

SUBMISSION PAPER FOR DBA – PROPOSED CHANGES TO SCOPE OF PRACTICE.

The Dental Board of Australia has proposed regulatory changes in regard to the scope of practice/supervision requirements/independent practice of the divisions of Dental Hygienists, Dental Prosthetists, Dental Therapists and Oral Health Therapists.

These proposed changes are supported by improvements in standardised training requirements and accreditation provided by the Australian Dental Council and the DBA.

DBA and AHPRA statistics on dental practitioner notifications also appear to support these changes – showing low notification rates in the practice divisions involved in this proposed set of changes. The DBA's core function is the protection of the public – these figures are consistent with a Risk Based approach in regulatory change.

These proposed changes mean that the important relationship between the DCNZ and DBA are harmonised and trans Tasman mobility of the dental practitioner workforce is enhanced.

The changes allow for potential mobility of dental practitioners from supervised, into full independent practice – providing an enhanced potential career path for these practitioners.

This in turn may improve the public's access to dental care as well as providing greater choice in dental health care.

These potential improvements are completely consistent with the expectations of COAG and the Ministerial Council in regard to regulatory reform.

The proposed changes are another step towards the removal of barriers to independent practice registration and comply with Productivity Commission and COAG policy directions.

Direct consultations between the DBA and the Professional bodies of dental practitioners directly affected, have received positive support for the proposed changes.

From a risk management perspective, there are some clear areas of concern within the proposal that could be addressed by taking a more cautious path towards the granting of the right to independent practice.

From a risk based point of view I would suggest some refinement of, and improvements in, this proposal.

I believe that it is important that consideration be given to the following amendments to the proposed changes to the current regulations.

1/ - That the proposal as it relates to Dental Hygienists and Dental Prosthetists, remains unchanged. These divisions carry out treatment that does not involve the provision of irreversible procedures and much less likely to be involved in a low incidence, high impact, adverse treatment outcome.

Low incidence, high impact, adverse events have the potential to affect both individuals and even large groups of patients.

The risk for this type of adverse event increases disproportionately as the complexity of clinical procedures being performed becomes greater.

The risk to the public is much greater in the divisions of OHT and DHT

This is not to say that this risk cannot be better measured and effectively managed, it does however support some revision of the proposed changes to take this into account.

In many ways, the Reflective Tool developed by the DBA helps mitigate this risk but it is not likely to be as effective as intended in all circumstances, especially where there is a lack of direct clinical experience to inform practitioners on how best to apply it.

2/ - That OHT and DT practitioners with less than 5 years postgraduate experience should remain under supervision by and in structured professional relationships – and that current regulations remain in effect until this experience, attained within what might be referred to as an internship, has been accrued.

This would help ensure that all newly independent practitioners allowed registration are of higher calibre and better versed in the complexities and responsibilities that attend a move into independent practice.

These divisions, due to their provision of surgical and irreversible procedures, carry a much greater level of responsibility when it comes to public safety and the regulatory framework needs to reflect this situation.

The ADC in its documents relating to expected competencies for new dental practitioners clearly outlines the difference in the expectations of practitioners who will be performing irreversible and/or surgical procedures on patients.

Competency is presented by the ADC as the result of both clinical training and experience.

It requires reflection, not only on the “How” to perform irreversible procedures, but also on the “When” and “If” the particular procedure is warranted in a particular case and circumstance.

The supervision requirements, as they currently apply, in regulations for OHT and DHT divisions should reflect this.

Structured professional relationships have been in place for a number of years and in many ways have been working very well.

The requirement for a structured professional relationship/supervision need not apply to all OHT and DHT practitioners.

Any suitably qualified OHT or DHT with 5 years experience in a structured professional relationship, with clinical oversight by a dentist or dental specialist, will still be able seek recognition as an independent practitioner.

Amending the DBA proposal by making the above changes establishes a clear pathway to independent practitioner status and it preserves existing structured professional relationships/supervision requirements for less experienced practitioners, with fewer accrued clinical competencies.

3 years of training in an accredited University graduate level course, or its equivalent – and an additional 5 years post graduate, clinical experience in a structured professional relationship, should be regarded as the minimum standard for qualification as an independent practitioner in the divisions where the performance of irreversible and/or surgical dental procedures are carried out.

Practitioners meeting these requirements will be able to make far more informed use of the “Reflective Tool” developed by the DBA because of the experience they have gained working under direct/indirect supervision of a dentist or dental specialist.

In addition to the competencies they have been able develop in structured professional relationships, they will be far more experienced in the complexities and challenges associated with treating their patients.

In this way Independent Practitioners within these divisions have the potential and ability to expand their roles within the dental team and extend their individual scope of practice.

When being treated by an Independent Practitioner - a member of the public will have the added assurance that the professional treating them has the necessary skills, competencies and experience required to manage their dental treatment without the clinical oversight of a dentist or dental specialist.

These amendments have very little impact on the overall aims of the proposed changes – they will only apply to the divisions of DHT and OHT. Within these divisions it is still open for OHT and DHT professionals to seek Independent Practitioner status where both the training and experience benchmarks described, have already been achieved.

3/ - That the review period for these regulatory changes is set at 5 years. This will allow for further research into and measurement of the impacts of these changes on public safety, public accessibility to dental care and choice in health care decision making.

In five years, there will be much more robust statistical information available from research projects currently being undertaken by AHPRA and the DBA that will allow for a more informed analysis of the impacts of the regulatory changes being made.

Other stakeholders, including the professional associations of dentists and dental specialists, will hold a variety of views on the proposed changes outlined in the DBA's Public Consultation Document, not all of these will be supportive of the proposed changes.

An amended proposal as outlined here, will almost certainly have more chance of achieving a middle ground between elements opposing any reform at all, those supportive of the proposed changes in their current form and those who are broadly supportive but with reservations about aspects of the changes proposed by the DBA.

A five year review period also ensures that further regulatory reforms in this area will be well supported by robust research and acknowledge the complexities involved in the development and implementation of this significant regulatory reform.

I believe the amendments I have put forward for consideration will enhance and improve the proposed changes to scope of practice requirements, they do not detract in any way from the shared aims and direction of key strategic partners such as DCNZ, COAG and the ministerial council.

The support of professional associations in the divisions of Dental Prosthetist, Dental Hygienist, Oral Health Therapist and Dental Health Therapist is unlikely to be adversely affected by these amendments to the proposal relating to changing the scope of practice.

These amendments still provide for an alternative pathway to independent practice – without the potential to be viewed by the public and other stakeholders as a shortcut to becoming an independent practitioner.

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