

This document is submitted for consideration and follows discussion by members of the Planning Committees of the DClin Dent (Prosthodontics) and the Grad Dipl Clin Dent (Oral Implants), The University of Sydney.

Iven Klineberg, Terry Walton, George Pal on behalf of the Planning Committees of the DClin Dent (Prosthodontics) and the Graduate Diploma in Clinical Dentistry (Oral Implants).

2.7.2013

Part 1

Specific responses to the proposed key changes to the standard:

1. Support for the team approach to dental care

The current situation requires dental hygienists and dental therapists to work within a dental practice. Dental prosthetists in general work independently, whilst dental technicians are regarded as a member of the team and in general work to a prescription from a dentist. Independent practice may have problems – such as dental prosthetists directing patient treatment or employing dentists – to carry out treatment plans. This needs further specification.

2. Reflection of Practice

2a

The draft revision does not specifically make reference to referral from a dentist to a specialist dentist. In 3 in relation to management of sleep apnoea an example of the necessary interaction of the dentist with a sleep physician is given. However, the role of dental specialists in directing specific case management is not acknowledged in the Scope. Reference to the dental specialists' role in the interaction with the dentist in a structured professional relationship needs to be specified.

2b

Remove Supervision Requirements

Support for removal of the necessity of a dentist to be present when a therapist or hygienist is working. However the hygienist or therapist is required to work to a prescription that has been written by the dentist to whom they report for clinical direction.

Similarly with therapists who provide occlusal restorations in composite resin, GIC, amalgam etc on teeth.....

We support the proposal that hygienists and therapists be required to continue the current situation to work within a structured relationship of a team under the direction of a dentist. This does not permit independent practice.

3. Reduce the prescriptive nature of the standard.

This has the expectation that the dentist will seek advice and guidance within a structured professional relationship and refer to other clinicians to clarify diagnosis and optimise patient care.

However, the example of sleep apnoea management needs clarification, as dentists who provide sleep apnoea appliances should do so after consultation with a general medical practitioner and following diagnostic confirmation from a respiratory physician and a sleep study. Best practice for optimum patient care requires this medical-dental interaction; it should otherwise be outside a dentist's scope of practice. Diagnosis needs to be based on the decision of a sleep physician who for each particular case would be the clinical team leader as they provide the informed decision about appliance or alternative therapy.

4. Further clarification of the standard

Education and training needs to be emphasised as the driver of scope of practice. In the proposal that follows (Part 2), two pathways are suggested as alternatives or in combination for meeting the challenge of contemporary practice where education is at the core of the proposal.

Part 2

Response to the Scope of Registration Standard

- A Proposal for meeting the challenge of contemporary practice

This Proposal addresses: a) the issue of the dentist's scope of practice given the expectation of provision of best practice care and the breadth of contemporary practice; b) the need for consideration of the scope of dental hygienists, dental therapists and oral health therapists; c) the issue of prosthetist's scope which needs to be defined given the current expansion of service to provide a range of services previously defined within the dentist's or specialist dentist's scope – occlusal splints, sleep apnoea appliances, overdentures including implant overdentures. The latter is especially alarming given that implant number may vary and lead to further complexities being attempted without appropriate training. The matter of appropriate training for dentists is a major challenge for the profession and is at the core of this proposal.

Background

All dental schools are reviewing competencies and attributes required to meet scope of practice for graduating dentists to ensure outgoing competence and confidence. It is therefore timely for AHPRA to address this important need.

This proposal focuses on key elements of dental educational outcomes which would form the framework for curriculum design, and lists specific attributes and competencies for newly qualified dental practitioners. Information has been considered from similar documents from the UK, Europe, USA, Canada, NZ, South Africa, as well as within Australia.

A specific proposal could be an important guide for future curriculum accreditation.

Integral to the scope of practice, educational and professional outcomes is a Vocational (or New graduates) Year for all new graduates following their graduation which would be completed before entering self-directed practice. This additional period of 1 year mandatory and an optional additional year would be structured and mentored.

An additional clinical year with mentored supervision for new graduates may involve public dental clinics or selected (to be accredited) private practices. To be effective, it is proposed that new

graduates receive restricted registration to complete the additional mentored year, before full registration. A former Committee of Dental Deans (see Klineberg et al 2002) proposed such a scheme which has been strongly supported by ADA Inc.

This would allow consolidation of both clinical diagnostic and treatment skills and the gaining of clinical maturity and confidence in delivering evidence-based treatment before full registration for independent general practice. Importantly, formal training such as this would clearly be in the Public interest.

In the UK, a Vocational Training year (with an optional second year) for new graduates before entering the National Health Service, has been in operation for 20 years, and the initial and continuing overwhelmingly positive experience is testimony to the benefits of such a strategy.

Meeting the challenge

A review of the Scope of Practice Standard is crucially important at this time under the broad responsibilities of the Dental Board of Australia within the Federal Government's COAG reforms.

This proposal recognises:

- a) challenges faced by all dental schools in adequately meeting the present broad scope of practice expectations;
- b) increasing complexity of practice management requirements;
- c) ageing of the community and with it a complexity of patient care requirements that was uncommon in the past, but which is becoming an increasing challenge for contemporary dental practitioners;
- d) an increasing range of prescription medications, and the increasing number of complex medically maintained as well as medically compromised patients, are an increasing and essential but demanding requirement of contemporary dental practice.;
- e) new clinical techniques and technologies which are being developed and promoted by dental companies are challenging former approaches – oral implant rehabilitation, CAD/CAM, digital imaging, 3-D treatment planning and all-ceramic crowns and prosthetic components. In addition the emergence of intra-oral scanning will further transform dental practice.

Given these responsibilities for new graduates, an additional Vocational (or New Graduates) year of mentored training is crucial for dental schools to provide appropriate didactic and clinical preparation for practice. In addition, tailored post-graduate programs (graduate certificates and diplomas) provided by dental schools and colleges (eg RACDS) are needed (some are currently available) to continue to advance diagnostic and clinical knowledge to meet the breadth of dental practice challenges. A strategy for a New Graduates' Year would ensure that they were encouraged and assisted to competently meet the challenges of contemporary dental practice.

Two pathways are proposed to assist new graduates and their clinical mentors in public or private clinics in which they are initially employed after full registration, and would assist dental schools. These proposals are suggested as separate pathways, but could also be blended:

1. To introduce a National Vocational (or New Graduates) Program with a mandatory year and an optional additional Year of structured coursework and mentored clinical supervision. This would extend the opportunity to consolidate and extend clinical knowledge and skills in diagnostic and procedural requirements essential for clinical practice.
2. To restrict new graduates to a specific and more limited skill set which would be able to be implemented by dental schools and would need to be supported by accreditation authorities. These clinical skills would meet the most essential patient needs in general practice; and would require a revision of the clinical scope of Oral Health Therapists.

The coursework proposed could include the following and it is acknowledged would need further consideration by a broadly based stake holder group:

- a) case assessment (medical and dental history), evidence-based treatment planning;
- b) oral health advice, management of oral hygiene - plaque control, removal of supra- and sub-gingival calculus, application of fluoride, gels and other anti-plaque and anti-caries agents, fissure sealants;
- c) oral cancer screening and other oral medical diagnoses;
- d) diagnostic assessment – periapical and OPG radiographs, GC saliva test, study casts, diagnostic wax-up for restorative and prosthodontics as a component of treatment planning, mouth guards and occlusal splints;
- e) management of early periodontal disease;
- f) simple endodontics;
- g) simple tooth extractions;
- h) restorative – intra-coronal single surface and and 2- and 3-surface restorations using a variety of materials including amalgam, composite, GIC.
- i) removable prosthodontics – partial dentures and simple complete dentures (adequate ridge-form, compliant patient, minimal medical background matters);
- j) fixed prosthodontics – single gold, ceramo-metal and all ceramic crowns.

It is proposed that a new graduate with the above skill set, and if the blended option was adopted with an additional year of supervised clinical experience, would then gain full registration for general dental practice and would be well prepared to deliver these treatments.

Further training would be available through graduate certificate and graduate diploma clinical coursework programs to acquire knowledge and skills to confidently provide more advanced procedures.

Such certificate and diploma programs could include general dental practice ie generic content, as well as more specific advanced restorative procedures. Programs could include an extension of diagnostic skills, more complex treatment planning and training for management of multiple crowns

and bridgework, more complex periodontal care, simple orthodontics, more demanding rehabilitation including the use of implants, and surgical tooth extractions.

The additional skills to deliver more complex care would be recognized through DBA recognition of additional university/college qualifications.

Continuing professional dental education offered through recognized providers including dental schools, ADA state branch programs, the RACDS, would provide modules of coursework which could be components of university graduate certificate or diploma programs.