

31 October 2014

## Scope of practice registration standard and guidelines

### Revised Scope of practice registration standard and guidelines came into effect on 30 June 2014

This FAQ is to help dental practitioners understand what they need to do to comply with the [Scope of practice registration standard](#) (the standard) and [Guidelines for scope of practice](#) (the guidelines).

The primary role of the Dental Board of Australia (the National Board) is to regulate dental practitioners for the safety of the public.

The National Board and AHPRA are unable to provide advice on specific, individual matters. Dental practitioners should seek advice on specific, individual matters from all sources such as professional associations and legal advisors in conjunction with a working knowledge of the National Board's registration standards, policies, codes and guidelines and the Health Practitioner Regulation National Law, as in force in each state and territory.

The FAQ are broken down into the following sections

- What must you do?
- The documents
- Education and training
- Individual scope of practice
- Dental hygienists, dental therapists, oral health therapists
- Dental prosthetists
- Dentists

### What must you do?

#### 1. As a dental practitioner, what are you required to do?

You should read and consider the standard and guidelines published on the National Board's website.

You must only perform dental treatment:

- for which you have been educated and trained in programs of study approved by the National Board, and
- in which you are competent.

You are responsible for the decisions, treatment and advice that you provide.

You must not direct any person whether a registered dental practitioner or not to undertake dental treatment or give advice outside that person's education and competence.

### The documents

#### 2. What is the difference between the standard and the guidelines?

The standard sets out the requirements for all dental practitioners. The guidelines are new and are intended to assist dental practitioners understand the requirements of the standard.

### **3. What are the key changes to the registration standard first published in 2010?**

The National Board published a scope of practice registration standard in 2010 to reflect the variation in how the scope of practice of some dental practitioners was described under previous state and territory regulation.

The key changes made to the registration standard are summarised below.

#### *Supporting the team approach to dental care*

The National Board has included the expectation of a team approach to dental care in the standard to facilitate access to timely and appropriate dental treatment from the most appropriate dental practitioner educated and competent to provide the care.

#### *Removal of supervision requirements in the registration standard for dental hygienists, dental therapists and oral health therapists in recognition of the team approach and a structured professional relationship*

The National Board has removed the term 'supervision' from the registration standard and has included a definition of a structured professional relationship.

The National Board has done this to remove the ambiguity around professional accountability and responsibility for patient care that arose through different understanding of the supervision requirements for dental hygienists, dental therapists and oral health therapists.

### **4. Can there still be a requirement for dental practitioners to work under supervision?**

Yes, there may be times when some dental practitioners may need or wish to work under supervision.

A dental practitioner's training and competence may require supervision of some procedures. Dental practitioners may also work under supervision as a requirement of employer or workplace agreements or personal preference.

Dental practitioners with limited registration or conditions or undertakings related to their registration or returning to practice after a prolonged absence may be required by the National Board to also work under supervision.

#### **Education and training**

Dental practitioners must only perform dental treatment for which they have been educated and trained in programs of study approved by the National Board and in which they are competent.

### **5. What type of programs does the National Board approve?**

The National Board approves two types of programs:

- approved programs of study accredited by the Australian Dental Council that lead to registration or endorsement with the National Board, and
- programs to extend scope of practice. These apply to dental hygienists, dental therapists, oral health therapists and dental prosthetists.

These two program types provide additional foundation knowledge.

### **6. What does competent mean?**

Competent, as defined in the Australian Dental Council's [Attributes and competencies of a newly qualified practitioner](#) in each dental division means:

*The behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill and values in an integrated response to the full range of requirements presented in practice.*

It is not just about being able to carry out a procedure but having the understanding, skills and values to consider whether the treatment is justified under the individual circumstances, the risk of harm from the procedure and performing the procedure.

## 7. When do I have to do a program approved by the National Board?

When additional foundation knowledge is required.

Foundation knowledge provides the basis for new techniques to be adopted.

A dentist's **qualification that leads to registration** provides the complete foundation knowledge to enable full scope in dental practice. Dentists need to build on their foundation knowledge to adopt new techniques using CPD.

Dental hygienists, dental therapists, oral health therapists and dental prosthetists may need to complete a program to extend scope approved by the National Board when foundation knowledge is required beyond the scope of the qualification that leads to registration and appropriate to the division in which they are registered.

## 8. Where can I find out what programs are approved by the National Board?

These are published under the [accreditation](#) tab of the National Board's website.

Programs to extend scope are currently known as 'add – on' programs. The process for approval of these programs is currently under review.

## 9. Can dental practitioners learn new procedures through CPD?

Yes. If additional foundation knowledge is not required then CPD is how practitioners continue to learn and develop their professional practice.

CPD programs maintain, improve and broaden knowledge, expertise and competence.

The CPD relied upon to improve and broaden knowledge should provide experience in the technique or procedure. This may be in a simulated environment.

CPD programs alone cannot be used to acquire foundation knowledge.

### Individual scope of practice

The **dental professions'** scope of practice covers the full range of activities and responsibilities which individuals within the profession are educated, trained and competent to perform when they first register with the National Board.

The scope of the **individual's** practice within the division in which they are registered will vary from practitioner to practitioner and may be more specifically defined than the scope of the dental profession. An individual's scope of practice is influenced by a number of factors, not just those set down by the National Board in the registration standard and guidelines. Examples of factors influencing an individual scope of practice may include workplace agreements, local State Legislation or the personal preference of the practitioner.

## 10. What should you think about before providing dental treatment?

When assessing your own individual scope of practice, you should ask yourself the following questions:

1. Am I practising within the requirements of the National Board's registration standard?
2. Have I completed the necessary education and training?
3. Are there other legislative/regulatory frameworks that I need to consider?  
(For example, other regulatory requirements that determine a dental practitioners' capacity to possess, prescribe/supply & administer medications, and perform radiographic procedures)
4. Does my professional indemnity insurance provide cover for the clinical procedure(s) being undertaken?
5. Does my workplace allow the practice? Does my employer have any additional specific requirements?  
(For example, supervision requirements, requirements for treatment planning and referral)
6. Have I undertaken the practice/procedure recently?

7. Do I feel confident to undertake the practice/procedure?

If you answered no to, or are unclear on, any of these questions, you should refer the patient to another dental practitioner who is educated, trained and competent to undertake the practice/procedure.

#### Dental hygienists, dental therapists, oral health therapists

### **11. How does the registration standard affect the practice of a dental hygienist, dental therapist or oral health therapist?**

A dental hygienist, dental therapist or oral health therapist may only practice to the extent of their education, training and competence within a structured professional relationship with a dentist<sup>1</sup> and must not practise as independent practitioners.

Dental hygienists, dental therapists and oral health therapists are expected to refer to clinical team leaders when necessary. Where there is a structured professional relationship or referral relationship then the dentist is the clinical team leader.

### **12. Why can't dental hygienists, dental therapists and/or oral health therapists be independent practitioners?**

State and territory based regulatory requirements restrict dental hygienists, dental therapists and/or oral health therapists to possess, prescribe/supply and administer medications by requiring a prescription from a dentist.

### **13. Does the structured professional relationship need to be in writing?**

The National Board has not set criteria as to how a structured professional relationship needs to be recorded or communicated. However, the National Board expects all practitioners to practice in accordance with all regulatory codes and guidelines including [Guidelines on dental records](#) that set down the minimum requirements for dental records and the [Code of conduct](#) that describes the expected ways of working with other professionals. There may also be other entities, such as employers or insurers, who may dictate the format of the structured professional relationship.

### **14. Can a dental therapist or oral health therapist provide dental services to adults of all ages?**

All dental practitioners must work within the requirements of the registration standard and only perform dental treatment for which they have been educated and trained in programs of study approved by the National Board and in which they are competent.

The list of programs supported or approved by the National Board for dental therapists and oral health therapists to provide dental therapy in various modalities to adults of all ages are published under the [accreditation](#) tab on the National Board's website.

#### Dental prosthetists

### **15. How does the registration standard affect the practice of a dental prosthetist?**

Dental prosthetists work as independent practitioners in the assessment, treatment, management and provision of removable dentures, and flexible, removable mouthguards used for sporting activities.

Dental prosthetists who are educated and trained in a program of study approved by the National Board and are competent to provide treatment for patients requiring implant-retained overdentures must enter into a structured professional relationship with a dentist before providing such treatment.

Dental prosthetists may take impressions and records required for the manufacture of various types of splints, sleep apnoea/anti-snoring devices, immediate dentures and immediate additions to existing

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<sup>1</sup> The term dentist refers to dentists, dental specialists and / or a group of dentists

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

**16. Does the requirement for a dental prosthetist to enter into a structured professional relationship or obtain written referral to / from a dentist in certain circumstances mean the dental prosthetist is not independent?**

No. Dental prosthetists work as independent practitioners. The referral relationship between a dental prosthetist and dentist in certain circumstances ensures the best treatment outcome for the patient.

**Dentists**

**17. How do structured professional relationships apply to dentists?**

A dentist is the clinical leader in a structured professional relationship with dental hygienists, dental therapists and oral health therapists.

The term 'dentist' refers to dentists, dental specialists and/or a group of dentists. More than one dentist can be a clinical team leader and in this situation there could be a roster of clinical team leaders if appropriate.

**18. Do other referral relationships apply to dentist?**

Yes.

It is the professional responsibility of all dental practitioners to be aware of and practice within their individual scope of practice.

The National Board expects dentists to know when and how to refer a patient for an appropriate opinion and/or treatment, where the diagnosis and/or treatments are beyond his or her skills or individual scope of practice, or to confirm prescribed treatment.

This includes referral to dental specialists.

**19. How can a dentist determine what a dental hygienist, dental therapist and/or oral health therapist can do?**

Dental hygienists, dental therapists and oral health therapists are fellow professionals.

It is expected that the dentist engage in a professional conversation with the dental hygienist, dental therapist and/or oral health therapist to discuss their scope of practice within their education, training and competence.

Programs approved by the National Board are published under the [accreditation](#) tab of the National Board's website.

The individual scope of all dental practitioners is also influenced by workplace policies and agreements. These arrangements may describe the expected scope of all dental practitioners in a particular workplace which may vary from workplace to workplace.