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Executive Officer
National Board of Australia
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Dear Executive Officer,

I am writing on behalf of DEXCL to provide feedback on the consultation regarding the Scope of Practice Standard by the Dental Board of Australia. DEXCL is a private enterprise specialising in oral health consulting services and teledentistry. Our vision is achieve dental excellence through evidence-based public health research, and be the leader for innovation in dentistry. I will refer to the issues outlined in the Public Consultation Paper released on the 8th May 2013. I will discuss these concerns under the feedback questions recommended.

1. Do you agree that the revision to the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice?

We agree the preferred option 2 with the revised standard and guidelines will provide greater clarity than the current Standard. However, there remain inconsistent messages that require attention. The revised Standard states that dental therapists, dental hygienists and oral health therapists 'must not practise as independent practitioners'. This statement provides further misunderstanding that these dental practitioners in the view of the public are not competent dental practitioners, and have limited responsibilities for their care. The inclusion of the term is in direct contradiction to the statement that 'each individual dental practitioner is responsible for the decisions, treatment and advice that they provide', which is a description of independent practice. The term 'independent practitioner' must be removed.

In addition, the term 'structured professional relationship' is irrelevant. As accountable dental practitioners, dental therapists, dental hygienists and oral health

therapists have the same duty of care as general dentists (where their competencies and scope of practice varies between clinicians) to refer to other members of the dental team, including to other health practitioners such as general medical practitioners. The term 'structured professional relationship' must be removed.

The term 'clinical team leader' is not defined within the *Draft Scope of practice registration standard*. If the intention is to define the dental practitioner who is responsible for the safety and quality of patient care, then the term is irrelevant. All dental practitioners have the same duty and professional ethical standards for the care of their patients. The term 'clinical team leader' must be removed.

2. Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public?

We agree the guidelines assist to clarify the dental practitioner divisions description.

3. Are there additional factors, which could be included in the guidelines to support the standard?

If the preferred option 2 is adopted and remained unchanged, it would be beneficial for the Dental Board of Australia to provide a pro forma for dental therapists, dental hygienists and oral health therapists. This document can assist these dental practitioners to have supporting documentation to meet their requirement that 'they may only practice only within a structured and referral relationship with a dentist'.

4. 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?

The list of skills in the guidelines is not 'extended scope' but rather 'expanded scope'. These skills are current competencies within their relevant dental practitioner divisions. The list adds to the confusion for the public regarding the types of dental procedures permitted by dental practitioners. The requirement under the revised Standard is sufficient:

Dental practitioners must only perform dental treatment:

- a) for which they have been formally educated and trained in programs of study approved by the Board, and
- b) in which they are competent.

5. Does the preferred proposal balance the need to protect the public with the needs of regulating the profession?

The preferred proposal for option 2 adds little to further protect the public interests. It does not clarify the responsibilities as independent practitioners for dental therapists, dental hygienists and oral health therapists. The revised Standard does not

acknowledge dentists are equally responsible to refer to other members of the dental team, and other health practitioners, when care management is beyond their competency and scope of practice.

I anticipate our comments would prove valuable, and our current concerns evidently demonstrate the terms 'independent practitioner', 'structured professional relationship' and 'clinical team leader' are irrelevant in the Scope of Practice Standard.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tan', with a horizontal line underneath.

Mr Tan Nguyen
Oral Health Therapist
BOraHlth (Mel)
Executive Director
DEXCL