



19 June 2013

Dr John Lockwood  
Chair, Dental Board of Australia  
GPO Box 9958  
Melbourne VIC 3001

email: [dentalboardconsultation@ahpra.gov.au](mailto:dentalboardconsultation@ahpra.gov.au)

Dear Dr Lockwood

**Re: Consultation on the draft Scope of Practice Registration Standard and associated Guidelines**

The Australian Dental Association Victorian Branch (ADAVB) provides the following response to the consultation on the draft Scope of Practice Registration Standard and associated Guidelines. This follows an earlier submission made to the preliminary consultation process, and supports the submissions made by our federal body (ADA Inc.) and other ADA Branches, both to the preliminary consultation process and the current process.

Firstly, the ADAVB would like to note that dentists throughout Australia have been alarmed to read the draft guidelines as they have understood them to mean that various aspects of their practice which have been included by virtue of skills and techniques developed subsequent to their graduation and initial registration will no longer form part of their scope of practice. On the one hand they read that Allied Dental Practitioners (ADPs) can do anything they think they can do, while on the other hand they believe dentists' scope has been narrowed. If this was not the Board's intention then there is a need for significant amendment of the Guidelines, so that greater clarity is achieved.

ADAVB offers the following responses to the consultation questions:

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? (Why or why not?)
  - No. The ADAVB previously made suggestions for amendments to the text within the draft Standard which would provide greater clarity for practitioners, and this text was not adopted in the revised draft for public consultation. As such, we do not agree that the revision to the Standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice. Clarity can only be achieved if there is clear specification of scope of practice.
  - The ADA Inc. has submitted a detailed document to the Board which provides suggested amended text for both the Standard and Guidelines which reflects the views of the Association and its Branches.

**Australian Dental Association  
Victorian Branch Inc.**

Level 3, 10 Yarra St South Yarra  
PO Box 9015 South Yarra Vic 3141  
Phone: 03 8825 4600  
Fax: 03 8825 4644  
[ask@adavb.org](mailto:ask@adavb.org)  
[www.adavb.net](http://www.adavb.net)

ABN 80 263 088 594  
ARBN 152 948 680  
Reg'd Assoc No. A0022649E

2. Do you agree that the introduction of the Guidelines further supports this clarity for a) dental practitioners and b) the public? (Why or why not?)
- ADAVB previously commented that the Guidelines are missing important additional documentation that would further enhance clarity for dental practitioners, including details about how a 'structured professional relationship' may work. In line with comments made by the ADA Inc., the ADAVB suggests that documents are developed to guide members of the dental team in applying their scope of practice.
  - The documents could come in the form of a general guide and a FAQ collection. The ADAVB believes both of these formats would be suitable for further guidance material.
  - The public will be unlikely to access material about scope of practice in its current form. Additional material using plain language statements is required to demonstrate to the public:
    - The role of the dentist as clinical team leader
    - The difference in qualifications between dentists and ADPs
    - Details about the difference between roles performed by dentists and ADPs
    - Advice to the public about how to determine if a practitioner has formal education and training in a particular area of practice
    - The accountability of each practitioner.
3. Are there additional factors which could be included in the Guidelines to support the Standard?
- The Guidelines, as currently drafted, do not clarify either to practitioners or the public the differences in services provided by the practitioners.
  - It would be helpful to include some comment on patient information on care options. The draft Guidelines do not offer the public any clear information on who is most appropriate to provide dental care to each patient. With the patient being at the centre of the team approach, it is important for them to be able to make an informed decision about who is qualified and experienced enough to provide their individual treatment.
  - Information supplied in the ADA Inc. submission offers the solution as to how the Guidelines can support the Standard and thus provide the degree of certainty and clarity required to best serve the interests of ensuring safety and quality in health care delivery.
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?
- The ADAVB echoes the ADA Inc.'s position that if an allied dental practitioner wishes to practise with a significantly increased scope of practice and no supervision, then they need to train as a dentist.
5. Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)
- No. The ADAVB has stated previously that there should be greater clarity demonstrating the clinical lead role of a dentist throughout the documents. ADA Inc. has provided detailed suggested text demonstrating how this can be done.
  - The inclusion of dentists in the proposed extension of scope fails to recognise the principles of a dentists' education which provides the foundational knowledge and competencies to incorporate innovation, techniques, procedures, materials and technology in a cost effective and safe manner.

6. Other comments:

- Dental professionals around Australia are already working effectively in teams to provide dental care.
- However, the ADAVB is concerned that without clear definitions and processes for documenting scope of practices boundaries, the Standard of care for some patients may be substandard and there may be increased instances of incorrect diagnoses and people may miss out on treatment that they require.
- The ADAVB maintains that allowing lesser trained individuals to perform extended scope of practice will be detrimental to public safety. State Dental Health Services were not obliged to disclose adverse outcomes in the period prior to national registration; therefore currently there is limited data available about complications and complaints related to these groups.
- Comprehensive oral examinations are extremely important for the correct diagnosis of dental conditions. A comprehensive oral examination should firstly be undertaken by a dental professional whose training and experience makes them aware of a wide range of dental conditions. This is especially important for complex patients including those with co-morbidities. A dentist should therefore undertake an initial comprehensive oral exam, and refer those patients as appropriate to other dental professionals whose scope of practice authorises them to treat.
- The notion of accountability is also an issue which must be considered. Whilst a dentist is seen to be the clinical leader of the team, and the practitioner responsible for guiding staff members, the Guidelines must specify that each practitioner is ultimately responsible for the treatment that they provide. A dentist can provide guidance and advice to other staff members, but must not be held accountable for poor treatment by those practicing (within their scope) in their dental team.
- In addition, if the Guidelines allow an ADP to practice independently (i.e. in their own practice - an arrangement that the Association strongly opposes), albeit in a 'structured professional relationship' with a dentist in another practice, the liability borne by that dentist and the steps they are required to use in dealing with any interaction with the ADP or the ADP's patient needs to be more clearly defined. It is certainly not appropriate for any dentist to be held responsible for outcomes in a treatment plan in which they have never actually seen the patient.

Yours sincerely



Garry Pearson  
Chief Executive Officer