Māori and oral health.</p> <p>6.15 Educate patients across the life course, sharing current concepts of hauora Māori, oral health, prevention, risk assessment and management of oral disease.</p> <p>6.16 Work with patients and whānau to develop an oral health programme which employs strategies aimed at disease management and prevention appropriate for the patient’s disease status and risk, and their personal preferences and circumstances; and review and adjust strategies and goals as required.</p> <p><i>Preventive care</i></p> <p>6.17 Promote periodontal health by providing patients with preventive advice (including smoking cessation), and removal of supra-and subgingival hard and soft deposits from natural teeth and implants.</p> <p>6.18 Prescribe and apply fluoride, provide dietary advice, and carry out preventive procedures to prevent dental caries.</p> <p>6.19 Promote the prevention of dental injuries by providing custom-made mouthguards where indicated.</p> <p><i>Periodontal management</i></p> <p>6.20 Manage conditions and diseases of the periodontium and perform appropriate periodontal therapy where indicated.</p> <p><i>Dental management</i></p> |

6.21 Manage conditions and diseases affecting the teeth, including dental caries, non-carious tooth tissue loss, tooth abnormalities and aesthetic problems, and recognise when operative intervention is required.

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

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

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

Dental appliances

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

Orthodontics

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

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

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

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

Extractions and oral surgery

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

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

6.32 Perform minor surgical procedures on the soft tissues of the mouth.

Pain management

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

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

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

6.35 Manage care for tamariki, mokopuna, rangatahi or anxious patients, older adults and patients who have special needs; and advocate for and support individuals with these needs to achieve oral health equity.

Dental emergencies

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

Prescribing

6.37 Select and prescribe/administer medicines to manage orofacial pain, disease, infection and risk of infection, management of medical emergencies, and anxiety in accordance with legal and regulatory requirements.

Monitoring

6.38 Evaluate and monitor the progress of treatment and oral health outcomes, in

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| | <p>cooperation with the wider oral health team, whānau, family or kaiāwhina, where appropriate, and at regular intervals when treatment occurs over an extended period.</p> |
| Safe practice | <p>A dentist will be able to:</p> <p>6.39 Establish, manage, and maintain a safe working environment for patients, staff and colleagues; and to protect the public. This includes a culturally safe workplace, the routine and proper use of infection prevention and control measures, and following safe radiation practices.</p> <p>6.40 Identify and appropriately manage potential hazards (including hazardous materials), and behavioural risks in the place of work.</p> <p>6.41 Understand the principles and legal obligations of waste management and show awareness of practices used to limit unnecessary waste.</p> <p>6.42 Produce and maintain accurate, time-bound, and up-to-date patient records which are secure.</p> <p>6.43 Complete a comprehensive medical history: medical conditions, current rongoā Māori, medications (prescribed and non-prescribed) and allergies.</p> <p>6.44 Manage a medical emergency appropriately and effectively in their workplace within their prescribed resuscitation training.</p> |
| Teamwork | <p>A dentist will be able to:</p> <p>6.45 Understand the value of interdisciplinary practice in providing patient-centred care, and work collaboratively with oral health and other health practitioners for enhanced patient outcomes.</p> <p>6.46 Recognise the unique set of skills and competencies that each member of the oral health team contributes to patient care and the promotion of oral health in the whānau or family, hapū, iwi and community.</p> |
| The practice environment | <p>A dentist will be able to:</p> <p>6.47 Develop and comply with systems and processes in their workplace to support safe and effective patient care.</p> <p>6.48 Describe the skills needed to lead and manage oral health team members.</p> <p>6.49 Effectively manage their own time and resources.</p> <p>6.50 Describe the basic principles of practice administration and management.</p> <p>6.51 Be familiar with the use of contemporary information technology tools commonly used in practice to support safe and effective care.</p> |

7. Te Hauora ā-Waha o te Hapori - Community Oral Health

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| Community oral health | <p>A dentist will be able to:</p> <p>7.1 Understand the Aotearoa New Zealand oral health care system and the public health approach, including the scientific basis for it.</p> <p>7.2 Understand the social determinants of health; the barriers to equitable access to health care and equity in hauora Māori outcomes; and their impact on oral health in Aotearoa New Zealand. In particular, on the oral health status of Māori.</p> <p>7.3 Understand the basic principles of oral health epidemiology, the measurement thereof, and the impact of oral conditions on public health - including periodontal diseases, enamel defects, mucosal conditions, dry mouth, and tooth loss.</p> <p>7.4 Understand the nature, scope and contribution of dental health services research.</p> <p>7.5 Understand the principles of ethics in rangahau relating to hauora Māori, health research, and the evaluation of research findings related to dentistry.</p> <p>7.6 Participate in oral health promotion activities and engage with whānau or family, hapū and iwi.</p> <p>7.7 Work with other health professionals, educational staff, whānau or family, hapū, iwi and health navigators to promote oral health.</p> <p>7.8 Assess both short and long-term outcomes of population oral health strategies.</p> |
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Glossary

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| Patient-centred care | <p>Patient-centred care can be defined as providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions (Institute of Medicine 2011).</p> <p>It represents an all-inclusive approach. The widely accepted dimensions of patient-centred care are:</p> <ul style="list-style-type: none"> • Fast access to reliable health advice • Effective treatment delivered by trusted professionals • Continuity of care and smooth transitions • Patient involvement in decisions and respect for patient preferences • Clear, comprehensible information and support for self-care • Involvement of, and support for, family, whānau and kaiāwhina • Emotional support, empathy, and respect • Attention to physical and environmental needs. <p>Research findings show that patient-centred care improves patient experience, creates value for services and is increasingly recognised as a critical dimension of high-quality health care⁶.</p> |
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| Culturally safe care | <p>The Health Practitioners Competence Assurance Act 2003 requires the Council to set standards of cultural competence for oral health practitioners⁷. This includes competencies that will enable effective and respectful interaction with Māori.</p> <p>The Council’s Cultural competence practice standard defines cultural competence as “an awareness of cultural diversity and the ability to function effectively and respectfully when working with and treating people of different cultural backgrounds”.</p> <p>Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.</p> <p>Cultural safety extends beyond a practitioner’s cultural awareness or cultural sensitivity.</p> <p>It requires the practitioner to examine themselves and the potential impact of their own culture on clinical interactions and the care they provide.</p> <p>This means the practitioner needs to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, characteristics, and hold themselves accountable for providing culturally safe care.</p> <p>Key to providing culturally safe care is that the practitioner understands the inherent power imbalance in the practitioner-patient relationship, recognises and respects each patient as an individual, and enables meaningful two-way communication to occur.</p> <p>Cultural safety requires that all people receive oral health care that takes into account their uniqueness. It is the person and/or their community, whānau or family, hapū or iwi receiving the care who determine what culturally safe care means for them. A well-referenced definition of cultural safety is:</p> <p style="padding-left: 40px;">an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening⁸.</p> <p>This definition supports the understanding that the relationship between a practitioner and patient is a partnership based on trust and respect, where communication is key in meeting the patient’s needs and goals.</p> |
| Evidence-based practice | <p>Evidence-based practice is the integration of relevant scientific evidence with the practitioner’s expertise (clinical, technical, health protection and promotion) and the patient’s or community’s needs and preferences. Evidence-based practice promotes consistency and optimal outcomes of care.</p> <p>In providing evidence-based practice it is fundamental that the practitioner has relevant scientific knowledge, understands scientific method, can evaluate evidence, and works to a robust and contemporary evidence base.</p> |
| Equity | <p>In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.</p> |

Kupu Māori

| | |
|-------------------|-----------------------|
| Hangarau | Technology |
| Hapū | Group, clan, subtribe |
| Hauora | Health |
| Hauora ā-waha | Oral health |
| Hinengaro | Psychological |
| Iwi | Tribe |
| Kaiāwhina | Helper |
| Kawa | Practice, protocols |
| Kawa whakaruruhau | Cultural safety |
| Kāwanatanga | Governance |

NEW ZEALAND GAZETTE

| Kupu | Words |
|----------------------|---|
| Mana motuhake | Self-determination, self-governance, independence, sovereignty |
| Matāuranga | Knowledge, wisdom, understanding |
| Mokopuna | Grandchildren |
| Ngā kaiakatanga | Competencies |
| Ōritetanga | Equity |
| Pae ora ⁹ | <p>Healthy futures - to live with good health and wellbeing in an environment that supports a good quality of life.</p> <ul style="list-style-type: none"> • mauri ora - healthy individuals • whānau ora - healthy families • wai ora - healthy environments. |
| Rangahau | Research |
| Rangatahi | Young ones, youth |
| Ratonga | Services |
| Rongoā | Medicine, remedy |
| Tamariki | The young |
| Tapu | Sacred |
| Te Reo | Māori language |
| Te Taiao | Environmental |
| te Tiriti | Te Tiriti o Waitangi |
| Tiaki niho | Dental |
| Tikanga | Correct procedure, custom or reason/purpose |
| Tikanga akuaku | Hygiene |
| Tino Rangatiratanga | Sovereignty |
| Tohungatanga | Competence |
| Wairua | Spiritual |
| Whānau | Extended family, family group |
| Whanaungatanga | A relationship through shared experiences and working together, providing a sense of belonging |

Dated this 5th day of November 2021.

MARIE WARNER, Chief Executive, Dental Council New Zealand.

¹ Before 30 June 2010, and before 17 October 2010 for Western Australia.

² From 1 July 2010 onwards, and 18 October 2010 onwards for Western Australia.

³ A pass in any of the National Dental Examining Board of Canada Equivalency Examinations after 3 March 2014.

⁴ Administered by the National Dental Examining Board of Canada on behalf of the Dental Council since August 2015.

⁵ In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

⁶ Health Navigator New Zealand <http://www.healthnavigator.org.nz/clinicians/p/patient-centred-care/>.

⁷ Section 118i of the Health Practitioners Competence Assurance Act 2003.

⁸ Williams, R. (1999). Cultural safety - what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.

⁹ <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures>.