



**A·D·O·H·T·A**  
Queensland Branch

**AUSTRALIAN DENTAL AND ORAL HEALTH  
THERAPISTS' ASSOCIATION Inc. (Qld Branch)**

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Dental Board of Australia  
[dentalboardconsultation@ahpra.gov.au](mailto:dentalboardconsultation@ahpra.gov.au)

Re: Scope of Practice Review

The Australian Dental and Oral Health Therapists' Association Qld Branch (ADOHTA Qld) is the State representative body for dental and oral health therapists which is a branch of ADOHTA Inc, the national body. ADOHTA Qld welcomes the opportunity to provide comment on the Dental Board of Australia's Scope of Practice Standard Review and supports, in full, the response from the national body, ADOHTA Inc.

ADOHTA Qld response is as follows:-

**Do you agree that the revision the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice? (Why or why not?)**

While the revision of the guidelines provides more clarity, there is still the opportunity for misinterpretation and unintended restrictions on practice for dental therapists, dental hygienists and oral health therapists. All registered dental practitioners should be treated the same under regulation to reduce confusion for practitioners, the public and insurers. ADOHTA Qld supports the Health Workforce Australia's 2011 recommendation that *'within five years to remove the bar of independent practice for Oral Health Practitioners'*.

**Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public? (Why or why not?)**

The guidelines offer an opportunity to add more detail and to further identify the objectives of the Standard, however, it is important not to develop prescriptive wording that limits the ability of practitioners to use their full scope of education and training, incrementally add skills to maintain contemporary scope of practice and to enable the use of appropriate technological developments.

**Are there additional factors which could be included in the guidelines to support the standard?**

The inclusion of a description of what constitutes Scope of Practice and the differences between Professional Scope and Individual Scope, would aid understanding of why a prescriptive list of services is no longer appropriate for dental therapists, dental hygienists and oral health therapists.

**Do you agree with the list of skills in the guidelines relating to programs to extend scope? Are there additional skills which the National Board should consider adding to the list? Do you agree that there should be a formal accreditation process where the skills are not a sub-set of an approved program?**

Extension of Scope should refer to **additional** skills, knowledge and competence to those which new graduates possess at the time of graduation and which are outside of the competencies defined in the Australian Dental Council's framework for newly graduated practitioners.

The requirements for additional skills should not be any more onerous for any practitioner group than it is for another.

**Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)**

There should be no difference under the regulation, in the treatment of registered dentists and the treatment registered dental therapists, hygienists and oral health therapists.

Safe patient care is not necessarily achieved by excessive regulation of a group registered professionals.

**What is the impact of the preferred proposal in your jurisdiction?**

The revised standard needs to state that all dental practitioners are responsible for the decisions they make and the procedures they perform, and each dental practitioner is responsible for referral outside their competencies.

Clarification is still required as to the responsibility for patient care when the service is delivered by a dental therapist, dental hygienist or oral health therapist within a structured professional relationship with an off-site dentist who is the clinical team leader yet may never have seen the patient in question.

Preferred option

The ADOHTA Qld could support Option 2 : comments below

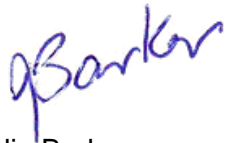
1. **Support** removal of the term "supervision" as this term does not accurately reflect the way dental therapists and oral health therapists practise.

2. **Support** strongly collaborative relationship with dentists and specialists
  
3. **Reject:** *'They may only practice within a structured professional relationship with a dentist'* The sentence should be deleted from this clause. The requirement to practice by dental hygienists, dental therapists and oral health therapists within a structured relationship adds confusion: all practitioners should seek advice and refer patients when their needs are beyond their scope of practice – no practitioner should practice in isolation. Dental hygienists, dental therapists and oral health therapists have always practiced in a consultative and referral relationship with dentists, dental specialists and other health practitioners and their education prepares them for practice within this context. There is over 40 years of evidence to show that this has been done safely and responsibly by these practitioners. There is no evidence to support a need to impose inconsistent regulation on these practitioners within these guidelines. This sentence imposes additional regulation which adds unnecessary restriction of competition without additional benefit to the public. We also have a concern that a 'structured professional relationship' might be perceived to represent an employment contract or exclusive arrangement and that dental practitioners would not have the ability to refer to other practitioners dependant on the patient's needs.
  
4. **Reject** "must not practice as independent practitioner"... this adds unnecessary ambiguity about what this phrase actually means. All dental practitioners work collaboratively with other dental practitioners and all should be responsible for the treatment they provide. No one works in isolation any more. Dentists or specialists and also some oral health therapists own and run dental practices. This clause has the capacity to limit access to care by our profession and imposes unnecessary restriction in regulation that is not in the public interest.
  
5. **Reject** the use of the words describing *'a structured professional relationship'*. ADOHTA Qld prefers the use of words to describe practice as being a collaborative and referral relationship.

ADOHTA Qld fully supports the very comprehensive response of ADOHTA Inc.

ADOHTA Qld appreciates the opportunity to contribute to the process of review and refinement of all DBA standards and looks forward to continued involvement in the process.

Yours Sincerely

A handwritten signature in blue ink that reads "Julie Barker". The signature is written in a cursive style with a large initial 'J'.

Julie Barker  
National & Queensland President  
Australian Dental and Oral Health Therapists' Association Inc