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Draft Scope of Practice Registration Standard and Guidelines

My feedback

Option 1 – no change to the standard -Reject as it is not in keeping with the Registration Standards for nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. None of these professions is dominated by medicine in terms of not be independent practitioners, having to be supervised, having doctors as clinical team leaders, having to work within a structures professional relationship, etc. Apart from domination, control and protectionism by dentists, there is no logical reason why oral health therapists (OHTs), dental therapists (DTs) and dental hygienists (DHs) are any different to other allied health professionals in Australia.

Option 2 – revised standard and publishing a guidelines document -Support with revision

This was also reflected in the HWA report that stated that with the removal of more prescriptive requirements which existed prior to the National Scheme; dental practitioners were unclear about the scope of practice requirements, particularly for dental hygienists, dental therapists and oral health therapists. (page 6) **I have attempted on many occasions to educate dentists and specialists as to the role and scope of practice of practice of OHTs, DTs and DHs. I was prevented from submitting an article for publication to the ADA Queensland Branch on new oral health therapy graduates as "I was not a dentist". When I offered to have a dentist as a co-author, my offer was also rejected. The topic was referred to a dentist to write the article. The dental profession needs to listen and learn from us about our profession. If we are supposed to be a team, then we need to collaborate as a real team. A master – servant relationship is not appropriate in 2013.**

1. Support the team approach to dental care Support with the understanding that dental profession needs to listen and learn from us about our profession. If we are supposed to be a

team, then we need to collaborate as a real team. A master – servant relationship is not appropriate in 2013.

2. Reflection of practice 2a Reject as it is not in keeping with the Registration Standards for nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. None of these professions is dominated by medicine in terms of not being independent practitioners, having to be supervised, having doctors as clinical team leaders, having to work within a structures professional relationship, etc. Apart from domination, control and protectionism by dentists, there is no logical reason why oral health therapists (OHTs), dental therapists (DTs) and dental hygienists (DHs) are any different to other allied health professionals in Australia.

2. Reflection of practice 2b Support with revision

Replace with: "Oral health therapists, dental therapists and dental hygienists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry. "

Oral health therapists, dental therapists and dental hygienists should be treated the same as dental prosthetists, nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.

2. Reflection of practice 2c Reject as it is not in keeping with the Registration Standards for nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. None of these professions is dominated by medicine in terms of not being independent practitioners, having doctors as clinical team leaders, having to work within a structures professional relationship, etc. Apart from domination, control and protectionism by dentists, there is no logical reason why oral health therapists (OHTs), dental therapists (DTs) and dental hygienists (DHs) are any different to other allied health professionals in Australia.

3. Reduce the prescriptive nature of the standard Support with revision

Delete: *Where there is a structured professional relationship or referral relationship then the dentist and/or specialist dentist is the clinical team leader.*

The sentence above is not in keeping with the Registration Standards for nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. None of these professions is dominated by medicine in terms of having doctors as clinical team leaders.

4. Further clarification of the standard Support

***1.* Draft *Scope of practice registration standard* Support with revision**

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. They must not practise as independent practitioners.

Replace with: "Oral health therapists, dental therapists and dental hygienists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry. "

2. Draft *Guidelines – Scope of practice registration standard* Support with revision

Dental assistants and dental technicians are non-registered members of the dental team who support dental practitioners in the delivery of dental services. **Include: A better description of the procedures performed by unregistered dental assistants (DAs) with no formal education needs to be provided. It is very confusing to the public when DAs perform prophylaxis, fluoride treatments, adjust and remove orthodontic appliances, fabricate whitening trays, fabricate mouthguards, take intra-oral and extra-oral photography, perform case management, manage infection control, etc.**

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.

Replace with: "Oral health therapists, dental therapists and dental hygienists are members of the dental team. They work as independent practitioners in a range of activities included in the definition of dentistry. "

Dental hygienists may only work within a structured professional relationship with a dentist and/or specialist dentist.

Dental prosthetists formally educated and trained in a program of study approved by the National Board to provide treatment for patients requiring implant retained overdentures must enter into a structured professional relationship with a dentist and/or specialist dentist before providing such treatment. The dentist and/or specialist dentist is the clinical team leader.

Dental therapists may only work within a structured professional relationship with a dentist and/or specialist dentist.

Oral health therapists may only work within a structured professional relationship with a dentist and/or specialist dentist.

Remove all references to a structured professional relationship for dental hygienists, dental prosthetists, dental therapists and oral health therapists as it is not in keeping with the Registration Standards for nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. None of these professions is dominated by medicine in terms of not being independent practitioners, having doctors as clinical team leaders, having to work within a structures professional relationship, etc. Apart from domination, control and protectionism by dentists, there is no logical reason why oral health therapists (OHTs), dental therapists (DTs) and dental hygienists (DHs) are any different to other allied health professionals in Australia.

Dental prosthetists …..These procedures require written referrals to and from dentists and/or specialist dentists and any appliance or device manufactured under such arrangement must be planned, issued and managed by the treating dentist and/or specialist dentist.

Dental prosthetists formally educated and trained in a program of study approved by the National Board to provide treatment for patients requiring implant retained overdentures must enter into a structured professional relationship with a dentist and/or specialist dentist before providing such treatment. The dentist and/or specialist dentist is the clinical team leader.

Remove all references to the requirement for dental prosthetists to have a structured professional relationship with a dentist and/or specialist dentist and to recognise that a dentist and/or specialist dentist is the clinical team leader. This is totally inconsistent with dental prosthetists being able to work as independent practitioners (page 8).

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

- does not include cusps or require pins or complex retentive features

Remove "include cusps or" as dental and oral health therapists have performed cusp restorations safely and effectively on permanent teeth for nearly 50 years. If an elderly patient in a residential care facility requires a Glass Ionomer Cement temporary restoration in a permanent molar where the cusps are included, then the OHT should be able to provide this care.

- is not placed in an endodontically treated tooth,

Remove "is not placed in an endodontically treated tooth**" as dental and oral health therapists should be able to provide a Glass Ionomer Cement temporary restoration in a permanent molar that has been endodontically treated for an elderly patient in a residential care facility. Dental and oral health therapists have performed restorations and stainless steel crowns safely and effectively on primary teeth with pulpotomies for many years.**

Currently, the only formal education programs, which have been supported and/or approved by the Board for dental therapists and oral health therapists to provide dental therapy in various modalities to adults of all ages,

Include: Bachelor of Oral Health at CQUniversity.

3. Extension of scope of practice

- **Programs to extend scope**

The process of approval of these programs by the National Board includes an external audit and accreditation process.

The Board should be mindful that the high cost of an external audit and accreditation process inhibits education providers from developing and offering programs to extend scope. The current fee of $10,000 is too high and limits the number and types of courses on offer to dental practitioners. This in turn, is inhibiting registered dental practitioners from updating their scope of practice and offering more services to their patients.

- **CPD programs Support**

The National Board has not specified an approval process for courses or course providers who provide CPD.

3. Board's Statement of assessment against AHPRA's procedures for development of registration standards & COAG principles for best practice regulation Support with revision

3. The proposal takes into account the CAG Principles for Best Practice Regulation

As an overall statement, the National Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community. **Reject**

The Board and the dental profession are proposing unnecessary regulatory burdens that would create unjustified costs for the profession and for the community. The domination, control and protectionism by dentists is limiting competition between dental practitioners by not allowing OHTs, DTs and DHs to be independent practitioners like other allied health practitioners including nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

The Board considers that this proposal does not restrict competition of dental practitioners within their education, training and competence, and supports the delivery of dental procedures within a team environment for the public protection. **Reject**

The Board and the dental profession are restricting competition of OHTs, DTs and DHs within their education, training and competence. The domination, control and protectionism by dentists is limiting competition between dental practitioners by not allowing OHTs, DTs and DHs to be independent practitioners like other allied health practitioners including nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. Moreover, the dental profession needs to listen and learn from us about our profession. If we are supposed to be a team, then we need to collaborate as a real team. A master – servant relationship is not appropriate in 2013.

C. Whether the proposal results in an unnecessary restriction of consumer choice

The Board considers that this proposal does not restrict consumer choice as it allows practitioners to practice within their education, training and competence and the introduction of the Guidelines will support the public's understanding of the roles of the divisions of dental practitioners. **Reject**

The Board and the dental profession are restricting consumer choice as it does not allow OHTs, DTs and DHs to practice within their education, training and competence. The domination, control and protectionism by dentists is restricting consumer choice between dental practitioners by not allowing OHTs, DTs and DHs to be independent practitioners like other allied health practitioners including nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. Moreover, the dental profession needs to listen and learn from us about our profession. Moreover, a better description of the procedures performed by unregistered dental assistants (DAs) with no formal education needs to be provided. It is very confusing to the public when DAs perform prophylaxis, fluoride treatments, adjust and remove orthodontic appliances, fabricate whitening trays, fabricate mouthguards, take intra-oral and extra-oral photography, perform case management, manage infection control, etc.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

As this is a revision of an existing Standard which reflects the requirements which existed previously the National Board does not anticipate that there will be a change to the overall costs to the members of the public, registrants, or governments. **Reject**

The Board and the dental profession are proposing unnecessary regulatory burdens, restricting competition and restricting consumer choice that would create unjustified costs for members of the public. The domination, control and protectionism by dentists is limiting competition between dental practitioners by not allowing OHTs, DTs and DHs to be independent practitioners like other allied health practitioners including nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. Moreover, it will cost state and federal governments more to provide dental care in the highly regulated and private market of dentistry.

In addition to your general feedback, the National Board is seeking your views about the preferred proposal outlined above for the revision of the standard and introduction of supporting guidelines. Please consider the following 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, as OHTs, DTs and DHs have worked within their scope of practice safely and effectively for nearly 50 years in Australia. However, a revision to the standard is long overdue. `**

2. **Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public? (Why or why not?)** **No. However, if it makes dentists happy, then I'm prepared to support the Guidelines with revisions.**

3. **Are there additional factors which could be included in the guidelines to support the standard?** **Yes, a better description of the procedures performed by unregistered dental assistants (DAs) with no formal education needs to be provided. It is very confusing to the public when DAs perform prophylaxis, fluoride treatments, adjust and remove orthodontic appliances, fabricate whitening trays, fabricate mouthguards, take intra-oral and extra-oral photography, perform case management, manage infection control, etc.**

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. However, if it makes dentists happy, then I'm prepared to support with revisions the list of skills in the guidelines relating to programs to extend scope.**

5. **Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)** **No, as I do not consider that the public has needed to be protected from OHTs, DTs and DHs as they have performed preventive and operative dentistry within their scope of practice safely and effectively for nearly 50 years. OHTs, DTs and DHs have been over regulated in order to maintain the power and dominance of dentistry in Australia. OHTs, DTs and DHs should be treated in the same way as nurse practitioners, chiropractors, medical radiation therapists, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.**