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Australian Dental Prosthetists Association Ltd

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

19 June 2013

Dear Sir/Madam,

Re: Draft Scope of practice registration standard and guidelines

I refer to your recent invitation for ADPA Limited to provide feedback on the draft *Scope of Practice registration standard and guidelines* which have been released for public consultation.

ADPA Ltd provided a submission during the preliminary consultation phase. We have reviewed the changes made since that point of time and would now make the following further submission:

- We support this statement "support the team approach to dental care"
- We support the removal of the term "supervision"
- We support the definition of structured professional relationship
- We support the inclusion of apnoea/anti snoring devices within the scope for dental prosthetists
- In the definition of dental prosthetist under the 'dental practitioner divisions' section, the inclusion of "formal education" (including a dental technician course)": the words "(including a dental technician course)" should be removed as this an educational requirement rather than a delegation from the DBA.
- Extension of scope of practice and programs to extend scope: we seek further
 information in relation to this section as to the impact of any changes on individuals
 who have already obtained the relevant qualification prior to January 2014
- We raise a number of points in relation to the dentist being specified as the clinical team leader:
- This current standard does not clarify what is meant by the term "clinical team leader". This lack of definition could undermine the public perception of our profession, rather than providing clarification to members of the public that the dental prosthetist providing their care is responsible for collaborating when treatment falls outside of their the quality of that care and for referring and scope of practice.
- The inclusion of Dentist as clinical leader implies that all dentists at all levels of experience are competent to undertake the leadership role. This does not support the notion "in the best interest of safe and quality patient care".
- The paragraph in relation to implant retained overdentures includes the sentence
 "the dentist and/or specialist is the clinical team leader". We believe that this implies



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that the dentist overseas all of the procedure rather than only the operative and/or review of implants placed. The removable prosthetic part is led by the dental prosthetist. Either the sentence "the dentist and/or specialist is the clinical team leader" should be removed from the paragraph, or an additional sentence should be added to reflect the leadership of the dental prosthetist in the removable prosthetic part.

- We believe that there are areas of prosthetic care provided by a Dental Prosthetist that exceeds that which is experienced and covered within the dentist skill set, and that specifying that the Dentist is always the clinical leader is incorrect. A dentist is a clinical leader in that aspect of operative treatment being undertaken but then relinquishes that title when the treatment of the patient is complete and thus the dental prosthetist becomes the clinical leader in the prosthetic component of treatment.
- Within the guidelines the explanation of team approach outlines:
 "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:
 - o what is required for the safety and wellbeing of the patient
 - o the treatment being provided, and
 - the type of practice and education, experience and competence of team members."

We believe that these are matters for the professional judgement of the practitioner involved and may vary from case to case. Thus the determination and inclusion that the dentist is the clinical team leader implies that the dentist will always be the most appropriate person to provide treatment in all areas of treatment, including dental prosthetics, and we believe that this is not always the case.

We thank you for the opportunity of providing input to this process.

Yours sincerely,

Cindy Tilbrook

Acting CEO

Australian Dental Prosthetists Association Ltd