

24 June 2013



Dental Board of Australia
Executive officer
GPO Box
Melbourne VIC

RE: DBA Scope of Practice Review

Please find below feedback from ACODS on the public consultation paper on the draft Scope of practice registration standard and draft Guidelines - Scope of practice registration standard. Overall the School supports Option 2, with the following additional comments:

1. ACODS notes and endorses the key requirement in the standard that dental therapists, dental hygienists, oral health therapists and dental prosthetists 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. **Minority view – this is also true for dentists and dental specialists.**
2. ACODS points out that the ADC approved lists of competencies of new graduates from dental therapy, dental hygiene, oral health therapy and dental prosthetics programs provides a baseline for establishing the range of activities which fall within the scope of practice for each group. **Minority view – this is also true for dentists and dental specialists.**
3. The need for a formal and structured professional relationship with a dentist provides the appropriate referral pathway for cases and treatments beyond the scope of the dental therapist, dental hygienist or oral health therapist, or dental prosthetists. This emphasizes the team concept. ACODS believes that a template for such a relationship document would be very worthwhile. Given the move to such formal relationships, the School believes that the use of the term "supervision" would no longer be necessary. Thus, the suggested Option 2b is supported.
4. ACODS supports the wording "Dentists and/or specialist dentists work as independent practitioners who may practise all parts of dentistry included in the definition of dentistry."
5. ACODS suggests that the following be retained" "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."

6. ACODS agrees that formal approval (i.e. by the DBA or delegated authority) is needed for continuing professional development (CPD) courses which extend the scope of practice for a dental therapist, dental hygienist or oral health therapist, or dental prosthetist . Only CPD courses which have met this formal requirement should be able to be recognised for scope extension, and advertised as such. **Minority view – all dental practitioners should be treated in the same way in terms as the requirement for CPD courses. CPD courses should not only be for dental therapist, dental hygienist or oral health therapist, or dental prosthetist.** They should only be offered by established tertiary education institutions. **Minority view – not all CPD courses should be offered by tertiary education institutions. However, all CPD courses should be accredited by the Dental Board of Australia.**

7. ACODS notes that the age restriction for dental therapists and oral health therapists when practicing dental therapy on persons of all ages relates to the training which they received - either during their primary training or at an approved scope extension course subsequently.

8. Each type of dental professional should ensure that their employment situation takes into account their scope of practice - i.e. that employers of dental therapists, dental hygienists, dental prosthetists and oral health therapists seek information about the scope of practice based on the ADC/DBA listing and any subsequent completions of scope extension courses. **Minority view – delete reference to ‘employers’ as all dentists who work with OHTs, DTs and DHs should seek this information and not all of these work within an employer : employee relationship. Within a dental team approach, some OHTs, DTs and DHs work as partners, associates or colleagues, not employees.**

9. The view of ACODS is that any considered extension in the area of dental therapy practice must be limited to simple restorations in the teeth of adults which do not require complex retention methods beyond normal cavity preparation, on teeth which do not require endodontic treatment for pulpal pathosis. Minority view – reference to endodontic teeth should be deleted in for an OHT with adult scope of practice to be able to place a GIC temporary restoration in a tooth which has had previous endodontic treatment .Such work would be best done only when there is a dentist on site in the same facility. **Minority view – reference to a dentist being on site should be deleted as it all depends on the ‘professional structured relationship’. ACODS emphasizes that the primary function of these dental professions (i.e. prevention of dental diseases, oral health promotion, and minimally interventions) must remain their primary focus within the profession.**

10. Context of comments above:

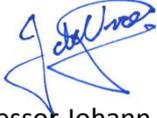
10.1 None of the Australian programs in OHT, DT or DH are accredited to produce graduates with the ability to enter independent practice, where as the dental programs are accredited for their graduates to enter independent practice.

10.2 Scope of practice for OHT, DT or DH must be exercised in a framework where complete care and responsibility is supported.

10.3 ACODS supports a team-based approach

10.4 Any OHT, DT or DH program which would expand the scope of practice to independent practice would need to be reassessed and accredited by the ADC/DBA

Yours Sincerely



Professor Johann de Vries
PRESIDENT: Australasian Council of Dental Schools