



Public consultation document

22 March 2018

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

Public consultation

This public consultation paper released by the Dental Board of Australia (the Board) seeks feedback from stakeholders on:

- a proposed revised *Scope of practice registration standard* (the registration standard)
- a proposed revised *Guidelines for scope of practice* (the guidelines), and
- a new *Reflective practice tool for scope of practice* (the tool).

This consultation paper will be published on the Board's website, see the *Current Consultations* section of www.dentalboard.gov.au.

Feedback

You are invited to provide feedback by email to dentalboardconsultation@ahpra.gov.au by close of business on 14 May 2018.

You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file; however we request that you do supply a text or Word file. As part of an effort to meet international website accessibility guidelines, the Australian Health Practitioner Regulation Agency (AHPRA) and the Board are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its websites to encourage discussion and inform the community and stakeholders. However, the Board keeps the right not to publish submissions at their discretion, and will not place on their website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personal or identifying information from submissions, including contact details.

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 These submissions will not be published on the website or elsewhere.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

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

Purpose

1. The role of the Board is to work with the AHPRA and other National Boards to achieve the objectives of the National Registration and Accreditation Scheme (the National Scheme) in accordance with the guiding principles of the National Scheme.
2. To ensure continued relevance in a dynamic regulatory environment, the Board carries out regular reviews of all its registration standards, guidelines and policies.
3. The registration standard and the guidelines are due for review and the Board has developed a revised proposal for consultation.

Scope of practice

4. The **dental profession's** scope of practice covers the full range of activities and responsibilities which individuals within the profession are educated, trained and competent to perform within the relevant division.
5. While **scope of practice of an individual dental practitioner** is that which the individual is educated, trained and competent to perform. The individual's scope of practice will vary from practitioner to practitioner and may be more limited than the scope of the dental profession.
6. An individual's scope of practice is influenced by a number of factors including the Board's registration standard and guidelines.

Scope of practice registration standard

7. The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) protects the titles of dentist (including specialist titles), dental therapist, dental hygienist, dental prosthetist and oral health therapist.
8. The National Law does not however define the scope of practice for each of these titles/divisions that form part of the dental profession. It does not define what each of the five divisions and the 13 dental specialties (which are part of the dentist division¹) can and cannot do; it only protects specific dental practice, named 'restricted dental acts' (section. 121 of the National Law).
9. Section 38 of the National Law gives the Board the discretion to develop registration standards about the scope of practice of health practitioners registered in the profession. Under this section, the Board developed the first version of the registration standard which was approved by the Ministerial Council on 22 April 2010. The registration standard came into effect from 1 July 2010 and established the requirements for the scope of practice for all registered dental practitioners.
10. This registration standard was drafted to cover the range of arrangements in place in states and territories before the start of the National Scheme and to allow an individual's scope of practice before the National Scheme to continue under the National Law.
11. Notwithstanding the variations, the main requirement of the registration standard, at the start of the National Scheme, and which continues to be the salient feature, is that all dental practitioners must only perform dental treatment for which they have been educated and trained, and in which they are competent.
12. The Ministerial Council requested that the registration standard should be reviewed by the Board. The Board was specifically requested to assess whether the approved standard had any unintended and negative effects on the scope of practice of dental hygienists, dental therapists and oral health therapists.

¹ Under section 115, the title 'dental specialist' is protected and falls under the dentist division of the dental profession. Specialist titles and their definition have been developed by the Board and approved by the Australian Health Workforce Ministerial Council now known as the COAG Health Council (Ministerial Council) on 31 March 2010 (see *List of Specialties*).

13. In addition, Health Workforce Australia (HWA) was tasked to complete a review of the registration standard before the Board's review and that their report be publicly released. They released their report in August 2012. On 23 May 2012 the Ministerial Council released the *Scope of practice review oral health practitioners report* (the HWA report) to the Board. The HWA report made five recommendations on the registration standard:
- 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
 - clarify the age restriction for dental therapists and oral health therapists when practicing dental therapy on people of all ages
 - develop a general description of all dental practitioners which is understandable by the public
 - help dental professionals to simply describe their scope of practice and update it regularly, and
 - develop and implement a national communication strategy to explain and describe the current registration standard and any changes.
14. In light of the HWA's recommendations and the subsequent stakeholder feedback, the Board completed its review of the registration standard in 2013.
15. At the conclusion of that review, the registration standard, along with the addition of a new guidelines, was revised to be clearer and provide certainty to dental practitioners on the scope of practice for the profession. This included the different dental divisions and level of education and training expected for each division. This was reflected in the inclusion of a definition of dentistry and descriptions for each division. As part of the changes, the Board also included the expectation of a team approach to dental care and removed the supervision requirements for dental hygienists, dental therapists and oral health therapists.
16. The Ministerial Council approved the revised registration standard on 11 April 2014 with the revised registration standard and associated guidelines effective from 30 June 2014. The [current registration standard and guidelines have a review date of 30 June 2017](#).

Broader regulatory framework of the dental profession

17. Under the National Law, the Board approves [accreditation standards](#) developed by the Australian Dental Council (ADC) which are used to assess whether programs of study leading to registration in the five divisions provides individuals with the knowledge, skills and professional attributes necessary to practise the profession in Australia². The ADC has been appointed as the accreditation authority for the dental profession. The ADC has developed [professional competencies](#) for each of the five divisions and accredits all programs in accordance with these competencies and the approved accreditation standard. Once assessed as meeting the accreditation standards, and accredited by the ADC, these programs of study are then considered by the Board for approval. An individual who successfully graduates from an accredited and Board-approved program of study is deemed qualified for registration and to have the required professional competencies to practise.
18. Competencies of overseas-trained dental practitioners are assessed through the examination process set up by the ADC. This examination process (with written and practical components) is based on the same professional competencies used in the accreditation process of Australian programs of study.
19. The Board has also developed other registration standards which are relevant to certain aspects of scope of practice such as the:
- a. [Professional indemnity insurance registration standard](#) which requires dental practitioners to have the necessary level of insurance cover for all areas of their practice
 - b. [Recency of practice registration standard](#) which requires dental practitioners to maintain an adequate connection with, and recent practice in the profession, and
 - c. [Registration standard: continuing professional development \(CPD\)](#) and the associated guidelines which require dental practitioners to complete a specific amount of CPD activities within the definition of dentistry.

² Section 5. National Law

20. The Board's [Code of conduct](#)³ describes professional standards for dental practitioners' behaviour, including the importance of maintaining a high level of professional competence in order to provide the best dental care to patients. Dental practitioners have a responsibility to recognise and work within the limits of their competence and scope of practice and arrange delegation, referral or handover of care in accordance with the principles of the Code of conduct.
21. In addition to complying with the Board's regulatory framework, dental practitioners should comply with state and territory legislative requirements including (but not limited to) authorities that regulate possessing, prescribing/supplying and administering medications and the use of radiation apparatus or any other relevant legislation and/or regulatory requirements.
22. Employers (e.g. health services and/or individuals) may have in place workplace requirements to define dental practitioners' scope within the parameters of their employment.

Proposed changes to the current registration standard and guidelines

23. Since the start of the National Scheme, the Board has adopted an incremental approach to the scope of practice requirements of dental practitioners in meeting the objectives and guiding principles of the National Scheme (see [Regulatory Principles for the National Scheme](#)).
24. These include:
 - Provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
 - Facilitate access to health services in the public interest by encouraging a team approach between dental practitioners so that patients are assured of receiving the most appropriate treatment from the dental practitioner who is most appropriate to provide it.
 - Enable a flexible, responsive and sustainable workforce by enabling dental practitioners to practice to the full scope of their education, training and competence.
25. The proposed revised registration standard and guidelines outlined in this document are consistent with the incremental approach adopted by the Board. The changes continue to encourage a responsive, risk-based approach to scope of practice that aligns with the Board's broad regulatory framework, have the objectives and guiding principles of the National Scheme as its goal and is effective for all dental practitioners providing clarity and certainty on the main requirements.
26. The following are the changes proposed.

Remove reference to programs to extend scope

27. Before the National Scheme, dental hygienists, dental therapists and dental prosthetists could extend their scope of practice in some jurisdictions by completing an 'add-on' program. The add-on programs, now known as *Programs to extend scope* transitioned to the National Scheme as [programs](#) reviewed and approved by the Board.
28. Recently, the Board reviewed the approval process for *Programs to extend scope* and agreed to phase out approval of these programs with a transition period lasting until 31 December 2018. The Board made this decision considering a number of factors, including:
 - The National Law⁴ only provides a statutory framework to regulate programs of study that lead to registration or endorsement. *Programs to extend scope* do not lead to registration or endorsement and are offered to dental practitioners already registered, with general or limited registration.

³ The Code of conduct for the dental profession is also used by ten other National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy and Podiatry) with some minor profession-specific changes for some Boards.

⁴ Part 6.

- The demand for these programs has decreased over time with the content of these programs largely incorporated in the approved programs of study leading to registration.
 - The objectives, the guiding principles and the Regulatory principles of the National Scheme.
29. For these reasons, the Board proposes to remove reference to Programs to extend scope from the registration standard and guidelines giving effect to the Board's decision to phase out the approval process of these programs, and for these programs to be continued to be delivered as continuing professional development. The Board proposed that moving forward, dental practitioners wishing to "broaden their knowledge, expertise and competence" may do so by completing CPD. All dental practitioners are required to undertake CPD activities and/or to attend CPD courses that comply with the Board's *CPD registration standard* and guidelines. Dental practitioners are expected to self-assess whether their selected CPD activities/courses provide them with the sufficient clinical experience to incorporate a new procedure/technique/treatment into their clinical practice.
 30. All dental practitioners must only perform those dental procedures for which they have been educated and trained and in which they are competent, as per the *registration standard* and the guideline. Dental practitioners who are not educated and trained to perform a certain treatment cannot undertake that type of treatment. However, they can obtain the required skills and knowledge through CPD programs, relevant to core knowledge and skills based on the initial qualification(s) leading to registration and the division in which they are registered.
 31. The Board will monitor compliance with this requirement at registration or renewal. Dental practitioners are required to make an annual declaration to undertake to comply with all relevant legislation, Board registration standards, codes and guidelines. The notification management processes also allows the Board to investigate the practice of a practitioner when a peer or member of the public make a complaint and this can include practicing outside of their scope of practice.
 32. Education providers wishing to deliver programs to extend scope of practice may consider delivering these courses as continuing professional development. The Board strongly encourages education providers to develop and deliver CPD programs in line with the Board's registration standard and guidelines on CPD, the Board's scope of practice registration standard and guidelines and the Code of Conduct.

Clarify expectations around education, training and competence

33. The guidelines have been restructured and re-worded to improve readability and clarify current requirements around education, training and competence.
34. The Board proposes to remove terminology relating to 'education requirements' within each division description. As accreditation standards, competencies and processes for approving programs of study are now well established under the National Scheme, the Board proposes to remove this prescriptive terminology from each division description. This will enable flexibility with the accreditation standards and approved programs of study within an established accreditation framework and will address inconsistencies in terminology within the registration standard.
35. The other proposed amendment to the division descriptions relates to dental therapists and oral health therapists and adult scope. The current *guidelines* include the following in the descriptions of dental therapist and oral health therapist:

Dental therapists provide oral health assessment, diagnosis, treatment, management and preventive services for children, adolescents and young adults and, if educated and trained in a program of study approved by the National Board, for adults of all ages.

Oral health therapists provide oral health assessment, diagnosis, treatment, management and preventive services for children and adolescents and, if educated and trained in a program of study approved by the National Board, for adults of all ages.
36. The above descriptions imply that dental therapists and oral health therapists may provide dental therapy treatment (e.g. simple restorative treatment) to patients of all ages (as opposed to only patients under 18 or 26 years), provided that they complete an education program approved by the Board. Stakeholders have highlighted that this approach remains confusing for practitioners, employers and the public.

37. The modalities to provide dental therapy treatment on patients of all ages are being taught in at least three out of the eight Bachelor of Health (BOH) Board approved programs of study (La Trobe University, Newcastle University and Central Queensland University) and through Programs to extend scope (University of Adelaide and University of Melbourne's Graduate Certificate related to adult scope. Other education providers have indicated that this content may be included in courses in the future.
38. The Board proposes to amend both descriptions to make its expectations clear in regard to adult scope. Dental therapists and oral health therapists need to self assess their individual scope of practice in respect of their individual education and training. Dental therapists and oral health therapists, who are currently not educated and trained to provide dental therapy treatment to adult patients, cannot undertake this type of treatment. However, they can obtain the required skills and knowledge through CPD programs, by building upon their core knowledge and skills that they have developed through their initial qualification(s) leading to registration.
39. The primary purpose of the dental practitioner divisions section is for practitioners and employers to understand the scope of practice of each division. Further, information about the dental team to help consumers understand the different roles and responsibilities will be published at the implementation stage.
40. The link between an approved program of study and the relevant professional competencies described by the ADC has been strengthened in the guidelines. The Board is of the view that the relevant professional competencies support scope of practice and act as a reference point for practitioners in understanding the minimum competencies expected at the point of graduation from an accredited program, and should be read in conjunction with the registration standard and guidelines.

Remove the requirements of 'independent practitioner'

41. There are two main requirements that relate to 'independent practitioner' in the current registration standard.
42. First, the term independent practitioner is defined in the registration standard and has been since it came to effect in 2010. The current registration standard reflects an amended definition of 'independent practitioner' replacing supervision with structured professional relationship.

Independent practitioner means a practitioner who may practise without a structured professional relationship.
43. Second, is the requirement within the standard that *dental therapists, dental hygienists and oral health therapists must not practise as independent practitioners*. This requirement has been in place since 2010.
44. At the time of the last review the Board agreed that it should move incrementally towards removing the bar on independent practice from the registration standard. This approach was adopted to effectively recognise the professional roles, responsibilities and regulation of all dental practitioners.
45. Over the past few years the Board has seen important changes to the education programs for dental therapists, dental hygienists and oral health therapists as accreditation functions have continued strengthen and mature under the National Scheme. Through compliance with accreditation standards and professional competencies, current training is sufficient to support these practitioners in working in team-based settings without supervision.
46. The practice requirements related to 'independent practitioner' have been a source of significant confusion and subjective interpretation. The term is often misconstrued as a requirement of solo practice, requirement to deal directly with the public, or as a basis for issuing provider numbers.' Stakeholder feedback suggests that the requirement has little meaning in contemporary dental practice and restricts the flexibility of e-healthcare models which are reflective of the needs of the population.
47. Another consideration for the Board is to respond proportionately to risks in order to protect the public. Notifications related to practitioners working beyond their scope of practice are exceedingly few. The Board's recent *Dental notifications classification of issues project* found that only two percent of dental

practitioners were found to be practising in areas beyond their scope.⁵ Dentists, including specialists, account for about 90 percent of dental practitioner notifications annually⁶.

48. These changes provide the Board with the basis to remove the requirements for dental hygienists, dental therapists and oral health therapists 'not to practice as independent practitioners' and consequently remove the definition of independent practitioner. This position is consistent with the HWA's recommendation:

Within five years the Dental Scope of Practice Registration Standard be reviewed to remove the bar on "independent practice" from the Standard and retain only the paragraph that relates to formal education and competency requirements that applies to all dental practitioners.

Remove the requirement of a structured professional relationship

49. At the last review, the requirement of a structured professional relationship was included in the registration standard to provide a framework to support the team approach for dental care. The Board subsequently provided clarity about the expectations for practitioners working within a structured professional relationship and its connection with the Code of conduct, which reiterates many of the elements included in the definition of a structured professional relationship.
50. The Board proposes to remove the requirement of a structured professional relationship from the registration standard. In the proposed revised registration standard, the Board has strengthened its expectations for working through a team approach for dental practitioners, and also included reference to the Code of conduct.
51. The Board considers that the Code of conduct more aptly details important standards for dental practitioners in understanding the expected ways of working. Specifically the Code of conduct provides that:
- dental practitioners have a responsibility to recognise and work within the limits of their competence and scope of practice, which may vary over time
 - scope of practice will vary according to different roles
 - dental practice is fundamentally team-based and requires practitioners to work with other practitioners to provide patient care, which includes the appropriate delegation, referral and handover of patient care.
 - good practice involves keeping knowledge and skills up to date to ensure that practitioners continue to work within their competence and scope of practice, and
 - dental practitioners ensure that they have sufficient training and/or qualifications when moving into a new area of practice, in order to achieve competency in that area.
52. The Code of conduct helps the Board in protecting the public by setting and maintaining standards of good practice. The Board will use this code when evaluating the professional conduct of dental practitioners. If professional conduct varies significantly from the code, dental practitioners should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet the Code may have consequences for registration.
53. It should be noted that the Board has started a scheduled review of the Code of conduct, and is working with other National Boards on the review. The Board will highlight opportunities for practitioners and the public to be involved in the review in its communiqué and newsletter.

Develop a new reflective tool for scope of practice

54. As an outcome from the last review, the Board published [FAQ](#) to help practitioners assess their own individual scope of practice.

⁵ Dental Notifications: classification of issues project (final report), 2016.

⁶AHPRA and National Boards Annual report 2016/17: www.ahpra.gov.au/Publications/Corporate-publications/Annual-reports.

55. To support the changes proposed as part of this review and aid the continuous learning of practitioners through reflective practice, the Board has developed a new reflective tool to help practitioners to assess their individual scope of practice. This tool is designed to support dental practitioners in reflecting on their knowledge, skills and abilities and consider how their overall competence relates to their areas of practice

56. Implementation of this tool would be supported by a broad communications strategy.

Options statement

57. The Board has considered the following options in developing this proposal.

Option one – maintain the status quo

58. Option one is to continue with the current registration standard and guidelines which details the Board's requirements for scope of practice under the National Law. The Board has, however identified ways to improve the standard and guidelines, including the opportunity to clarify the language and structure to make it easier to understand and ensure currency of scope of practice requirements.

59. Importantly, the Board has also identified opportunities to improve the current requirements to meet the objectives and guiding principles of the National Scheme.

Option two – proposed revised registration standard and guidelines

60. Option two is to consult on a number of proposed changes to the current registration standard and guidelines. Under this option, the proposed revised registration standard and guidelines would continue to set out the Board's requirements for scope of practice however it would:

- remove reference to Programs to extend scope from the registration standard and guidelines giving effect to the Board's decision to phase out the approval process of these programs with a transition period until 31 December 2018
- clarify expectations around education, training and competence including revisions to the practitioner dental divisions and strengthening the link between an approved program of study and the relevant professional competencies
- reduce unnecessary regulation in light of well-established accreditation functions which have shaped practitioner training and competencies
- remove the requirements for dental hygienists, dental therapists and oral health therapists not to practise as independent practitioners
- further clarify the Board's expectations around the team-based approach and remove the requirement for a structured professional relationship, and
- improve readability and clarify current requirements by restructuring and re-wording the standard and guidelines.

61. As part of this option the Board has developed a new reflective tool for scope of practice to help practitioners assess their individual scope and support continuous learning through reflective practice. Implementation of this tool would be supported by a broad communications strategy to deliver effective engagement and uptake.

Preferred option

62. The Board prefers option two.

Issues for consultation

Potential benefits and costs of the proposal

63. The benefits of the preferred option are that the proposed revised registration standard and guidelines are:

- use of plain, non-ambiguous English to ensure the registration standard and guidelines are easily understood by dental practitioners, employers and consumers of dental services
- regulation which is proportional to the level of risk to public safety

- maintain the balance between protecting the public, while facilitating access to services in accordance with the public interest, and
- closer alignment with the requirements for approved programs of study under the National Law.

64. The costs of the preferred option are likely to be minimal. Dental practitioners, other stakeholders, AHPRA and National Boards will need to become familiar with the proposed revised registration standard and guidelines.

Estimated effects of the proposed revised registration standard

65. The changes proposed in the proposed revised standard and guidelines do not substantially change current requirements, although more significant changes may emerge through consultation. There is a minor effect anticipated on practitioners, business and other stakeholders arising from the changes proposed.

66. There would be no financial impact for dental practitioners as any changes will not affect application or registration fees.

Relevant sections of the National Law

The relevant sections of the National Law are:

- section 12, the Ministerial Council may approve a registration standard recommended by a National Board
- section 38(2)(b) allows a National Board to develop and recommend to the Ministerial Council a registration standard about the scope of practice of health practitioners registered in the profession, and
- section 39 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.

67. The current registration standard and guidelines are published on the Board's website, accessible from www.dentalboard.gov.au.

Questions for consideration

In addition to your general feedback, the Board is seeking your views about the preferred proposal outlined above

Please consider the following questions:

1. From your perspective, how is the current registration standard and guidelines working?
2. Are there any issues that have arisen from applying the existing registration standard and guidelines?
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?
4. Is there any content that could be changed or deleted in the proposed revised registration standard and guidelines?
5. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
6. Do you have any other comments on the proposed revised registration standard and guidelines?
7. Is the content and structure of the new reflective tool helpful, clear and relevant?
8. Is there anything missing that needs to be added to the new reflective tool?

PROPOSED Revised Scope of practice registration standard

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Dental Board of Australia's (the Board) requirements for the scope of practice for dental practitioners.

Does this standard apply to me?

This registration standard applies to all registered dental practitioners except those with student or non-practising registration.

What must I do?

1. All dental practitioners are members of the healthcare team. They are expected to work with other members of the healthcare team to provide the best possible care and outcome for their patients.
2. Dental practitioners must only perform dental treatment:
 - a. for which they have been educated and trained⁷, and
 - b. in which they are competent.
3. 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.
4. All dental practitioners are expected to practice within the definition of dentistry and their dental practitioner division.⁸

Guidelines for scope of practice

The [Guidelines for scope of practice](#) provide guidance about the expectations of the registration standard and how to meet its requirements. Dental practitioners are expected to understand how to apply these guidelines together with this registration standard.

Code of conduct

The [Code of conduct](#) outlines how dental practitioners work with a wide range of other health practitioners. This includes delegation, referral and handover of patient care. The Code of conduct should be read in conjunction with the Scope of practice registration standard.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this registration standard, including that registration standards, codes or guidelines may be used in disciplinary proceedings against health practitioners as evidence of what constitutes appropriate practice or conduct for the health profession (see section 41 of the National Law).

⁷ As defined in National Law.

⁸ Refer to the *Definitions* section of this registration standard.

Authority

This registration standard was approved by the COAG Health Council on XX XXXX XXXX.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Definition of dentistry and practitioner descriptions are included in the [Guidelines for scope of practice](#). Restricted dental acts (section 121 of the National Law) also apply to this definition.

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Programs of study approved by the National Board:

- **approved programs of study** are programs accredited by the accreditation authority for the profession and approved by the National Board under the National Law. Approved programs are those which, on successful completion, lead to registration or endorsement as a dental practitioner in the division or specialty in which study was completed, or
- **other assessment, examination or qualification** that qualifies a practitioner for general registration (section 53 of the National Law), specialist registration (section 57) limited registration with the Board (section 65) or endorsement (section 99).

References

Dental Board of Australia, [Specialist Registration Standard](#).

Dental Board of Australia, [Guidelines for scope of practice](#).

Dental Board of Australia, [Code of conduct](#).

Review

This registration standard will be revised at least every three/five years.

Last reviewed: XXXX XXXX

This registration standard replaces the previously published registration standard from 30 June 2014.

PROPOSED Revised Guidelines for scope of practice

<<date>>

The Dental Board of Australia (the Board) develops registration standards which are approved by the COAG Health Council and which define the requirements that applicants, registrants and/or students need to be registered and/or maintain registration.

Guidelines are developed by the Board to provide guidance to the profession and to help clarify the Board's expectations on a range of issues including requirements of registration standards.

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

The [Code of conduct](#) should also be read in conjunction with the Scope of practice registration standard and these guidelines. The code outlines how dental practitioners work with a wide range of other health practitioners. This includes delegation, referral and handover of patient care.

The dental profession¹

Team approach

The delivery of dental healthcare involves a team approach where dental team members work collaboratively to provide the highest standard of patient care.

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 needed for the safety and wellbeing of the patient
- the treatment being provided, and
- the type of practice and the education, experience and competence of team members.

All dental practitioners are members of the dental team. Each division of registered dental practitioner provides dental healthcare that is based on their education, training and competence.

The divisions are:

- dentists²
- dental hygienists
- dental prosthetists
- dental therapists, and
- oral health therapists.

A dentist with specialised training may be registered as a dental specialist.

Dental assistants and dental technicians are non-registered members of the dental team who support dental practitioners in the delivery of dental services³.

Consistent with the team approach, all dental practitioners are expected to work in a relationship with members of the dental team and other health practitioners to provide the best possible care for their patients.

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.

Profession and individual scope of practice

The dental **profession's** scope of practice covers the range of activities and responsibilities which individuals in the profession are educated, trained and competent to perform, within the relevant division.

While the scope of practice of an **individual** dental practitioner is that which the individual is educated, trained and competent to perform. The individual's scope of practice in the division in which they are registered will vary from practitioner to practitioner and may be more limited than the scope of their dental division.

Influences on an individual's scope of practice which may enable or limit practice include:

- level of education and training
- competence and experience
- registration requirements
- legislation and regulations
- clinical need
- recency of practice
- professional indemnity, and
- workplace environment, requirements and capacity.

Dental practitioners must use sound professional judgment to assess their own (and other colleagues) scope of practice and they must only work within their area of education, training and competence.

Each individual dental practitioner is responsible for the decisions, treatment and advice that they provide.

Reflective tool for scope of practice

The Board has developed a reflective tool. This tool is designed to support dental practitioners to reflect on their knowledge, skills and abilities and consider how their overall competence relates to their areas of practice.

Practising within the definition of dentistry

Dentistry involves the assessment, prevention, diagnosis, advice, and treatment of any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. Restricted dental acts (section 121 of the National Law) also apply to this definition.

The range of activities are considered to be the practice of dentistry and cover the widest range of any procedures that a person educated in dentistry can carry out.

All dental practitioners are expected to practise within the definition of dentistry and their dental practitioner division.

Dental practitioner divisions

Dentists may practise all parts of dentistry within their competency and training. They provide assessment, diagnosis, treatment, management and preventive services to patients of all ages.

Dental specialists are dentists who have undertaken additional specialised training and education and are required to have completed a minimum of two years' general dental practice to be eligible for registration as a dental specialist.

The 13 dental specialist types are:

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

The Board's *List of specialties* provides further detail of each specialty. The Board's [Specialist registration standard](#) further outlines the requirements for registration as a dental specialist.

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. Their scope may include periodontal/gum treatment, preventive services and other oral care.

Dental prosthetists provide assessment, diagnosis, treatment, and management of patients requiring patient removable prostheses including implant retained overdentures, and flexible mouthguards used for sporting activities. Their scope may also include the taking of impressions and records for the manufacture of splints, stents, sleep apnoea/anti-snoring devices and immediate dentures.

Dental therapists provide oral health assessment, diagnosis, treatment, management and preventive services for children, adolescents and in some cases for adults of all ages. Their scope may include restorative/fillings treatment, tooth removal, additional oral care and oral health promotion.

Oral health therapists are qualified in dental therapy and dental hygiene. They provide oral health assessment, diagnosis, treatment, management and preventive services for children, adolescents and, for adults of all ages. Their scope may include restorative/fillings treatment, tooth removal, oral health promotion, periodontal treatment, and other oral care to promote healthy oral behaviours.

The primary purpose of this section is for practitioners and employers to understand the scope of practice of each division. Further information about the dental team for consumers is published on the Board's website.

Practicing within your education, training and competence

Approved programs of study

In each division, registered dental practitioners must only perform those dental treatments for which they have been educated and trained in an approved program of study by the Board and in which they are competent.

Approved programs of study are programs accredited by the accreditation authority for the profession and approved by the Board under the National Law. The approved programs are those which, when successfully completed lead to registration as a dental practitioner in the division, specialty or endorsement in which the study was completed.

The alternative pathway is through another assessment, examination or qualification that qualifies a practitioner for general registration (section 53 of the National Law), specialist registration (section 57 of

the National Law) limited registration with the Board (section 65 of the National Law) or endorsement (section 99 of the National Law).

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 registered in the same division.

As a reference point, dental practitioners can refer to:

- a. The Australian Dental Council's (ADC) professional competencies for newly qualified dental practitioners. These describe the professional competencies for dental practitioners at the point of graduation from an ADC accredited program. These include:
 - o [Professional Competencies of the Newly Qualified Dentist.](#)
 - o [Professional Competencies of the Newly Qualified Dental Hygienist, Dental Therapist and Oral Health Therapist.](#)
 - o [Professional Competencies of the Newly Qualified Dental Prosthetist.](#)
- b. The Board in conjunction with the Dental Council (New Zealand) [entry-level competencies for dental specialists](#). These competencies describe the level of competence expected of applicants for registration with the Board and the Council.

Competent

Competent as defined in the ADC's [Attributes and competencies of a newly qualified practitioner](#) in each dental division means:

The behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill and values in an integrated response to the full range of requirements presented in practice.

It is not just about being able to carry out a procedure but having the understanding, skills and values to consider whether the treatment is justified under the individual circumstances, the risk of harm from performing the procedure.

Maintaining and broadening knowledge, skills, expertise and competence

Good practice involves keeping knowledge, skills, expertise up to date to ensure that a dental practitioner continues to work within their competence and scope of practice.

Continuing Professional Development (CPD) activities maintain, improve and broaden knowledge, skills, expertise and competence, and develop the personal and professional qualities required throughout a dental practitioner's professional life.

Dental practitioners wishing to broaden their knowledge, expertise and competence may do so by completing CPD.

All dental practitioners are responsible to select their CPD as described under **Practising within the definition of dentistry**.

If a dental practitioner decides to complete CPD that broadens their knowledge, expertise and competence (e.g. a CPD course to learn a new technique) they need to self-assess whether they have been provided with sufficient clinical experience to incorporate this new technique into their clinical practice.

Also, if a dental practitioner decides to broaden their knowledge, expertise and competence, they need to be mindful of other legislative and/or regulatory requirements as detailed below.

All dental practitioners are expected to comply with the Board's [Registration standard and Guidelines on CPD](#). Information on the CPD requirements and guidance on how to choose a CPD activity is available on the [Board's website](#).

How might the Board use the guidelines?

Registration standards, codes or guidelines may be used in disciplinary proceedings against health practitioners as evidence of what constitutes appropriate practice or conduct for the health profession under section 41 of the National Law.

Other legislative and/or regulatory frameworks

In addition to complying with the scope of practice requirements set by the Board, dental practitioners may also work in accordance with workplace agreements which cover clinical scope of practice.

Dental practitioners should be mindful of other regulatory requirements including a dental practitioner's capacity to possess, prescribe/supply and administer medications, complete radiographic procedures, treatment planning and referral, whether professional indemnity insurance covers any additional procedures or techniques, and practice in accordance with the Board's Code of conduct.

Authority

These guidelines have been developed by the Dental Board of Australia (the Board) under section 39 of the National Law.

Definitions

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Dentistry involves the assessment, prevention, diagnosis, advice, and treatment of any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. Restricted dental acts (section 121 of the National Law) also apply to this definition.

References

Dental Board of Australia, [Scope of practice registration standard](#).
Dental Board of Australia, [Specialist registration standard](#).
Dental Board of Australia, [Continuing professional development standard](#).
Dental Board of Australia, [Guidelines – Continuing professional development registration standard](#).
Dental Board of Australia, [Code of Conduct](#).

All documents referred to in the guidelines are published on this website, see www.dentalboard.gov.au.

Review

Date of issue: XX XXXX XXXX

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

¹ Sections 113 - 119 describe the title and practice protections under the National Law including the penalties for offences by individuals and bodies corporate; and section 121 of the [National Law](#) states that it is an offence to carry out a restricted dental act if you are not a registered dental or medical practitioner

² The term dentist refers to dentists, dental specialists and / or a group of dentists unless otherwise indicated.

³ In some states, dental assistants have state radiography registration enabling them to take dental radiographs.

Reflective tool for scope of practice

<<date>>

Scope of practice for dental practitioners

Dental practitioners should be aware of their scope of practice obligations as described in the Dental Board of Australia's (the Board) [Scope of practice registration standard](#) and [Guidelines for scope of practice](#).

All dental practitioners must only perform dental treatment, for which they have been educated and trained and are competent, and are expected to practice within the definition of dentistry and their dental practitioner division⁹.

As members of the healthcare team, dental practitioners should refer, delegate or handover patient care to an appropriate practitioner when the requirements of patient care are outside their scope of practice.

Why has the Board published the reflective tool?

The Board has developed a reflective tool. This tool is designed to support dental practitioners to reflect on their individual knowledge, skills and abilities and consider how their overall competence relates to their areas of practice as well as aid the continuous learning of practitioners through reflective practice.

As a registered dental practitioner it is your responsibility to ensure that you comply with the requirements of the Board's registration standard and guideline. You need to read the Board's registration and guidelines before using the document.

How should you use the reflective tool?

Regular reflective practice is part of a dental practitioner's responsibility in understanding and adhering to their scope of practice. It also helps teams and organisations understand how they are expected to work. As dental care is delivered using a team-based approach, this reflective tool can be used to support professional relationships between dental team members and ensure collective commitment to patient safety.

The dental profession's scope of practice covers the range of activities and responsibilities which individuals in the profession are educated, trained and competent to perform, within the relevant division.

The scope of practice of an individual dental practitioner is that in which the individual is educated, trained and competent to perform.

The individual's scope of practice will vary from practitioner to practitioner and may be more specifically defined than the scope of the division in which the individual is registered.

The scope of practice of an individual practitioner may also vary according to the clinical setting and situation.

You should self-review your individual scope of practice regularly especially when considering:

- updating or refreshing your knowledge and skills changes in your workplace setting or requirements
- before the introduction of new technologies, equipment and /or treatments into your practice

In addition to using the reflective tool, dental practitioners are encouraged to engage in reflective discussions about scope of practice with their teams, peers, mentors and other colleagues and to use

⁹ Refer to the *Definitions* section of this registration standard.

processes in their organisations or teams to verify practitioner qualifications, experience, training and competency.

This tool is not a substitute for the requirements described in the registration standard and guideline nor is it a comprehensive or definitive tool. You may find that you wish to add, modify or delete items as appropriate to your circumstances.

When reflecting on your own individual scope of practice, you should ask yourself:

Influences on scope of practice	Question	My response
Education and training	Have I completed the necessary education and training to carry out all of the components of my clinical practice?	
	Is my knowledge consistent with current evidence?	
	Have I identified any gaps in my current knowledge or training?	
Competence and experience	Can I articulate the range and types of treatments I provide?	
	Do I have the competence to safely carry out these treatments?	
	Can I manage any patient complications which may arise from these treatments?	
	Have I considered any previous adverse patient outcomes which may be relevant to my competence or experience?	
Registration requirements	Am I practising within the requirements of the Board's Scope of practice registration standard and guideline?	
	Is my conduct in accordance with the Board's Code of conduct including delegation, referral and handover of patient care?	
	Have I considered all of the aspects of my registration which are relevant to my practice, such as the type of registration which I hold and any conditions or undertakings on my registration?	
Legislation and regulations	Have I considered any additional legislative and regulatory requirements such as specific state and territory legislation?	
	If I intend to prescribe, supply or administer certain medicines, or perform certain radiographic procedures, have I met the requirements of my state or territory legislation and regulations?	
Clinical need	Do I understand all the factors relevant to my patients' clinical outlook, which may include health, social and cultural factors which are likely to impact treatment?	
	Can I communicate with patients about all of the expected risks and benefits of procedures in a way which is tailored to their specific needs and situation?	
Recency of practice	Do I practise across the range of my clinical scope at a suitable frequency to remain competent?	
	Have I considered the areas of my practice which I may need to refresh?	

Professional indemnity	Does my professional indemnity insurance provide cover for the clinical procedure(s) which I carry out?	
Workplace requirements and capacity	Have I considered any limitations which my workplace has on the range of procedures which I may provide?	
	Have I considered any additional requirements of my employer to carry out my practice, such as the need to be credentialed??	
	Do I have adequate materials, equipment, facilities and support to maintain patient safety during and after providing patient treatment?	

What if you identify gaps?

You should take whatever action is needed to meet your obligations.

If you answered no to, or are unclear on, any of these above questions, you should recognise your own limitations to your scope of practice and refer, delegate or handover patient care to another practitioner who is educated, trained and competent to undertake the practice or procedure. Most practitioners will encounter a threshold at which the nature or complexity of certain patient treatments will require referral, delegation or handover to a practitioner with the appropriate scope of practice, such as a dentist, specialist or medical practitioner.

Dental practitioners wishing to broaden their knowledge, expertise and competence may do so by completing Continuing Professional Development (CPD).

If you decide to complete CPD that broadens your knowledge, expertise and competence (e.g. a CPD course to learn a new technique) which is relevant to your profession's scope, you need to self-assess whether you have been provided with sufficient clinical experience to incorporate this new technique into your clinical practice.

All dental practitioners are expected to comply with the Board's registration standard and guidelines on CPD. Information on the CPD requirements and guidance on how to choose a CPD activity is available on the [Board's website](#).

Board's statement of assessment against AHPRA's *Procedures for the development of registration standards, codes and guidelines* and COAG *Principles for best-practice regulation*

Scope of practice registration standard and Guidelines for scope of practice

The Australian Health Practitioner Regulation Agency (AHPRA) has *procedures for the development of registration standards, codes and guidelines* 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 (the National Scheme) operates in accordance with good regulatory practice.

Below is the Dental Board of Australia's (the Board) assessment of its proposal for its **proposed revised** registration standard and guidelines 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 Board considers that the proposed revised registration standard and guidelines meets the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's main objective of protecting the public by ensuring only people who are suitably trained and qualified in a competent and ethical manner are granted and maintain general registration.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards and guidelines. The National Law also requires the Board to consult the other National Boards on matters of shared interest.

The Board is ensuring there is public exposure of its proposals and the opportunity for public comment by carrying out an eight week public consultation process. This process will include the publication of the consultation paper (attachments) on its website and informing dental practitioners through the Board's electronic newsletter sent to more than 95 per cent of registered dental practitioners.

The Board has drawn this paper to the attention of main stakeholders including the other National Boards.

The Board will take into account the feedback it receives when finalising its proposed revised registration standard and guidelines for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for best practice regulation

Board assessment

In developing the proposed revised registration standard and guidelines for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for best practice regulation*.

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

The 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 Board proposes minor changes to an existing registration standard. The proposed changes reflect the current practice of dental practitioners within their education, training and competence and provide greater clarity through the refinement 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 considered whether its proposal could result in an unnecessary restriction of competition among health practitioners. The proposal does not substantially change current requirements for registration and removes some requirements that are no longer necessary. It is not expected to impact the current levels of competition among health practitioners.

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

Board assessment

The Board considers that the proposed revised registration standard and guidelines will support consumer choice by continuing to facilitate access to health services provided by dental practitioners in a framework that ensures public protection.

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

The Board considered the overall costs of the proposed revised registration standard and guidelines to members of the public, dental practitioners and governments. It concluded that the likely costs are minimal when offset against the benefits that the proposed revised standard and guidelines contributes to the National Scheme.

Subject to stakeholder feedback on the proposed revision and if approved by the Ministerial Council, the proposed revised registration standard and guidelines should have very minimal effects on the costs to dental practitioners as the proposals do not substantially change current requirements for registration and removes some requirements that are no longer considered to be necessary.

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 Board considers the proposed revised registration standard and guidelines has been written in plain English and that it will help practitioners to understand the requirements of the standard. The structure of the registration standard and guidelines and some wording has been reviewed to make the registration standard and guidelines easier to understand.

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

If approved, the Board will review the revised registration standard and guidelines at least every three/five years.

The Board may choose to review the standard earlier, in response to any issues which arise or new evidence which emerges to ensure the standard's continued relevance and workability.