

The Royal Australasian College of Dental Surgeons

Submission

Scope of practice registration standard and guidelines

20 June 2013

Introduction

The role of the Royal Australasian College of Dental Surgeons is to promote the pursuit of a higher standard of dental practice. The College's education and professional development programs encourage candidates to develop and display good judgment and sound clinical acumen in the development of treatment approaches that are based on evidence, knowledge and experience.

The most challenging aspect of providing oral health care is not just the how (skill based), but the what and when (professionalism). This requires comprehensive understanding of not just the individual personal factors of each patient, but also the social and environmental factors that contribute to oral disease.

The College sees the general thrust of the changes proposed in the *Scope of practice registration standard and guidelines*, to be supporting a concept whereby providers of dental treatment services are brought under one regulatory banner and where the primary tenet is that no-one should be providing treatment for which they have not been trained.

Within this banner, the College would like to see a greater clarification of the language used in reference to members of the dental profession. Whilst the term/s dental practitioner has an ease and consistency of use, it is not described this way within the National Law.

This Scope of practice registration standard should ensure that clarity in description and definition is consistent with the language of the National Law.

As an example the document should reflect terminology such as; *registered members of the dental profession, within the divisions of Dentists, Dental Hygienists, Dental Prosthetists, Dental Therapists and Oral Health Therapists as recorded on the register of dental practitioners*. This is the language of the National Law and leaves no room for interpretation, as is expected in a standards document.

Enabling the use of teams of dental treatment providers, where there is a clear understanding of who is responsible for the duty of care to each patient, and with a range of skills and quality standards, will improve the profession's ability to provide dental services that meet the needs of the community.

A professionalism approach to the development of a scope of practice is not compatible with lists of 'competencies' nor the idea that short courses can be developed to 'train' them. The College does not believe that increasing the list of competencies will increase the access to care and is of the opinion that the public will remain confused and unclear about who is providing what service to whom, particularly if we are all "dental practitioners". Therefore the College cannot support the extension of the competencies; rather it calls for greater definition of the competencies raised in each scope.

Since the College stands for standards in dentistry, it supports these following four basic tenets, and for the standard of training for any skills to be at the highest level.

1. There is to be no independent practice for dental therapists, dental hygienists and oral health therapists.
2. There is a requirement for supervision of dental therapists, dental hygienists and/or oral health therapists to practice within a structured professional relationship with a dentist or dental specialist.
3. There is recognition that this whole relationship is a team concept to the provision of quality dental services that focus on the needs of patients.
4. That no one is to provide services for which they are not trained - dentist, dental specialist or otherwise.

Summary of Support

The Royal Australasian College of Dental Surgeons **supports Option 2** as presented in the discussion paper as it provides:

1. Support for the team approach to dental care with the dentist (including dental specialist) being the clinical team leader and dental therapists, dental hygienists and oral health therapists not being permitted to have independent practice
2. The ability to reflect on practice; and
3. A reduction in the prescriptive nature of the standard.

Support for Proposed Key Changes to the Standard (pages 6-9)

1. Support the team approach to dental care

PROPOSED CHANGE 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.

Aside from clarification to the use of the term 'practitioners' and reference to the National Law, the College supports this proposed change.

2. Reflection of Practice

PROPOSED CHANGE Dental hygienists, dental therapists and oral health therapists are members of the dental team. They practice 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 practice as independent practitioners.

The College supports this change and offers advice on defining both the structured professional relationship and independent practice.

The proposed change is in keeping with the College's concept of the dentist being the clinical team leader in a **structured professional relationship**,* but still being able to work as an **independent practitioner****.

* **Structured professional relationship** means the arrangement established between a dentist (including dental specialist) 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 (including dental specialist) to the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists, and referral to the dentist (including dental specialist) when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists.

** **Independent practitioner** means a practitioner who may practice without a structured professional relationship. Under this Standard independent dental practitioners are dentists (including dental specialists) and dental prosthetists.

3. Reduce the prescriptive nature of the standard

3.1 PROPOSED CHANGE *Dentists and/or specialist dentists work as independent practitioners who may practice 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.*

Rather than the use of *and/or specialist dentists*, the College would rather see the term (including dental specialist) used throughout the document. Given this consideration, the College supports this proposed change.

3.2 PROPOSED CHANGE *Dental prosthetists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry*

As long as the "range of activities included in the definition of dentistry" is dictated by their formal education, training and competency, the College supports this proposed change.

4. Further clarification of the standard

The College agrees there is a need to publish a guidelines document. A range of comments on the draft guidelines document are provided further in this document.

Feedback 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?)
YES
2. Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public? (Why or why not?)
YES
3. Are there additional factors which could be included in the guidelines to support the standard?
NO
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?
NO

Dental Therapists and Oral Health Therapists should be restricted to extractions of primary teeth. The College supports the premise that scope of practice is defined by formal education, training and competencies.
5. Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)
YES

Comments on the draft *Guidelines - Scope of practice registration standard*

The College feels that the definition of dentistry and reference to the National Law needs greater clarification of the descriptive language used.

The members of the dental profession as described in the register of dental practitioners, are in the Divisions of dentists (including dental specialists), dental hygienists, dental prosthetists, dental therapists and oral health therapists. These are all registered members of the dental profession as described in the National Law.

The College is of the opinion that the term 'dental practitioners' does not accurately reflect registered members of the dental profession as described in the National Law. In order to be clear with the profession and the community, the terminology that should be used when referring to registered dental professionals is *dentists (including dental specialists) dental hygienists, dental prosthetists, dental therapists and oral health therapists*.

Under the list of requirements, the College advises clarification in respect to defining the nature of independent practice and structured professional relationship:

4. Dental prosthetists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry as dictated by their formal education, training and competency.
5. 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. They may only practice within a structured professional relationship with a dentist as dictated by their formal education, training and competency. They must not practise as independent practitioners.

It appears that an important part of the Guidelines document is the definition of each division and scope of practice. As presented, the guidelines document in this section appears inelegant and lacks uniformity of structure. Using the structure of the description for Dental Prosthetist the following changes could make a clearer definition of the Dental Therapist and Oral Health Therapist.

Dental therapists provide oral health assessment, diagnosis, treatment, management, education and preventive services for children, adolescents and young adults. This includes restorative/fillings treatment, tooth removal (deciduous teeth), additional oral care and oral health promotion.

Dental therapists who are formally educated and trained in a program of study approved by the National Board, are able to provide dental therapy care for adults of all ages.

Dental therapists may only work within a structured professional relationship with a dentist (including dental specialist). The education requirement for a recent graduate dental therapist to be registered is a two year full time or dual-qualified three year full time formal education program.

Oral health therapists are dual qualified as a dental therapist and dental hygienist. They provide oral health assessment, diagnosis, treatment, management, education and preventive services. For children, adolescents and young adults this includes restorative/fillings treatment, tooth removal (deciduous teeth), oral health promotion, periodontal/gum treatment, and other oral care to promote healthy oral behaviours. For patients of all ages the oral health therapist may provide periodontal/gum treatment, preventive services and other oral care.

Oral health therapists who are formally educated and trained in a program of study approved by the National Board, are able to provide restorative/fillings treatment for adults of all ages.

Oral health therapists may only work within a structured professional relationship with a dentist (including dental specialist) and/or specialist dentist. The education requirement for a recent graduate oral health therapist to be registered is a three year full time bachelor degree formal education program.

Further clarification of the Definitions would include:

Independent practitioner means a practitioner who may practise without a structured professional relationship. Under this Standard independent dental practitioners are dentists (including dental specialists) and dental prosthetists.

Structured professional relationship means the arrangement established between a dentist ~~and/or specialist dentist(s)~~ (including dental specialist) 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 (including dental specialist) ~~and/or specialist dentist~~ to the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists, and referral to the dentist (including dental specialist) ~~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 prosthetists.

Definition of dentistry and a description of the Divisions of the Dental Profession ~~practitioner descriptions~~ are included in the *Guidelines – Scope of practice registration standard*.

Within the section on Dental practitioner divisions, the College feels that it is important to state that:

Dental Specialists are within the Division of Dentists

Dental specialists have completed formal specialised education and training in a program approved by the Board.

Dentists in the specialty of oral and maxillofacial surgery are required to hold registration with both the Dental Board of Australia and the Medical Board of Australia.

For clarity to both the profession and public the College would recommend the inclusion of a definition of Competent/Competency; such as that used within the documents of the Australian Dental Council. Use of the term 'competency' within the dental professions has traditionally been associated with technical training. It is important therefore to clarify how it is being used in the *Scope of practice registration standard* document and the College cautions against reducing the framework to a checklist of competencies, each of which is dealt with in isolation from the others as this does not do justice to the holistic interactions required between knowledge, skills, attitudes and experience in the hands of a practising oral health clinician.

Problem-solving skills, professionalism, empathy, ethics and other higher order attributes, as described in the CanMEDS competency framework for medical education and practice, are just as important to professional clinical practice in dentistry as technical abilities. While challenging to measure, these attributes are a vital component of current university health curricula.

To more truly reflect the education requirements for a dentist the document should state that, "The education requirement for a recent graduate dentist to be registered is either a 5 year, or a 4 year postgraduate program of full time formal education".

Description of the dental profession

The College proposes the deletion of the following paragraph (Page 1 of Scope of practice registration standard, page 14 of 23 of consultation document) for the following reasons:

“The standard requires that dental hygienists, dental therapists and oral health therapists must not practise as independent practitioners. This requirement will be reviewed by the National Board within three years. For some divisions, and in some areas of practice for some divisions, there is also the requirement of a structured professional relationship as set out below.”

1. The position of this paragraph appears out of context in that the paragraph refers to the issue of “independent practice” that are more correctly and contextually discussed later in the Guidelines, as well as stated in the Standards.
2. A guidelines document should focus on clarifying the current Standards Document and not speculate on the future management of components of the Standard.
3. Both the Standard and Guidelines document are slated for review within three years. In indicating in this current Guidelines document that “This requirement will be reviewed by the National Board within three years” potentially circumvents the process and framework required prior to any review of the Standard. The College endorses the professional approach to defining Scope of Practice; that being based on Formal Education, Training and Competency. Therefore, if changes to the scope of practice are to be considered and/or introduced the appropriate process and framework would be firstly reflected in the required changes/additions to Formal Education, Training and Competency. Such changes must also be considered in the context of the primary responsibilities of the Board of protection of the public and accessibility of care.

Education and training requirements for the treatment of patients of all ages

The College proposes that section two of the Guidelines (2. Education and training requirements for the treatment of patients of all ages) requires significant change, particularly in paragraph three:

“... uniform, minimum standard of modalities to be taught and assessed for dental therapists and oral health therapists when practising dental therapy on persons of all ages:”

If the stated aim of this consultation process is to reduce the prescriptive nature of the Standard (and any associated Guideline) then the list at Section 2 must be removed from the document as it only adds to the prescriptive nature of the document. The list of “standard of modalities” is described as being taught and assessed. Therefore, by definition these are competencies and therefore are more appropriately placed in documentation relating to programs of formal education and training approved by the Board. Therefore, these competencies are correctly identified in an accreditation process not a guideline to a registration standard document. The Guidelines document correctly refers to such a program when identifying the unit ORH3ACP as part of the Bachelor of Oral Health Science program at La Trobe University.

There should be recognition on the register of extended scope of practice for those graduates successfully completing the unit ORH3ACP Advanced clinical practice as part of the Bachelor of oral health science program at La Trobe University (or other approved program in the future).

The College recommends significant change to the wording of the other stated formal education program in the standard:

“...the Dental Health Services Victoria (2007/8) bridging program...”

It is inaccurate and confusing to both the profession and public to consider that the DHSV pilot-bridging program (2007/08) is a current formal education program. This pilot program was conducted with tight terms of reference resulting in the ‘graduation’ of 10 candidates. The evaluation process following the completion of the pilot highlighted significant changes that would need to be included if the program was to continue. The inclusion criteria for those that completed the program was a university qualified dental therapist.

The College recognises that the successful candidates from this pilot bridging program should be recognised for their extended scope of practice to provide restorative/fillings treatment to adults of all ages. To clarify this extended scope of practice for these individuals there should be adequate notation on the Register, which can be accessed by the public and profession.

The College suggests that the statement in the Guidelines document would then read:

“The Board recognises that those dental therapists and oral health therapists who successfully completed the Dental Health Services Victoria pilot bridging program (2007/8) to facilitate the provision of oral health care to adult patients, may provide restorative/fillings treatment to adults of all ages. The Dental Health Services Victoria pilot-bridging program (2007/8) was only offered prior to the introduction of the National Registration and Accreditation Scheme (the National Scheme).”

Comment on the Extension of scope of practice (Section 3)

The College would like to raise the following considerations as they relate to the scope of practice description for the divisions of the dental profession and the programs for extended scope of practice.

1. DIRECT SIMPLE RESTORATIONS FOR ADULTS

The College is of the opinion that it is extremely difficult to define a 'Direct Simple Restoration' since one cannot define this by size, by initial appearance or by material used. What appears to be a simple restoration can rapidly become complex once the restoration is removed. At what point does a simple restoration become complex and what is to occur, according to the National Law, when this occurs? Does the Dental Therapist or Oral Health Therapist stop work and attempt to obtain the services of a Dentist, or do they continue into an area where they have not received the appropriate skills to manage the patient at an appropriate standard?

The College does not support the provision of treatment services by Dental Therapists or Oral Health Therapists in adults unless the services provided are within the current scope of practice.

2. IMPLANT RETAINED OVERDENTURES

The College is of the opinion that the definition of implant-retained overdentures requires very careful definition. There are implant overdenture construction techniques now available whereby precision milled bars are attached to the implant fixtures and precision secondary components are incorporated into the denture such that the denture becomes completely implant-supported without any tissue support on a functional basis. These prostheses are more correctly termed 'Removable Bridges' and require a completely different standard of skills and treatment planning concepts to that of a simple implant overdenture retained by two or three fixtures. Yet they comply with a simple definition of 'Implant Overdentures'

The College would support the following definition:

"The planning, construction and fitting of simple overdentures supported by no more than three implant fixtures that are not connected or splinted together by any means."

3. OCCLUSAL SPLINTS

The College is of the opinion that the treatment of Temporomandibular Disorders (TMD) is an extremely complex area involving a deep understanding of facial pain, psychological stressors, occlusion, anatomy, parafunction and other factors that are completely outside the skill set of a Prosthetist.

Current evidence does not support the provision of an occlusal splint as a first line treatment method. The provision of occlusal splints is just one of many treatment options available and appropriate in the treatment of TMD.

The College does not believe the treatment of TMD on an independent basis should be in the scope of practice for a Prosthetist and, whilst a Prosthetist might construct an occlusal splint to the prescription of a dentist or dental specialist, they should not be allowed to provide occlusal splints in a clinical setting.

4. INTRA-ORAL APPLIANCES FOR MANAGING SLEEP APNOEA AND SNORING.

The College is of the opinion that the treatment of sleep apnoea requires a level of understanding and training about the condition and its assessment that falls outside the scope of practice of a Prosthetist. It should be recognised that most cases of sleep apnoea require assessment by a specialist sleep physician before an appropriate management technique can be recommended. Secondly, there are occlusal consequences of long-term wear of a jaw repositioning device which a Prosthetist does not have the skill set to manage.

The College would only support the construction of Sleep Apnoea or Anti-snoring devices by Prosthetists on prescription from a dentist or dental specialist.

5. CONE BEAM COMPUTED TOMOGRAPHY

The College recognises that, although Cone Beam Computed Tomography (CBCT) has considerably less radiation than Medical CT, the information available in the scan can be just as comprehensive as Medical CT and can illicit pathology outside the dental field. In addition, the assessment and manipulation of the image data provided requires a level of medical understanding outside the scope of practice of all but dentists and dental specialists.

It is a medical maxim that special tests such as radiography should only be requested if the results obtained may change the treatment provided. The scope of practice for dental providers other than dentists and dental specialists would not include matters where CBCT would be of assistance.

The College would only support the use of CBCT by dentists and dental specialists.