



Australian Society
of Orthodontists

17 June 2013

Executive Officer
Dental Board of Australia
Email: dentalboardconsultation@ahpra.gov.au

Draft Scope of Practice Registration Standard and Guidelines

The Australian Society of Orthodontists has set out below its submission to the Dental Board of Australia public consultation regarding the Scope of Practice for Dental Health Professionals within Australia.

Answers to the questions posed in the consultation paper appear immediately below, followed by the full Australian Society of Orthodontists submission.

Currently there are no guidelines in orthodontics bridging the gap between general dental graduates who have no training in fixed orthodontic treatment and the three year postgraduate trained specialist orthodontists registered with the Dental Board.

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?

No

The Australian Society of Orthodontists disagrees that the revision to the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice competencies.

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A large percentage of general dental practitioners who are incorporating fixed orthodontics within their general practices are operating outside their trained scope of competencies.

2. Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public?

No

Introduction of appropriate guidelines would clarify the appropriate scope of practice for each group of practitioners for dental practitioners and the public. The Board's proposal does not provide a prescriptive scope of practice for each group of practitioners.

3. Are there additional factors which could be included in the guidelines to support the standard?

Yes

Additional factors which the Australian Society of Orthodontists suggests could be included:

- a. Exclusion of general dentists working as clinicians in specialist orthodontic practices.
- b. Exclusion of combined surgical/orthodontic treatment from general dentist's scope of practice.
- c. Extension of the range of duties for therapists, hygienists and oral health therapists in specialist orthodontic practices.
- d. Creation of Dental Board of Australia education standards for the extension of general dentists scope of practice for orthodontic treatment.

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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?**

No

The current list diminishes the protection of the public and fails to define any prescriptive skill definitions.

The Australian Society of Orthodontists suggests some prescribed procedures be added to the list of skills requiring approved programmes to extend the scope of practice for all practitioners.

These procedures include:

- a. Intraoral appliances to manage sleep apnoea and snoring.
- b. The use of Botox.
- c. The use of lasers.
- d. Full and complex fixed orthodontic appliance treatment.

5. **Does the preferred proposal balance the need to protect the public with the needs of regulating the profession?**

No

The proposal reduces the current public protection and will further deregulate the profession to the detriment of public safety. The Board should be looking to strengthen public protection and give guidance to what are the appropriate scopes of practice for all dental professionals.

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Australian Society of Orthodontists Full Submission

The Australian Society of Orthodontists (the “**ASO**”) is the largest dental specialist society in Australia. It represents over 90% of all registered orthodontic specialists and over a third of all specialists registered with the Board.

The ASO has an active role in education providing teaching support to all Australian undergraduate and post graduate training programs as well as curriculum input.

The ASO also funds orthodontic research in Australia and assists the Australian Dental Council in accrediting specialist training programs in Australia and New Zealand.

At the current time no general dental training program in Australia teaches the use of full fixed orthodontic appliance therapy. General dental training is limited to recognition of clinical problems, minor tooth movement and some early interceptive care. General dental training programs do not equip graduates with the skills to manage complex orthodontic treatment.

The DBA proposal that standards should reflect current educational based practice through the introduction of guidelines is wholly supported by the Australian Society of Orthodontists. The ASO is making submissions on the scope of practice in four main areas.

1. Hygienists, Therapists and Oral Health Therapists.

The ASO suggests all three of these categories of practitioners be permitted to carry out the following procedures in supervised specialist orthodontic practices:

- a. The selection of orthodontic bands.
- b. The removal of orthodontic archwires, bands and attachments.
- c. The taking of impressions for study models and intra-oral scanning for 3D modelling.
- d. Dental health education including dietary counselling for dental purposes.
- e. The placement of intra-oral retainers.

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- f. The emergency repair of broken intra-oral appliances under direction.
- g. The placement of orthodontist selected archwires.
- h. Clinical photography.

These duties reflect the current practice and ASO policy for auxiliaries working within specialist practice.

Dental therapists' restriction to treating persons under the age of 18 years should be removed when working within a specialist orthodontic practice as they are capably trained to carry out the procedures outlined above on patients of any age.

The ASO is opposed to this group of practitioners carrying out limited orthodontic care as it is clearly outside their scope of education. The provision of limited orthodontic care is currently the level of education of general dental practitioners.

2. General Dentists working within specialist practices

The ASO policy for some time has been that general dentists not be employed in clinical roles within specialist orthodontic practices.

This policy was implemented to overcome confusion in the mind of patients and the general public regarding the qualification of practitioners providing treatment for them.

The possible inability of patients and the public to distinguish general from specialist treatment providers in a specialist practice environment, whether by intent or not had been raised with the ASO previously and is something the Dental Board should examine closely.

3. Programs to extend the scope of practice

The ASO supports the DBA defining education programs to extend the scope of practice and educational activities that are undertaken for continuing professional development credit.

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Programs to extend the scope of practice may cover a range of skills which allow dental practitioners to broaden their education, training and competence in certain areas.

The ASO believes that APHRA is currently unable to identify appropriate qualifications and certifications for dentists who undertake various levels of orthodontic treatment leaving general practitioners to self-assess what is “sufficient training”.

The current requirement for specialist orthodontic training is a 3 year full time university based clinical and research program after a minimum of 2 years general practitioners experience.

As general dentists graduate without any training in full fixed orthodontic appliance treatment the current unregulated continuing education market with courses of as little as two days, ostensibly teaching such procedures and treatments, are not in the interests of the general public. These courses do not warrant an extension of practitioners' scope of practice.

It is also leaving APHRA powerless to regulate as there are no measurable standards. Programs to extend the scope of practice in orthodontics should require Dental Board of Australia formal approval.

4. Combined orthodontic and orthognathic surgical treatment cases including osteogenic distraction.

General dentists are currently excluded from providing complex treatment of this nature to patients with cleft palates and cranio-facial abnormalities under the Medicare CLaCPS.

The ASO has become increasingly concerned that with the encouragement of a flourishing CPD based continuing education market general dentists are being offered short courses in the treatment of combined surgical and orthodontic cases.

The ASO suggests that complex surgical interdisciplinary cases be placed outside the scope of practice for general dentists.

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Conclusion

The National Board's proposal that standards should reflect the current practice of dental practitioners practicing within their education, training and competence and provide greater clarity through the introduction of guidelines is wholly supported by the Australian Society of Orthodontists.

Members of the dental profession need to understand their educational and training limitations as ultimately the public deserve an assurance that they are seeing and being treated by appropriately trained practitioners.

As a peak specialist body the ASO is of the opinion that our input should have been sought directly at an earlier consultative stage. The Australian Society of Orthodontists would be delighted to provide input in any future consultation on the scope of practice or any matters relating to orthodontics.

As the proposed options do not offer any improvement of the current standards the ASO advocates Option 1.

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