Submission to the Dental Board of Australia on the:

**Draft Scope Registration Standard and Guidelines**

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This submission is directed largely to the issue of Dental Hygienists and Oral Health Therapists working in Residential Aged Care Facilities or as part of a multi-disciplinary health team in aged care services.

1. The proposed changes are a great advance over the original standards and guidelines but there are still some gaps and inconsistencies.
2. Under *2. Reflection of practice* the Amendment is silent on the "range of environments" in which OHTs, DTs and DHs may work. This is because the final sentence, which included reference to direct supervision, has been deleted from the current standard in its entirety. It would therefore have to be "read into" the standard that OHTs, DTs and DHs could work in settings outside those directly on-site within a dental team to which the OHT, DT or DH had a "structure professional relationship". The definition of the "structured professional relationship" anticipates a contractual relationship, but it does not pick up the issue that OHT,DT, and DH is able to work in settings remote from the dentist/dental specialist with whom they have the structured relationship. Without explicit reference, this may impact on OHTs, DTs and DHs working autonomously in settings such as a school dental clinic, residential aged care facility or in home-visiting.
3. The draft guideline could be expanded to contain some examples of what is meant by the "structured professional relationship" and may also be the place to clarify the variations in settings where OHT, DH and DT may work autonomously.
4. In discussions of how the "dental team" functions, while there is a clear enunciation of the dentist as head of the team – there is no reference to developing models of shared-care and shared-responsibility teams evident in much of medical and allied health practice. Each member of the dental team will have a leadership role in their area of expertise and this should be recognised within the notion of Team Care. For example, competencies and expertise in oral health promotion and patient communication/behaviour change could in fact be led by an OHT, DH or DT as distinct from the overall case-management of an individual's clinical treatment plan which would be led under the "structured professional relationship" by the dentist.
5. The distinction between the "independent dental prosthetist" and the "non-independent OHT, DT, DH" whom are required to have a structured professional relationship with the dentist/specialist dentist is inconsistent with the education and training components of the different practitioners and their legal professional responsibilities. At some stage along the consultative and evaluation process, the Board will need to reconsider this inconsistency.

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