

AUSTRALIAN DENTAL ASSOCIATION, WA BRANCH, INC



Scope of Practice

Registration Standard and Proposed Guideline

6/10/2013

ADA WA believes that there are grounds for considering extensions of the scope of practice for dentists and dental specialists in a different manner to those of other dental practitioners.



Australian Dental Association, WA Branch, Inc.

10th June, 2013.

Scope of Practice Registration Standard Submission.

Thank you for the opportunity to comment on this current draft of the Guidelines – Scope of Practice.

The impetus for this review was the report from HWA in which several broad proposals were made. The first of these was a requirement to remove the supervision aspect of the current requirements which has been in place in Western Australia for nearly 40 years. This was a precursor for a more extensive recommendation to remove the bar on independent practice. This Branch has taken the view that this recommendation was short-sighted and destroys the notion of the dental team. In deconstructing the team to its component parts the provision of seamless appropriate dental services for patients is lost. It is clear that HWA has been given information that did not adequately deal with the complexities of the provision of dental services and has formed what we believe is an erroneous and misguided position in relation to these mid-level providers. In doing this one of the aspects of that same report was to assist the public to understand the roles of the various dental practitioners. With lines of instruction and competence effectively blurred by this proposal we fail to see how the public can determine their own needs and then relate them to a service provider appropriate for those needs.

The issue as we see it is that the practitioner, scope of practice and competency and training have all been linked together because the Dental Board of Australia has regulated dental practitioners as one group and indeed refers to them interchangeably. The guidelines that flow from this point are confusing and in attempting to make catch-all legislations, has in fact, only made the problems more obscure. This becomes more of an issue when the relationship between continuing professional development and competence is recognised as being tenuous.

It is the recommendation of this Branch of the Australian Dental Association, that dentists and dental specialists are quarantined from the grouping dental practitioner and form a separate grouping within the National Law. In doing this, specific legislative requirements in relation to dentists and dental specialists and all other mid-level providers can be sensibly effected without an automatic flow on consequence.

This would also then allow the scope of practice for dentist and dental specialists to be managed differently from other providers and for CPD activities to be tailored to the scope of the registered provider thereby ensuring the service user ultimately benefits. It is clear that amongst the profession there are dissimilar entry points in terms of level of tertiary ranking and on the type of subjects taken at a secondary level. Put simply this translates into the difference between 'Why and How' and simply 'How' in training and competency development which is reflected in the curricula for dental therapists, hygienists and oral health therapists and that of dentists and dental specialists. In providing a differing basis for professional development as a result, dentists and dental specialists have the academic rigour to enable enhancement of scope of practice through ongoing post-graduate training. Where the development of *de-novo* areas of practice occurs then the Dental Board of Australia should consider the existing endorsement program to maintain patient safety. Mid-level providers on the other hand do not have a similar level of base knowledge and the extension of scope by training alone is problematic. The asymmetry in base academic standing renders the matter irreconcilable. Again the grouping of the cohort of 'dental practitioners' gives no clue as to their academic origin or the manner in which that level of provider ought to be handled under the National Law.

Additionally the removal of any need for supervision forfeits the requirement for reassessment of that patient by the dentist. Imposition of independent practice will remove this valued safety net for patients along with any opportunity to care for the patient's total dental needs as against the provision of needs determined by sectional interest. This is inherently recognised in the requirement for the dentist to remain the team leader in a structured professional relationship or a referral relationship. Without the direction of a dentist or dental specialist there is no clarity for the practitioner or the public in determining whether an independent practitioner is working within their scope of practice. This current guideline does not indicate or promulgate clinical responsibilities it merely sets up an administrative framework for professional relationships for designated practitioners at the expense of direction to the public. It is our opinion that this model abrogates patient safety to a business model.

Finally any extension of scope of practice needs to be monitored by the Dental Board of Australia under this model. Extensions which relate specifically to a development of an existing knowledge base ought to be necessary and usual.

It is recommended that matters which relate to de-novo practice or procedure ought to be considered as possible subjects for endorsement with the overall rider that the extension of scope for a dentist or dental specialist is not comparable for that of other mid-level providers and should not be considered as similar in a procedural or legislative framework.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Stuart Gairns', with a small flourish at the end.

Dr Stuart Gairns

Chief Executive Officer

Australian Dental Association, WA Branch, Inc.