

19 June 2013

Executive Officer  
National Board of Australia  
AHPRA  
GPO Box 9958  
Melbourne VIC 3001

VIA EMAIL

To whom it may concern,

**RE: Draft Scope of practice registration standard and guidelines**

Thank you for this opportunity to comment on the draft scope of practice registration standard and guidelines. For reasons outlined below ADA (NSW Branch) does not support the Board's preferred proposal for the revision of the standard or the supporting guidelines as currently proposed.

**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? (Why or why not?)**

No.

The public consultation paper released by the Dental Board of Australia (**the Board**) on 8 May 2013 notes on page 3 that:

*“. . . the National Board has also received general feedback, particularly within the dental hygiene, dental therapy and oral health therapy divisions, that there was uncertainty about their scope of practice. This was also reflected in the HWA report, which states that with the removal of more prescriptive requirements which existed in some jurisdictions prior to the National Registration and Accreditation Scheme (the National Scheme), dental practitioners were unclear about their scope of practice requirements.”*

On page 6 the Board goes on to state:

*“Since the release of the standard the National Board has received feedback on the following key issues:*

- *the term ‘supervision’ requires further explanation*
- *the broadness of the standard compared to the more prescriptive documents that existed in some states and territories prior to the National Scheme, and*
- *due to the variation which existed between the state and territories prior to the National Scheme, there has been some uncertainty about how to apply the standard across jurisdictions.*

*This was also reflected in the HWA report that stated that with the removal of more prescriptive requirements which existed prior to the National Scheme; dental practitioners were unclear about the scope of practice requirements, particularly for dental hygienists, dental therapists and oral health therapists.*

*In light of feedback received from the National Board's stakeholders, dental practitioners and the HWA report, the National Board is proposing to revise the current standard (outlined below) and publish a supporting guidelines document."*

ADA NSW believes that the feedback to the Board from stakeholders, dental practitioners and the HWA report supports a standard that is *more prescriptive, not less* in relation to dental hygienists, dental therapists and oral health therapists. It would seem that all dental practitioners are looking for greater certainty around scope of practice in this area.

We are somewhat surprised therefore that the scope of practice proposed by the Board is less prescriptive than is currently the case. We believe the proposed changes, if implemented, will lead to less clarity and more confusion around scope of practice for all dental practitioners and members of the public.

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

Not as currently proposed.

ADA NSW supports the notion of guidelines to provide greater clarity and certainty for dental practitioners and members of the public on the scope of practice of each dental practitioner division. The proposed guidelines fall short of achieving this however.

To redress this situation this greater clarity and certainty is needed around the following key issues:

- differences in education and training for each member of the dental team; and
- the differing roles and responsibilities of each member of the dental team.

This is especially the case in relation to patients and members of the public. The points outlined above need to be explained unambiguously so that the public understands the role of each member of the dental team and how their formal education and training supports that role.

Finally, we strongly believe that the standard and guidelines should, when reflecting a team based approach to dental care, clearly identify the role of the dentist as the clinical team leader.

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

It may be helpful to require dental practitioners to specifically discuss what treatment and advice they can and cannot provide for their patients.

Although the patient is at the very centre of the team approach, how will patients know who is most "appropriate to provide it" if dental practitioners are not required to discuss this aspect of care with them?

**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 Branch makes the following points about programs to expand scope.

First, while such programs are designed to allow dental practitioners to bring their education and training up to the level of a recent graduate and/or current practice methods, it is not clear how this list of skills was generated. We believe greater consultation is necessary for any process that envisages additional scopes of practice. If a decision is made to progress in this

direction there needs to be well-developed, evidence based policy and supportive processes in place before considering any variation in scope. The consultation document does not identify or point to these policies and processes.

Second, while the acquisition of skills has many layers, a key determinant of success in more complex situations is the application of a practitioner's professional maturity or wisdom in understanding the limits of their capability. There have been (and still are) significant differences in training and education of practitioners within each division of dental practice. Programs to bring an individual's education and training up to the level of a recent graduate and/or current practice may foster the belief in some practitioners that their competency and skills are greater than they actually are. This has the very real potential to compromise patient safety.

The lack of uniformity in the tertiary sector with respect to oral health therapy in particular, is of critical concern to the Branch. As a consequence the competency and experience of these graduates is highly variable. Any upgrade to any of these courses, to a level of competency suitable to expand a graduate's scope of practice, would most likely require relevant universities to change current curriculum. The majority of these universities are unlikely to support ad-hoc, minimalist or add-on courses to support an expanded scope of practice. To ensure public safety a formal training structure is required that ensures these courses are delivered by or through a recognised tertiary provider (i.e. a university which already provides an ADC accredited program).

We believe this issue requires greater thought and investigation to ensure that any unintended negative consequences of scope expansion, for divisions other than dentistry, are avoided. Further analysis is needed to ensure that programs supporting the extension of competency are appropriate and in the public interest.

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

The Branch does not believe the preferred proposal balances the need to protect the public with the need to regulate the profession for a number of reasons.

First, the definition proposed for a "structured professional relationship" is unwieldy, too inwardly looking and narrow in focus. This definition does not provide sufficient guidance in the delivery of care or in the working relationships between health professionals in the contemporary healthcare environment. Furthermore, the proposed standard and guidelines provide no clear explanation to the public about the choice of care available to them and the most appropriate practitioner to provide this care.

Second, the inclusion of the Dentists division in the proposed extension of scope erodes established practices which empower these professionals to identify and introduce innovation, new techniques, procedures, materials and technology in a cost effective and safe manner. Two more recent examples of the application of this process have been the introduction and uptake of dental implants and rotary endodontic instrumentation. These innovations have been introduced into private practice in a timely and cost effective manner through the collaboration of professionals and the dental industry.

Australian dental schools were slow in their response to change curriculums to introduce these techniques and it could be proffered that these techniques flowed from the private sector into the dental schools. In an environment of accelerating technological change and innovation, with a stressed higher education sector, the current mechanisms for accommodating and

introducing change remains sound, reliable and cost effective with the additional protections of regulatory interventions when indicated and necessary.

Third, there may be unintended consequences that flow from the adoption of the Board's preferred option. For example, the removal of supervision requirements in recognition of the team approach may lead to increased professional indemnity costs for dental hygienists, dental therapists and oral health therapists if dentists seek to restrict their indemnity cover to exclude any vicarious liability for these practitioners. Dentists may also seek to limit their liability through contractual and/or workplace agreements entered into with dental hygienists, dental therapists and oral health therapists.

### **Conclusion**

For the reasons outlined above the Branch does not support the Board's preferred proposal for the revision of the standard or the supporting guidelines as currently proposed.

We thank you for this opportunity to comment on the draft scope of practice registration standard and guidelines. We would be more than happy to engage in further discussion about any of the issues raised above should the Board deem it necessary.

Should you wish to contact the Branch about any of the matters raised in this submission please telephone Dr Matthew Fisher PhD (CEO) or Bernard Rupasinghe (Policy Officer) on (02) 8436 9900.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tom Lind', enclosed within a large, loopy circular flourish.

**Dr Tom Lind**  
President  
Australian Dental Association (NSW Branch)