



Public consultation

8 May 2013

Draft *Scope of practice registration standard* and guidelines

About this public consultation

The Dental Board of Australia (National Board) invites you to provide feedback on this public consultation paper on the draft *Scope of practice registration standard* and draft *Guidelines - Scope of practice registration standard*. The draft standard and guidelines can be found at **Attachment 1** and **Attachment 2**, respectively. The Board's *Statement of Assessment against AHPRA's Procedures for Development of Registration Standards and COAG Principles for Best Practice Regulation* is at **Attachment 3**.

The National Board has powers under the National Law¹ to develop and recommend registration standards to the Australian Health Workforce Ministerial Council (Ministerial Council) about issues relevant to the eligibility of individuals for registration in the dental professions.

The National Board has considered the feedback provided by key stakeholders as part of the preliminary consultation and has incorporated the feedback in this public consultation phase. This public consultation phase will be widely communicated in the National Board's communiqué and website.

Making a submission

You are invited to provide written comments on the content of the draft *Scope of practice registration standard* and draft *Guidelines – Scope of Practice* to dentalboardconsultation@ahpra.gov.au by **19 June 2013**.

Questions to consider in your feedback are available on page 10 and more information about making submissions is available on page 11.

¹ Section 38 of the Health Practitioner Regulation National Law, as in force in each state and territory

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Summary of issue

The *Scope of practice registration standard* (the standard) was developed by the National Board and approved by the Australian Health Workforce Ministerial Council (Ministerial Council) on 22 April 2010.² The standard came in to effect from 1 July 2010 and established the requirements for the scope of practice for all registered dental practitioners.

The key requirement of the standard is that all dental practitioners must only perform those dental procedures for which they have been formally educated and trained in programs of study approved by the National Board, and in which they are competent.

When approving the standard, Ministerial Council requested that it be reviewed by the National Board within 12 to 18 months after taking effect in order to assess whether it had any unintended and negative impacts on the scope of practice of dental hygienists, dental therapists and oral health therapists. Ministerial Council also agreed that an Australian Health Ministerial Advisory Council (AHMAC) working party be established to review the roles and scope of practice of dental hygienists and dental therapists be undertaken *prior* to the National Board's review of the standard. Health Workforce Australia (HWA) was tasked with undertaking this review.

On 23 May 2012 Ministerial Council released the *Scope of practice review oral health practitioners report* (the HWA report) to the National Board. At that time, Ministerial Council also requested that the National Board provide advice to Ministers on scope of practice and new models of care and training, as part of its review of the standard.

The National Board established the Scope of Practice Review Committee, which is representative of the divisions of registered dental practitioners, to consider the issues raised by Ministerial Council, the HWA report and to lead the National Board's review of the standard for all divisions of dental practitioners.

HWA report

The HWA report made five recommendations on the standard:

1. adjust the standard to reflect team based practice with autonomous decision making and without supervision requirements for review within five years, with a view to remove the bar on independent practice
2. clarify the age restriction for dental therapists and oral health therapists when practicing dental therapy on persons of all ages
3. develop a general description of all dental practitioners which is understandable by the public
4. assist dental professionals to simply describe their scope of practice and update it regularly, and
5. develop and implement a national communication strategy to explain and describe the current standard and any changes.

With respect to the recommendations above, relating to seeking further clarification with respect to scope of practice, 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.

² Pursuant to the National Law

Reviewing the standard

1. Initial phase

In the initial phase of the review, the National Board sought input to inform the review of the standard from the key national organisations relevant to the National Board and those national organisations which represent the divisions on the National Board's register.

The feedback received during this phase indicated that:

- there is support for the team approach to dental care
- the standard should reflect the current practice of dental practitioners within their education, training and competence
- the standard should not be prescriptive
- further clarification of certain issues in the *Guidelines – Scope of practice registration standard* (the guidelines) is required, and
- there is a need for a mid-tier approval of program process for education programs which expanded scope in some areas.

2. Preliminary consultation

The National Board invited key stakeholders to provide feedback to the preliminary consultation paper on the proposed revised draft standard and the addition of guidelines.

The National Board considered the feedback from the preliminary consultation and in some cases has addressed the issues raised, particularly with respect to increased clarity prior to public consultation. In other cases, the National Board wishes to test views more widely, and while in agreement with some feedback, has not made changes to the proposed standard or guidelines prior to public consultation. The National Board will continue to consult with key stakeholders during the public consultation phase.

The majority of key stakeholders generally supported the key proposals in the revised standard and the addition of guidelines. Some key stakeholders remained concerned that the key proposals do not address the current work practices within the dental profession.

As a result of the preliminary consultation, the following changes to the proposed standard and guidelines have been made:

- Further clarification of the definitions in the standard to reflect the current practice of dental practitioners within their education, training and competence
- Further clarification in the guidelines to ensure dental practitioners are able to continue to work within their current scope
- Amendments to the wording of some definitions for example the definition of a structured professional relationship and the definition of independent practitioner

3. Summary of proposed changes

In reviewing the Standard, the National Board aims to:

- provide certainty to all divisions of dental practitioners on their scope of practice, and
- provide protection and certainty to the public in recognising the divisions of dental practitioners and their scope of practice.

The National Board proposes the following key changes to the standard.

1. Support the team approach to dental care

Include the requirement for a team approach to dental care, which has benefits for dental practitioners and the public, in the standard.

2. Remove supervision requirements in recognition of the team approach

By recognising the strengths of the team approach, and that dental hygienists, dental therapists and oral health therapists refer to team leaders when necessary, the National Board is proposing to remove the term supervision from the standard.

The National Board is also proposing to include a definition of a structured professional relationship.

3. Reduce the prescriptive nature of the standard

The revised standard continues the requirements that dental practitioners must only perform those dental procedures for which they have been formally educated and trained in programs of study approved by the National Board, and in which they are competent.

The revised standard is less prescriptive in nature, in that it describes the team-based approach and how the divisions of the dental practitioner team relate. It removes the supervision requirements, as set out above, for dental hygienists, dental therapists and oral health therapists. The guidelines contain further descriptors for each dental division.

4. Provide further clarification on the standard

The National Board has identified the need to provide clarification on certain aspects of the standard and proposes to release additional/new guidelines. The guidelines are intended to provide greater certainty and clarity to dental practitioners and the public about the:

- practice of dentistry
- scope of practice of each division
- team approach of dental practice
- requirements for dental therapists and oral health therapists in order to practice dental therapy on persons of all ages, and
- education programs which extend scope.

The National Board is seeking feedback on these proposed changes to the standard and the introduction of the guidelines.

Options

In reviewing the standard, and based on feedback received in the initial phase and during preliminary consultation, the National Board has considered the options below.

Option 1 – no change to the standard

The current standard was drafted to cover the range of arrangements in place in states and territories prior to the start of the National Scheme and to allow an individual's scope of practice prior to the National Scheme to continue under the National Law.

For the majority of states and territories prior to the National Scheme, regulatory or other frameworks for the dental hygiene, dental therapy and oral health therapy divisions required supervision. As supervision was a requirement of practice in these states and territories, consideration of independent practice was not necessary. In Victoria and Tasmania there was not a requirement for supervision

specifically; rather there was a requirement for a structured professional relationship or a formal agreement with a dentist who provided clinical support/guidance when needed, which had to be documented.

Option 2 – revised standard and publishing a guidelines document

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.

Proposed key changes to the standard

1. Support the team approach to dental care

Current	Proposed change	Rationale for proposed change
Is not in the current standard	<p>Insert additional point under <i>Requirements</i>:</p> <p>All dental practitioners are members of the dental team who work together within their particular areas of competence, to provide the best possible care for their patients.</p>	<ul style="list-style-type: none"> • Dental practitioners working together as a team is positive for the profession and public. • Better reflects actual current work practices. • There is support in the HWA report and feedback from stakeholders to reflect a team based approach.

2. Reflection of practice

Current	Proposed change	Rationale for proposed change
<p>2a</p> <p>Under <i>Requirements</i>:</p> <p>Dental hygienists, dental therapists and oral health therapists exercise autonomous decision making in those areas in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners. They may practise in a range of environments that are not</p>	<p>Amend to:</p> <p>Dental hygienists, dental therapists and oral health therapists are members of the dental team. They practise in a range of activities included in the definition of dentistry in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as</p>	<ul style="list-style-type: none"> • Recognises the strengths of the team approach and that dental hygienists, dental therapists, and oral health therapists refer to team leaders when necessary. • Is less prescriptive. • A structured professional relationship better reflects how dental hygienists, dental therapists and oral health therapists operate.

IN CONFIDENCE

limited to direct supervision.

independent practitioners.

- As it has been proposed that the term 'direct supervision' be removed, the definition of supervision is no longer relevant.

Key deletions:

- They may practise in a range of environments that are not limited to direct supervision.
- The definition of supervision.

Current	Proposed change	Rationale for proposed change
<p>2b</p> <p>Is not in the current standard</p>	<p>Insert a definition under <i>Definitions</i> of a structured professional relationship:</p> <p><i>Structured professional relationship means the arrangement established between a dentist and/or specialist dentist(s) or group of dentists, and a dental hygienist, dental therapist, oral health therapist, and/or dental prosthetist to provide professional advice, in relation to the management of patients within their scope of practice. It provides the framework for the referral of patients from the dentist and/or specialist dentist to the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists, and referral to the dentist and/or specialist 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.</i></p>	<ul style="list-style-type: none"> • Including a definition of 'structured professional relationship' clarifies the Board's expectation for seeking professional advice and referring patients for care outside of a dental practitioner's scope of practice.
Current	Proposed change	Rationale for proposed change
<p>2c</p> <p>Under <i>Definitions</i>:</p> <p>Independent practitioner means a practitioner who may practice without supervision.</p>	<p>Amend the definition to:</p> <p>Independent practitioner means a practitioner who may practise without a structured professional relationship.</p>	<ul style="list-style-type: none"> • There is support from feedback and the HWA report for the term 'independent practitioner' to remain in the standard at this time.

3. Reduce the prescriptive nature of the standard

Current	Proposed change	Rationale for proposed change
<p>Under <i>Requirements</i>:</p> <p>Dentists work as independent practitioners who may practice all parts of dentistry and are the clinical team leaders. Dentists may supply and fit dental appliances for the treatment of sleep disorders. They must work in cooperation with the patient's medical practitioner who is responsible for the medical aspects of the management of sleep disordered breathing.</p>	<p>Amend to:</p> <p><i>Dentists and/or specialist dentists work as independent practitioners who may practise all parts of dentistry included in the definition of dentistry. Where there is a structured professional relationship or referral relationship then the dentist and/or specialist dentist is the clinical team leader.</i></p> <p>Key deletion:</p> <p>Dentists may supply and fit dental appliances for the treatment of sleep disorders. They must work in cooperation with the patient's medical practitioner who is responsible for the medical aspects of the management of sleep disordered breathing.</p>	<ul style="list-style-type: none"> The intention of the standard is that dental practitioners must only perform dental treatment for which they have been formally educated and trained in programs of study approved by the Board and in which they are competent. Is less prescriptive.

Current	Proposed change	Rationale for proposed change
<p>Under <i>Requirements</i>:</p> <p>Dental prosthetists work as independent practitioners in making, fitting, supplying and repairing removable dentures and flexible, removable mouth guards.</p>	<p>Amend to:</p> <p>Dental prosthetists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry.</p>	<ul style="list-style-type: none"> Is less prescriptive. Range of activities is included in the definition of 'dentistry' in the guidelines. The Guideline includes a detailed descriptor of dental prosthetists.

4. Further clarification of the standard

Current	Proposed change	Rationale for proposed change
<p>There is currently no guidelines published on scope of practice</p>	<p>Publish a guidelines document that includes the following.</p> <ul style="list-style-type: none"> A description of the dental profession 	<p>Description of 'dental profession':</p> <ul style="list-style-type: none"> provides a definition of dentistry describes and clarifies each dental division and the team approach increases the public's understanding of the role of dental practitioner divisions, and is supported by the HWA report which recommended

the development of a general description of all dental practitioners which is understandable by the public.

- **Education and training requirements** for oral health therapists and dental therapists on the treatment of patients of all ages

To be included to clarify the minimum standard of modalities the National Board expects to be taught and assessed for dental therapists and oral health therapists when practising dental therapy on persons of all ages, as

- the HWA report suggests there is confusion about the age restriction, and
- National Board has received queries from dental practitioners on this issue and therefore seeks to clarify it in the guideline.

- **National Board approved programs which may extend a dental practitioner's range of practice.**

The feedback received to date generally supports three distinct areas of education:

- formal education
- programs to extend scope, and
- continuing professional development.

The proposal that the current add-on program list becomes a historical document from 31 December 2013;

The range of skills listed in the guidelines form a new list of programs which lead to an extension of scope and will be effective from 1 January 2014.

Only programs which fit the range of skills and which lead to an extension of scope will be included in the *Extension of scope of practice list of programs*.

Preferred option

In reviewing the standard, the National Board has considered options 1 and 2 as outlined above.

The National Board considers option 2 to be the preferred proposal as the revised standard and guidelines will address the issues which have been raised with the current standard. The guidelines will provide greater clarity and certainty for both the public and dental practitioners on the scope of practice of each dental practitioner division.

Your feedback

In addition to your general feedback, the National Board is seeking your views about the preferred proposal outlined above for the revision of the standard and introduction of supporting guidelines. Please consider the following questions.

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?)
2. Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public? (Why or why not?)
3. Are there additional factors which could be included in the guidelines to support the standard?
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?
5. Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)

Potential benefits and costs of preferred option

The National Board's preferred proposal reflects the current practice of dental practitioners practising within their education, training and competence and provides greater clarity through the introduction of guidelines.

As this is a revision of an existing standard which reflects, to some extent, what existed prior to the National Scheme, there should be no additional costs to dental practitioners or the public. Option 2 balances the need to protect the public with the needs of regulation of the profession and will support the delivery of dental care within a team environment. The guidelines will support an increase in understanding of the standard.

Summary of implementation and/or operational considerations

Before considering its final proposal to Ministerial Council, the National Board will consider and take into account the feedback from the public consultation and other feedback received throughout the previous consultation. Subject to approval by Ministerial Council, in accordance with the section 40 of the National Law the revised standard will take effect on the day it is published on the National Board's website. The guidelines once finalised and approved by the National Board, will also take effect on the day they are published on the National Board's website.

The National Board, in partnership with the Australian Health Practitioner Regulation Agency (AHPRA), will develop and implement a national communication strategy to explain and describe the revised standard and supporting guidelines (subject to approval).

Attachments

- The draft registration standard is at **Attachment 1**. The draft guidelines are at **Attachment 2**.
- The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards* and *COAG Principles for best practice regulation* is at **Attachment 3**.

Background

Section 38(2)(b) of the National Law allows the National Boards to develop and recommend to the Ministerial Council a registration standard about the scope of practice of health practitioners registered in the profession.

IN CONFIDENCE

Section 39 of the National Law explicitly states that a National Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers; and about other matters relevant to the exercise of its functions.

Making a submission

The National Board seeks your feedback on the proposal. Please provide written submissions by email, to dentalboardconsultation@ahpra.gov.au by close of business on 19 June 2013.

Submissions by post should be addressed to the Executive Officer, National Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

How your submission will be treated:

The National Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The National Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.



1. *Draft Scope of practice registration standard*

Developed for consultation

Dental Board of Australia *Scope of practice registration standard*

Summary

All registered dental practitioners are required to base their practice on the scope of practice requirements and definitions outlined in this standard.

Who this standard applies to

This standard applies to all applicants for registration as a dental practitioner and all registered dental practitioners. It does not apply to students and dental practitioners who have non-practising registration.

Requirements

1. All dental practitioners are members of the dental team who work autonomously within their particular areas of education, training and competence, to provide the best possible care for their patients.
2. 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.
3. Dentists and/or specialist dentists work as independent practitioners who may practise all parts of dentistry included in the definition of dentistry. Where there is a structured professional relationship or referral relationship then the dentist and/or specialist dentist is the clinical team leader.
4. Dental prosthetists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry.
5. Dental hygienists, dental therapists and oral health therapists are members of the dental team. They practise in a range of activities included in the definition of dentistry. They may only practise within a structured professional relationship with a dentist. They must not practise as independent practitioners.
6. A dental practitioner must not direct any person whether a registered dental practitioner or not to undertake dental treatment or give advice outside that person's education or competence.

Definitions

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

Structured professional relationship means the arrangement established between a dentist and/or specialist dentist(s) or group of dentists, and a dental hygienist, dental therapist, oral health therapist, and/or dental prosthetist to provide professional advice, in relation to the management of patients within their scope of practice. It provides the framework for the referral of patients from the dentist and/or specialist dentist to the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists, and referral to the dentist and/or specialist dentist when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists.

Definition of dentistry and practitioner descriptions are included in the *Guidelines – Scope of practice registration standard*.

References

Dental Board of Australia, *Specialist Registration Standard*

Dental Board of Australia, *Guidelines — Scope of practice registration standard*

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 22 April 2010 pursuant to the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) with approval taking effect from 1 July 2010.

Review

This standard will commence on xx xxxx 2013. The Board will review this standard at least every 3 years.

2. Draft Guidelines – Scope of practice registration standard

Developed for consultation

Dental Board of Australia *Guidelines – Scope of practice registration standard*

Purpose

These guidelines provide further detail on the National Board's *Scope of practice registration standard* (the standard) and related matters. These guidelines should be read in conjunction with the standard, which establishes the scope of practice for all registered dental practitioners.

Summary of these guidelines

The National Board has developed these guidelines to give guidance on:

1. the description of the dental profession and each division of registered dental practitioner,
2. the education and training requirements for oral health therapists and dental therapists relating to the treatment of patients of all ages, and
3. Board approved programs which may extend a dental practitioner's scope of practice.

1. Description of the dental profession

The delivery of dental care involves a team approach across different types of health care settings. Each division of registered dental practitioner provides dental health care that is based on their formal education, training and competence. Under the National Law there is a range of registration categories under which a dental practitioner can practise in Australia:

- dentists and specialist dentists
- dental hygienists
- dental prosthetists
- dental therapists, and
- oral health therapists.

A dentist with specialised training may be registered as a specialist dentist. Dental assistants and dental technicians are non-registered members of the dental team who support dental practitioners in the delivery of dental services. In some states, dental assistants have state radiography registration enabling them to take dental x-rays.

Within each division, registered dental practitioners must only perform those dental procedures:

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

The standard requires that dental hygienists, dental therapists and oral health therapists must not practise as independent practitioners. This requirement will be reviewed by the National Board within three years. For some divisions, and in some areas of practice for some divisions, there is also the requirement of a structured professional relationship as set out below.

A team approach between dental practitioners is encouraged, so that patients are assured of receiving the most appropriate treatment from the dental practitioner who is most appropriate to provide it. The Board expects that the level and specific nature of the dental care provided will depend on:

- what is required for the safety and well being of the patient
- the treatment being provided, and
- the type of practice and the education, experience and competence of team members.

Dental practitioners must use sound professional judgment to assess their own (and other colleagues') scope of practice and work they must only work within their areas of education, training and competence. Each individual dental practitioner is responsible for the decisions, treatment and advice that they provide.

Other legislative / regulatory frameworks

In addition to the scope of practice requirements set by the National Board, dental practitioners may also work in accordance with workplace agreements and should be mindful of other regulatory requirements including a dental practitioners' capacity to possess, prescribe/supply and administer medications, perform radiographic procedures, treatment planning and referral.

Dental practitioner divisions

Dentists work as independent practitioners and may practise all parts of dentistry. They provide assessment, diagnosis, treatment, management and preventive services to patients of all ages. The education requirement for a recent graduate dentist to be registered is a minimum four year full time formal education program.

Specialist dentists have undertaken additional specialised training and education. The 13 specialist dentist types are:

- dento-maxillofacial radiology
- endodontics
- oral and maxillofacial surgery
- oral medicine
- oral pathology
- oral surgery
- orthodontics
- paediatric dentistry
- periodontics
- prosthodontics
- public health dentistry (community dentistry)
- special needs dentistry, and
- forensic odontology

The National Board's *List of specialties* provides further detail of each specialty. The National Board's Specialist Registration Standard further outlines the requirements for registration as a specialist dentist.

Dental hygienists provide oral health assessment, diagnosis, treatment, management, and education for the prevention of oral disease to promote healthy oral behaviours to patients of all ages. This includes periodontal/gum treatment, preventive services and other oral care. Dental hygienists may only work within a structured professional relationship with a dentist and/or specialist dentist. The education requirement for a recent graduate dental hygienist to be registered is a minimum two year full time or dual-qualified three year full time formal education program.

Dental prosthetists work as independent practitioners in the assessment, treatment, management and provision of removable dentures; and flexible, removable mouthguards used for sporting activities. The education requirement for a recent graduate dental prosthetist is a three year full time formal education program (including a dental technician course).

Dental prosthetists who are formally educated and trained in a program of study approved by the National Board may provide various types of splints; sleep apnoea/anti snoring devices, immediate dentures and immediate additions to existing dentures. These procedures require written referrals to and from dentists and/or specialist dentists and any appliance or device manufactured under such arrangement must be planned, issued and managed by the treating dentist and/or specialist dentist.

Dental prosthetists formally educated and trained in a program of study approved by the National Board to provide treatment for patients requiring implant retained overdentures must enter into a structured professional relationship with a dentist and/or specialist dentist before providing such treatment. The dentist and/or specialist dentist is the clinical team leader.

Dental therapists provide oral health assessment, diagnosis, treatment, management and preventive services for children, adolescents and young adults and, if formally educated and trained in a program of study approved by the National Board, for adults of all ages. This includes restorative/fillings treatment, tooth removal, additional oral care and oral health promotion. Dental therapists may only work within a structured professional relationship with a dentist and/or specialist dentist. The education requirement for a recent graduate dental therapist to be registered is a two year full time or dual-qualified three year full time formal education program.

Oral health therapists are dual qualified as a dental therapist and dental hygienist. They provide oral health assessment, diagnosis, treatment, management and preventive services for children and adolescents and, if formally educated and trained in a program of study approved by the National Board, for adults of all ages. This includes restorative/fillings treatment, tooth removal, oral health promotion, periodontal/gum treatment, and other oral care to promote healthy oral behaviours. Oral health therapists may only work within a structured professional relationship with a dentist and/or specialist dentist. The education requirement for a recent graduate oral health therapist to be registered is a three year full time bachelor degree formal education program.

Definition of dentistry

The following range of activities are considered the practice of dentistry and cover the widest range of any procedures that a person educated in dentistry can carry out. Dentistry involves the prevention, diagnosis, advice, and treatment of any diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures (including but not limited to):

- a) the correction of malpositions of the human teeth or jaws or associated structures; and

- b) radiographic procedures and interpretation of radiographic images of the human teeth, jaws and associated structures; and
- c) the prescription, administration and possession of drugs and poisons in accordance with relevant State and Territory authorisation; and
- d) the construction or fitting or intra-oral adjustment of artificial teeth or corrective or restorative dental appliances; or provision of advice to any person for the purpose of fitting, inserting, adjusting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances; and
- e) the prevention of oral disease and the promotion of oral health; and
- f) the performance of any treatment on the human teeth, mouth or jaws or associated structures.

2. Education and training requirements for the treatment of patients of all ages

Dental therapists and oral health therapists require formal education, training and competence in order to treat patients of all ages when practising dental therapy.

Note: Dental therapists registered prior to the National Scheme in Victoria with formal education and training and who are competent may treat patients up to the age of 25 years.

The National Board expects the following uniform, minimum standard of modalities to be taught and assessed for dental therapists and oral health therapists when practising dental therapy on persons of all ages:

- extension of clinical restorative skills to the provision of simple direct tooth restoration in the adult patient
- development of clinical judgment skills in identifying those teeth which require simple direct restoration and those which must be referred for more complex care
- development of knowledge in management of patients with fixed or removable oral prostheses
- development of knowledge in the identification and the preventive management of root caries
- management of medically compromised patients
- recognition and identification of oral pathological conditions in the clinical situation
- recognition of polypharmacy in the adult population, and
- knowledge and practical skills relating to administration of local anaesthetic to adult patients.

The following assists in determining what constitutes a simple direct tooth restoration as opposed to one which requires the attention of a dentist:

- includes no more than four surfaces
- does not include cusps or require pins or complex retentive features
- does not involve the pulp when assessed radiographically
- is one that is easily accessed and simple to isolate at the gingival margin
- is not placed in an endodontically treated tooth, and
- where the tooth requiring simple restoration is immediately adjacent to a dental prosthesis (fixed or removable) consideration must be given to the complexity of the interface between

the restoration and the adjacent fixed or removable prosthesis and referral made when necessary.

Currently, the only formal education programs, which have been supported and/or approved by the Board for dental therapists and oral health therapists to provide dental therapy in various modalities to adults of all ages, are:

- the Dental Health Services Victoria (2007/8) bridging program to facilitate the provision of oral health care to adult patients (only offered prior to the introduction of the National Registration and Accreditation Scheme (the National Scheme); and
- Successful graduates of the unit ORH3ACP *Advanced clinical practice* as part of the Bachelor of oral health science program at La Trobe University from 2010 onwards.

3. Extension of scope of practice

The National Board has made a distinction between formal education programs, programs to extend scope, and education activities that are undertaken for continuing professional development (CPD) credit.

- **Approved programs (formal education programs)** are approved by the National Board and accredited by the Australian Dental Council. The approved programs are those which, upon successful completion, lead to registration as a dental practitioner in the division or specialty in which study was completed.
- **Programs to extend scope** (formerly known as add-on programs) are programs which can extend a dental practitioner's scope of practice by undertaking educational programs that the National Board has formally approved or transitioned (the National Board transitioned add-on programs which existed in states and territories prior to the introduction of National Scheme). These programs allow dental practitioners to bring their education and training up to the level of a recent graduate and/or current practice methods within the division in which they are registered. The purpose of these programs are to bridge the gap between the variations in scope of practice between individuals within specific divisions, which have resulted from the different levels of education/training and of regulatory structures which existed prior to the National Scheme and in some areas after the implementation of the National Scheme. The process of approval of these programs by the National Board includes an external audit and accreditation process.

The programs to extend scope cover a range of skills which allow dental practitioners to extend their education, training and competence in certain areas and within the division in which they are registered. The range of skills, as outlined in the table below, are effective from 1 January 2014.

Range of skills covered in programs to extend scope	
Extension of scope	Division of dental practitioner
Local anaesthesia / analgesia	Dental hygienist
Periodontal diagnosis and instrumentation skills	Dental therapist
External Tooth whitening	Dental hygienist, dental therapist, oral health therapist
Limited orthodontic treatments	Dental hygienist, dental therapist, oral health therapist
Direct simple restorations for adults	Dental therapist and oral health therapist
Stainless steel crowns	Dental therapist, oral health therapist
Implant retained overdentures	Dental prosthetist
Partial dentures	Dental prosthetist
Occlusal splints	Dental prosthetist
Immediate dentures and immediate additions to existing dentures	Dental prosthetist
Intra-oral appliances to manage sleep apnoea and snoring	Dental prosthetists
Conscious Sedation *Note: this requires a specific endorsement from the Dental Board of Australia	Dentist and specialist dentists
Cone Beam Computed Tomography	All
Radiography	All

- CPD programs** are programs that maintain, improve and broaden knowledge, expertise and competence, and develop the personal and professional qualities required throughout a dental practitioner's professional life. The National Board has not specified an approval process for courses or course providers who provide CPD. The National Board's *Continuing professional development registration standard and Guidelines* detail the requirements and expectations of the National Board in relation to CPD.

Authority

These Guidelines have been developed by the Dental Board of Australia (the National Board) under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

Background

The standard was first approved by Ministerial Council on 22 April 2010 pursuant to section 38 of the National Law with the Standard taking effect from 1 July 2010 with the revised Standard being approved by Ministerial Council on XX XXXXX 2013.

Review

Date of issue: XX XXXX 2013

Date of review: The Board will review these guidelines at least every three years.

3. Board's Statement of assessment against AHPRA's procedures for development of registration standards & COAG principles for best practice regulation

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the National Board of Australia's assessment of its proposed revised *Scope of Practice Registration Standard* and proposed *Guidelines – Scope of Practice* against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The National Board considers that this proposal is in line with the objectives and guiding principles set out in section 3 of the National Law.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards (section 40). The National Law also requires the National Board to consult other boards on matters of shared interest.

The National Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 4 week preliminary consultation process followed by a 6 week public consultation process. This process includes the publication of the public consultation impact paper (and attachments) on its website.

The National Board has also drawn this paper to the attention of the 13 other National Boards, and key stakeholders.

The National Board will take into account the feedback it receives when finalising its proposal for submission of the revised Standard to the Ministerial Council for approval. The National Board will take into account the feedback it receives when finalizing the Guidelines prior to approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

National Board assessment

In developing the draft proposal for consultation, the National Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the National Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The National Board makes the following assessment specific to each of the COAG Principles

expressed in the AHPRA procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The National Board considers that the proposal addresses the issues which have been raised surrounding the scope of practice of dental practitioners. The proposal reflects the current practice of dental practitioners within their education, training and competence and provides greater clarity through the introduction of the guidelines. The proposal establishes the necessary balance by ensuring that dental practitioners only practise within their education, training and competence which provides for public safety.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considers that this proposal does not restrict competition of dental practitioners within their education, training and competence, and supports the delivery of dental procedures within a team environment for the public protection.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that this proposal does not restrict consumer choice as it allows practitioners to practice within their education, training and competence and the introduction of the Guidelines will support the public's understanding of the roles of the divisions of dental practitioners.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

As this is a revision of an existing Standard which reflects the requirements which existed previously the National Board does not anticipate that there will be a change to the overall costs to the members of the public, registrants, or governments.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The National Board considers that the Standard and supporting Guidelines are drafted in a 'plain language' approach to provide clarity and certainty. The Board considers that the requirements enable understanding and compliance by registrants.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

IN CONFIDENCE

If approved, the National Board will review the Standard and Guidelines within three years of its commencement, including assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the National Board may choose to review the Standard and Guidelines at an earlier point in time, if it is necessary to ensure continued relevance and workability.