

14 May 2018

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By email: [dentalboardconsultation@ahpra.gov.au](mailto:dentalboardconsultation@ahpra.gov.au)

Dear Dr Lockwood,

**Re: Consultation on a proposed revised *Scope of practice registration standard and Guidelines for scope of practice***

The Australian Dental Association NSW (ADA NSW) welcomes the opportunity to provide comment to the Dental Board of Australia (DBA) on the proposed revisions to the Scope of practice registration standard and Guidelines for scope of practice. Please see following, an executive summary, a detailed discussion of concerns and recommendations and answers to the specific questions posed in the public consultation paper.

Executive Summary

ADA NSW is the peak body representing Dentists, Dental Specialists and Dental students in NSW and the ACT. The mission of ADA NSW is to advance dentistry to improve the health of every Australian.

ADA NSW appreciates the opportunity for consultation on the Dental Board of Australia's (DBA's) proposed revised Scope of Practice Registration Standard and Guidelines for Scope of Practice.

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ADA NSW has a number of concerns outlined in the following submission regarding the proposed revisions. These concerns include:

1. Lack of reference to the Dentist as the leader of the oral health care team.
2. Lack of risk or needs assessment that would determine if any purported benefits of such changes would justify risks in the specific Australian context.
3. Need for clarity in dental team roles that would inform a member of the public making a decision about their care.
4. Need for improved education and training strategies including alignment of amendments to the DBA Guidelines for scope of practice and Reflective Tool with the Australian Dental Council (ADC) Professional Competencies.

ADA NSW endorses:

- a. Retention of the Structured Professional Relationship (SPR) as a suitable mechanism that is currently effective and in the public interest.
- b. Independent research that would serve as a risk and benefit analysis that is specific to the Australian context to inform further refinement of scope.
- c. Clearer guidelines around the scope and competencies of Dental Hygienists (DHs), Dental Therapists (DTs) and Oral Health Therapists (OHTs) to the level of being readily understandable by the public and practitioners alike.
- d. Amendment of the “Registration Requirements” section of the Reflective Tool.
- e. Amendment of the “Legislation and Regulations” section of the Reflective Tool.
- f. Phasing out of programmes that have extended scope from a diploma to bachelor degree.
- g. ADC oversight of any education intended to increase scope from adolescent/child to adult care.
- h. Research into the impact on ADC Professional competencies across each dental practitioner category if scope or structured professional relationship changes arise.
- i. Integration of changes to DBA documents that clarify dental team roles (including Guidelines and Reflective Tools) into ADC Professional competencies to influence training implementation.
- j. Amendment of the reflective tool to contain additional items in the “Education and Training” section.

This response will discuss the concerns and recommendations above and then answer the specific questions posed in the DBA public consultation paper.

## 1) Dental team leadership

*“Structured professional relationship means the framework for referral and management to the dentist when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetist and the referral of patients from a dentist to a dental hygienist, dental therapist, oral health therapist and/or dental prosthetist.”*

Currently, it is difficult for a member of the public to discern between a DT, DH and OHT. The SPR provides a level of protection in this context of uncertainty, because it depends on clear and ongoing conversations about scope between the Dentist and DTs, DHs and OHTs working within the team. There is a level of responsibility incumbent on the DT/DH/OHT, as well as on the Dentist as the team leader to ensure that care provided is within the scope of the person providing care. Equally, this close working relationship has led to opportunities for dentists to refer patients to a DT, DH or OHT. Team-based care has become the cornerstone of modern dental care and is adopted through a structured relationship in the vast majority of jurisdictions internationally.

Questions surrounding “independent practice” cannot be viewed in isolation from the importance of SPR since

*“Independent practitioner means a practitioner who may practise without a structured professional relationship.”*

Scope of practice registration standard (June 2014)

Based on its commitment to an SPR as an important functional and protective mechanism, ADA NSW cannot condone lifting the bar on independent practice. Given the ability of a DH, DT or OHT to own and run their own business, and work remotely, there is no public or professional benefit from removing a “framework for referral and management” as this allows patients, with different oral care needs, to be transferred to and from a Dentist in their role as leader of an oral health care team.

*Recommendation:*

- a. Retention of the Structured Professional Relationship as a suitable mechanism that is currently effective and in the public interest.

## **2) Risk and needs assessment**

ADA NSW is not aware of any research commissioned or referenced by the DBA that determines the needs, likely outcomes and potential pitfalls of drastically changing the landscape of Australian oral health care, which is the effect of Option 2, removing the SPR. The uniqueness of the Australian context cannot be overstated. Research that examines the status quo, qualifies any potential benefits of change and quantifies likely risks, is the basis of any good clinical decision and should likewise underpin policy. Until such time as this information becomes available, ADA NSW sees it as premature to potentially erode an inter-professional relationship that is working well, as evidenced by the low rates of complaints and notifications against DHs, DTs and OHTs currently working as part of a SPR in an integrated dental team in our NSW jurisdiction.

### *Recommendation:*

- b. ADA NSW endorses independent research that would serve as a risk and benefit analysis that is specific to the Australian context to inform decisions on refinement of scope. No changes should be made until such time that this becomes available to stakeholders.

## **3) Clarity in team roles**

It is critical that clarity in dental team roles is improved so that members of the public can make an informed decision about their health care and dental teams can function safely. ADA NSW supports clearer Guidelines around the graduating scope and professional competencies of Dental Hygienists (DHs), Dental Therapists (DTs) and Oral Health Therapists (OHTs) to the level of being readily understandable by the public and practitioners alike. ADA NSW endorses the intention by the DBA to amend the Guidelines and to add a Reflective Tool that may assist in this regard.

### *Recommendations:*

- c. The Guidelines should contain a simple description of the graduating scope and professional competencies of DHs, DTs and OHTs that is suitable for public use and is in alignment with ADC Professional Competencies (ADC PCs).
- d. The new reflective tool should contain an additional item in the “Registration requirements” section:
  - Does my professional indemnity insurance cover all aspects of the range and types of treatments I provide?

- e. The reflective tool should contain additional items in the “Legislation and regulations” section:
- Have I ensured that all items of care provided under Medicare have been approved by the Dentist whose provider number I use?
  - Have I ensured that all items of care that attract a private health fund rebate have been approved by the Dentist whose provider number I use?
  - Have I kept accurate patient records according to DBA Guidelines with regard to approval for items of care carried out under a Dentist’s provider number?

#### **4) Education, training and ADC alignment**

ADA NSW agrees with the DBA, that the approved programmes to increase scope, specifically to upgrade from diploma to bachelor level, should be phased out. This is not least due to under-utilisation. However, ADA NSW would see it as appropriate that this phase out would take place gradually until all ADC-approved programs of study offer uniform training and experience in dental therapy scope of practice. It would seem appropriate that the ADC maintains oversight of ‘add on’ programmes until such time as this uniformity is assured.

Unstructured CPD is not a suitable means by which to extend dental therapy scope from adolescents/young adults into patients of all ages. Such drastic extension of scope should only be possible through courses that have the oversight of the ADC as the current delegate approving programmes of study in Australia.

Given the important delegated role of the ADC in setting competencies for the Newly Graduated Dentist, DH, DT and OHT, it would seem that any changes to Scope, Guidelines or Reflective Tools developed by the DBA must have the opportunity to be integrated into the ADC PCs and accreditation process. The current oral health education system in Australia has team-based care and a SPR as its cornerstone. Accordingly, any intended changes should be viewed and assessed in terms of the changes that would be necessary to the ADC PCs for each dental practitioner category, with time needed to phase in such broad-based implications for education.

Due to the ramifications for education and training in Australia, it is recommended by ADA NSW that this aspect form part of the DBA’s research into the impact of potential changes to the Scope of Practice and SPR in Australia. It is also recommended that the timing of changes to ADC PCs be considered as a preface or at least in tandem to DBA decisions to avoid the scenario of an unprepared and poorly orientated workforce.

ADA NSW again, strongly urges the DBA not to remove the SPR, but does endorse improved clarity in the respective roles, which could be achieved through the supporting Guidelines and Reflective Tool. ADA NSW implores the DBA to ensure any such changes are integrated with ADC processes to ensure that these concepts are introduced and reinforced throughout training programmes.

*Recommendations:*

- f. Approved programmes to extend scope from a diploma to bachelor degree be phased out, with ADC oversight (accreditation) maintained until such time as uniformity in the training and experience of dental therapy programmes in Australia is confirmed.
- g. Only ADC-accredited programmes be used to extend scope from treating adolescents/children to patients of all ages.
- h. The DBA includes in its research (and publishes for stakeholders) the necessary amendments to course curricula, ADC accreditation and graduate competencies should scope or SPR changes be instigated.
- i. Changes to DBA documents to improve clarity in roles, including Guidelines and Reflective Tool, be integrated into ADC PCs so as to influence adoption during training.
- j. Amend the reflective tool to contain additional items in the “Education and training” section:
  - Have I completed the required education and clinical experience to satisfy the ‘educational requirements’ specified by the Dental Board of Australia?
  - Do all members of my dental team understand the extent of my scope of practice with regard to competencies in providing treatment to patients of different ages?
  - Have I discussed my individual competencies and scope of practice with all members of my dental team?
  - Have I considered the value of the continuing education I have attended with regard to quality of education received, reputation of the education provider, possible conflicts of interest from external sources such as industry sponsorship?
  - Does the level of training that I have undertaken allow me to manage the risks and complications associated with this type of care?

## **Response to specific DBA Consultation Paper Questions**

Following this general discussion around the proposed revision of the Scope of Practice Registration Standard and Guidelines for Scope of Practice, ADA NSW recommends adopting Option one – to maintain the status quo of the Scope of Practice Registration Standard and Guidelines.

Specific responses to the questions in the DBA’s public consultation document from ADA NSW are as follows:

### **1. From your perspective, how is the current registration standard and guidelines working?**

The current registration standard and guidelines are associated with confusion about “structured professional relationships” and “independent practice”. It has not been clearly communicated to ADA NSW members what these terms mean and how they are documented or overseen.

### **2. Are there any issues that have arisen from applying the existing registration standard and guidelines?**

ADA NSW believes that the existing registration standard and guidelines, DBA Code of Conduct and ADC PCs supported the team approach to the provision of oral health care. However, clarification of dental practitioners’ respective roles and responsibilities with regard to Scope of Practice is welcomed.

### **3. Is the content and structure of the proposed revised registration standard and guidelines helpful, clear, relevant and more workable than the current registration standard and guidelines?**

It is difficult to comment on the proposed revised registration standard and guidelines in their current form. In order to have a helpful, clear, relevant and more workable registration standard and guidelines there would need to be much greater clarity of both educational requirements and individual’s scope of practice before ADA NSW could support the revised scope of practice documents.

The solution to a poorly defined relationship should not be to remove the relationship altogether but rather, to work on the definition. In this regard, there needs to be greater clarity of both educational requirements and individual’s scope of practice incorporated into the Reflective Tool and the ADC PCs as outlined above.

ADA NSW recommends that the ADC PCs are updated to reflect any improved clarity in the scope of practice documents. There must be a high level of support to the dental profession prior to implementation of any proposed changes.

The ADC PCs will be a critical consideration and should reinforce the concept of the dental team with dentists as leaders of the team who delegate or handover patient care that is within the scope of

practice of other team member dental practitioners (DHs, DTs and OHTs). The ADC PCs of DHs, DTs and OHTs should continue to reflect the importance of these dental practitioners in supporting the oral health of the public by working as valuable members of the oral care team.

ADA NSW supports the DBA phasing out 'educational requirements' but only contingent upon consistency in ADC-approved programs of study offering training and experience in dental therapy treatment of patients up to a specific age or alternately of all ages, otherwise the issue will remain ambiguous and confusing for all members of the dental team.

ADA NSW cannot support the proposal for DTs and OHTs to extend their scope of practice to include patients beyond the age limit of their formal undergraduate education programme by attending unaccredited continuing education programmes.

#### **4. Is there any content that could be changed or deleted in the proposed revised registration standard and guidelines?**

ADA NSW supports Option one to maintain the status quo. However, it is noted that there are two discrepancies within the proposed revised Guidelines SOP document that require correction:

On the second page of the document, the final paragraph of the "Team Approach" section, is confusing with regard to "delegation". The term "Delegation" is defined in the Code of Conduct:

*"Delegation involves one practitioner asking another person or member of staff to provide care on behalf of the delegating practitioner while that practitioner retains overall responsibility for the care of the patient or client."*

Delegation, therefore, implies allocating tasks that can be competently managed by members of the dental team (to the extent of their individual scope of practice) and does not fit within the paragraph below (Proposed Revised guidelines for scope of practice) as delegation should not be made when the diagnosis and/or treatments are **beyond** his or her skills – but rather are more appropriately carried out by another member of the dental team.

*"The Board expects all dental practitioners to know when and how to refer, **delegate** or handover patient care for an appropriate opinion and/or treatment, when the diagnosis and/or treatments are **beyond** his or her skills or individual scope of practice, or to confirm treatment."*



The term delegation should be removed from this sentence and another sentence included either prior or subsequent to it to the effect:

*“The Board acknowledges that the most effective patient management is achieved where dental practitioners know when and how to delegate patient care for appropriate treatment to available members of the dental team working to the full scope of their skills or individual scope of practice.”*

On the fourth page of the Proposed Revised guidelines for scope of practice there appears to be a word omitted from the first sentence under the heading “Professional competencies”:

*“A dental practitioner’s individual scope of practice can evolve from the time they obtained the qualification leading to registration and can vary from another dental (? practitioner) registered in the same division.”*

**5. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?**

A review period of five years is appropriate if informed by independent research on the current context of the Australian oral health sector and the potential impact of changes being considered.

**6. Do you have any other comments on the proposed revised registration standard and guidelines?**

ADA NSW recommends further alignment between the DBA and ADC around issues of professional competencies.

Point 40 on page 6 of the Public Consultation document suggests that there has been a strengthening of the link between ADC PCs and registration standard and guidelines. This highlights the need for proactive, and ideally somewhat pre-emptive alignment between the DBA and ADC around this issue of professional competencies supporting the registration standard and guidelines in order to offer the required level of support to the dental profession and the public.

It is essential that the ADC PCs reinforce the concept of the dental team with Dentists as leaders of the oral health care team who delegate or handover patient care that is within the scope of practice of other team member dental practitioners (DHs, DTs and OHTs).

## **7. Is the content and structure of the new reflective tool helpful, clear and relevant?**

ADA NSW believes that the reflective tool is an important and helpful resource for all dental practitioners in encouraging reflective practice and self-awareness. The use of a reflective tool is not contingent on Option 2. Maintaining a SPR would also be bolstered by a reflective tool to assist members of the dental team.

## **8. Is there anything missing that needs to be added to the new reflective tool?**

With regard to the reflective tool, ADA NSW recommends the following additions:

### “Education and training” section:

- Have I completed the required education and clinical experience to satisfy the ‘educational requirements’ specified by the Dental Board of Australia?
- Do all members of my dental team understand the extent of my scope of practice with regard to competencies in providing treatment to patients of different ages?
- Have I discussed my individual competencies with all members of my dental team?
- Have I considered the value of the continuing education I have attended with regard to quality of education received, reputation of the education provider, possible conflicts of interest from external sources such as industry sponsorship?
- Does the level of training that I have undertaken allow me to manage the risks and complications associated with this type of care?

### “Registration requirements” section:

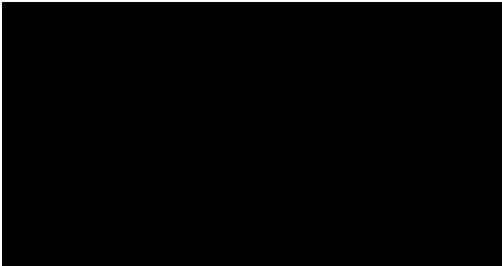
- Does my professional indemnity insurance cover all aspects of the range and types of treatments I provide?

### “Legislation and regulations” section:

- Have I ensured that all items of care provided under Medicare have been approved by the Dentist whose provider number I use?
- Have I ensured that all items of care that attract a private health fund rebate have been approved by the Dentist whose provider number I use?
- Have I kept accurate patient records according to DBA Guidelines, with regard to approval for items of care carried out under a Dentist’s provider number?

ADA NSW recognises the important role of the DBA in modifying its guiding documents and policies to remain consistent with the evolving context of Australia's oral health system. In this regard, we eagerly anticipate further independent research that is specific to our national context. We would value the opportunity to access this information and provide further input to ongoing DBA deliberations once this becomes available.

Yours sincerely,



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