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Concerns regarding draft *Scope of practice registration standard* and guidelines

Dear Dental board.

Please see a few concerns and comments in red in the text below.

1. Reflection of practice

Current	Proposed change	Rationale for proposed change
Is not in the current standard	Insert additional point under <i>Requirements</i> : All dental practitioners are members of the dental team who work together within their particular areas of competence, to provide the best possible care for their patients.	<ul style="list-style-type: none"> Dental practitioners working together as a team is positive for the profession and public. Better reflects actual current work practices. There is support in the HWA report and feedback from stakeholders to reflect a team based approach

The proposed changes softens the existing structure.

Following the next paragraphs this will

undermine the authority of a dentist.

I don't see a need to change the current situation

2a

Under *Requirements*:

Dental hygienists, dental therapists and oral health therapists exercise autonomous decision making in those areas in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners. They may practise in a range of environments that are not limited to direct supervision.

Amend to:

Dental hygienists, dental therapists and oral health therapists are members of the dental team. They practise in a range of activities included in the definition of dentistry in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners.

Key deletions:

- They may practise in a range of environments that are not limited to direct supervision.
- The definition of supervision.

- Recognises the strengths of the team approach and that dental hygienists, dental therapists, and oral health therapists refer to team leaders when necessary.
- Is less prescriptive.
- A structured professional relationship better reflects how dental hygienists, dental therapists and oral health therapists operate.
- As it has been proposed that the term 'direct supervision' be removed, the definition of supervision is no longer relevant.

It is very dangerous to have a less descriptive role. I prefer the current description as this clearly defines the role and responsibility of each team member. Supervision by a dentist is worldwide accepted and highly recommended to meet international standards in patients care.

Current	Proposed change	Rationale for proposed change
<p>2a</p> <p>Under <i>Requirements</i>:</p> <p>Dental hygienists, dental therapists and oral health therapists exercise autonomous decision making in those areas in which they have been</p>	<p>Amend to:</p> <p>Dental hygienists, dental therapists and oral health therapists are members of the dental team. They practise in a range of activities included in</p>	

formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners. They may practise in a range of environments that are not limited to direct supervision.

the definition of dentistry in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners.

Key deletions:

- They may practise in a range of environments that are not limited to direct supervision.
- The definition of supervision.

See comment above, I prefer the current requirements because they clearly point out that the dentist is the leading and supervising authority in oral health. This only works under direct supervision of a dentist.

2b

Is not in the current standard

Insert a definition under *Definitions* of a structured professional relationship:

Structured professional relationship means the arrangement established between a dentist and/or specialist dentist(s) or group of dentists, and a dental hygienist, dental therapist, oral health therapist, and/or dental prosthetist to provide professional advice, in relation to the management of patients within their scope of practice. It provides the framework for the referral of patients from the dentist and/or specialist dentist to the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists, and referral to the dentist and/or specialist dentist when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetist.

- Including a definition of 'structured professional relationship' clarifies the Board's expectation for seeking professional advice and referring patients for care outside of a dental practitioner's scope of practice.

2c

Under *Definitions*:

Amend the definition to:

Independent practitioner means

Independent practitioner means

a practitioner who may practice without supervision.

a practitioner who may practise without a structured professional relationship.

Under *Requirements*:

Dentists work as independent practitioners who may practice all parts of dentistry and are the clinical team leaders. 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.

Amend to:

Dentists and/or specialist dentists work as independent practitioners who may practise all parts of dentistry included in the definition of dentistry. Where there is a structured professional relationship or referral relationship then the dentist and/or specialist dentist is the clinical team leader.

Key deletion:

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.

- The intention of the standard is that dental practitioners must only perform dental treatment for which they have been formally educated and trained in programs of study approved by the Board and in which they are competent.
- Is less prescriptive.
- ***This less prescriptive is very dangerous as this might widen the scope of practice. I very much prefer the current requirements which clearly ensures best treatment for the patient. Sleep apnoe is a medical condition which needs treatment of a profession with a strong medical background . I don' t see this with in the curriculum of the prothesists but I see this clearly in the curriculum of the dentist. As prothesist have a 3 years curriculum and 2 year clinical work I don't see any space in the curriculum to fit this new medical curriculum in.***

Current	Proposed change	Rationale for proposed change
<p>Under <i>Requirements</i>:</p> <p>Dental prosthetists work as independent practitioners in making, fitting, supplying and repairing removable dentures and flexible, removable mouth guards.</p>	<p>Amend to:</p> <p>Dental prosthetists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry.</p>	<ul style="list-style-type: none"> • Is less prescriptive. <i>less descriptive is very dangerous as it does not specify clearly. I prefer a clear description</i> • Range of activities is included in the definition of 'dentistry' in the guidelines. • The Guideline includes a detailed descriptor of dental prosthetists.

2. Further clarification of the standard

Current	Proposed change	Rationale for proposed change
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There is currently no guidelines published on scope of practice

Publish a guidelines document that includes the following.

- **A description of the dental profession**

Description of 'dental profession':

- provides a definition of dentistry
- describes and clarifies each dental division and the team approach
- increases the public's understanding of the role of dental practitioner divisions, and is supported by the HWA report which recommended the development of a general description of all dental practitioners which is understandable by the public.

- **Education and training requirements** for oral health therapists and dental therapists on the treatment of patients of all ages

To be included to clarify the minimum standard of modalities the National Board expects to be taught and assessed for dental therapists and oral health therapists when practising dental therapy on persons of all ages, as

- the HWA report suggests there is confusion about the age restriction, and
- National Board has received queries from dental practitioners on this issue and therefore seeks to clarify it in the guideline.

' of all ages' means in the permanent dentition at all ages. This is dangerous and would weaken and strongly overlap the scope of a dentist. This in combination of indirect supervision indicates new dental practices and I am worried about quality of the treatment and safety of the patient.

The feedback received to date generally supports three distinct areas of education:

- formal education
- programs to extend scope, and
- continuing professional development.

- **National Board approved programs which may extend a dental practitioner's range of practice.**

The proposal that the current add-on program list becomes a historical document from 31 December 2013;

The range of skills listed in

the guidelines form a new list of programs which lead to an extension of scope and will be effective from 1 January 2014.

Only programs which fit the range of skills and which lead to an extension of scope will be included in the *Extension of scope of practice list of programs*.

Kind regards

Florian Mack