

Public Consultation

Dental Board of Australia (National Board) Draft Scope of practice registration standard and guidelines

Prepared By:	Dental Council of NSW
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DETAILS OF THE CONSULTATION

Document being consulted on:	Draft Scope of practice registration standard and guidelines – May 2013
Closing date:	Wednesday 19 June 2013
Responses to be sent to:	dentalboardconsultation@ahpra.gov.au

OVERVIEW

The primary responsibility of the Dental Council of New South Wales (the Council) is to deal with complaints about the conduct, professional performance, health and competence (fitness to practise) of any dental practitioner employed in New South Wales and any dental student.

The Council submits this paper in response to the proposed revision of the Dental Board of Australia (DBA) Scope of Practice registration standard, and introduction of accompanying Guidelines.

The Council notes that various stakeholders received a preliminary consultation paper; the Council did not have the opportunity to comment on this initial paper. To the best of its knowledge the Council has not sighted the stakeholder feedback.

It is noted that, based on reported stakeholder feedback, DBA recommend revision of the standard and development of a supporting guidelines document (p6).

Council recognises that DBA have reported feedback that;

- *There is support for the team approach to dental care*
- *The standard should reflect the current practice of dental practitioners within their education, training and competence*
- *The standard should not be prescriptive*
- *Further clarification of certain issues in the 'Guidelines – Scope of practice registration' (the guidelines) is required, and*
- *There is need for a mid-tier approval of program process for education programs which expanded scope in some areas.*

Council notes that the review of the standard is aimed at;

- *Providing certainty to all divisions of dental practitioners on their scope of practice, and*
- *Providing protection and certainty to the public in recognising the divisions of dental practitioners and their scope of practice.*

RESPONSE TO CONSULTATION QUESTIONS

Question 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?)

Council notes that feedback from the original consultation paper indicated that practitioners felt there was “uncertainty about their scope of practice” and that “removal of more prescriptive requirements” meant that “dental practitioners were unclear about their scope of practice requirements” (p3).

This feedback indicates that practitioners would welcome a clearer definition of scope of practice, and that such definitions should be applied to all members of the dental team. The Australian Dental Council (ADC) has developed ‘competency documents’ for newly qualified dentists, dental hygienists, dental therapists and oral health therapists; these could form an initial platform for defining scope.

Further, based on the documents sighted, Council is confused as to why a less prescriptive approach is advocated. The evidence in the DBA paper would indicate to the contrary.

Council wishes to express some confusion about the term “independence”; this is at odds with the concept of a team approach to care, as cited in the AHPRA Health Practitioner Code of Conduct.

The proposed changes do not address the need to define scope. The Council believes that a clearly defined scope of practice for all dental practitioners will result in a more structured, effective and efficient workforce.

Question 2: Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public? (why or why not?)

Council believes that explanatory guidelines are an important element of the standard. It is imperative that the public is fully aware of the different education, roles and responsibilities of each member of the dental team, in order that they make a fully informed choice about their care.

In their current format, the guidelines will be of some benefit to the various team members however the Council believes that clear, unambiguous and factual information should be available to the public. Such information should be available to all patients at all stages of their care.

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

Council believes that it is critical that all team members are fully aware of their own qualifications, strengths and potential limitations. As mentioned above, Council believes that the practitioner must have the self-awareness to determine their qualifications, experience and ability to provide the highest quality care to the individual.

Council identifies the need for all practitioners to be transparent and recognise the need to refer outside their individual scope. Development of a precise scope of practice for each team member would eliminate confusion for providers and recipients of care (refer above).

Question 4: Do you agree with the list of skills in the guidelines relating to programs to expand scope? Are there additional skills which the National Board should consider adding to the list?

Council is unaware of the genesis of this list of programs to expand scope. Of the scopes listed, many are included in existing undergraduate courses; Council assumes their inclusion is to address practitioners from ‘non-accredited’ programs.

It is clear to Council that there needs to be a clearly informed policy, and process to consider additional scopes of practice. This is not evident in the discussion document.

Council believes that it is critical that there is broad consultation on additional scope, and that the accreditation of such programs, including competence in that scope, is essential.

Question 5: Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (why or why not?)

Based on responses above, Council does not believe that the proposal protects the public. There is little consideration of how the team approach (“structured professional relationship”) will work, how members of the public will be informed of their choices and how the individual team members will really understand their scope of practice.

In addition, each practitioner, in their respective division, must be accountable for their actions and carry appropriate professional indemnity for public protection.

Council believes that all practitioners should have realistic self-appraisal skills so that they may guide the public in their choice of care.

SUMMARY

In summary, Council accepts that DBA has elected to revise the standard but has concerns about how the proposed revisions will enhance care, promote teamwork and provide public protection.

Clear definitions, based on competence, education/training and experience should be simplified and made more specific.

William O'Reilly
President