



Australian Society
of Orthodontists

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Consultation on a proposed revised Scope of Practice Registration Standard and Guidelines for Scope of Practice

The Australian Society of Orthodontists (the “**ASO**”) is the largest dental specialist society in Australia. It represents over 90% of all registered orthodontic specialists and over a third of all specialists registered with the Board.

The ASO has an active role in education providing teaching support to all Australian undergraduate and post graduate training programs as well as curriculum input. The ASO also funds orthodontic research in Australia and assists the Australian Dental Council in accrediting specialist training programs in Australia and New Zealand.

The ASO confirms that it is happy to have its submission published on the DBA websites to encourage discussion and inform the community and stakeholders about the Scope of practice registration standard and Guidelines for scope of practice.

The ASO agrees with the proposition that all dental practitioners must only perform dental treatment for which they have been educated and trained, and in which they are competent.

We strongly advocate that it is in the interests of the public that all dental practitioners practice only within their scope and that further, that the scope of dental practitioners is understood by the public.

Of utmost importance is that patients are assured of receiving the most appropriate treatment from the dental practitioner who is most appropriate to provide it.

However, the proposed changes to the already flawed scope of practice registration standard and Guidelines for scope of practice do nothing to enhance the welfare of dental patients, and in our view increase the risk of poor treatment outcomes. They do not assist the public to understand who is the most appropriate practitioner to provide treatment. The ASO supports Option 1 – maintain the status quo for the reasons outlined in this submission.

We set out below our responses to the specified questions.

1. How is the current registration standard and guidelines working?

Neither the current standard, nor the revisions proposed, provide clarity and certainty for dental practitioners to work within their scope of practice competencies.

Further, they do not assist the general public in identifying the most appropriate dental practitioner to provide treatment.

The number of general dentists incorporating orthodontics in their practice is increasing. This has been fuelled by a rapid growth in the profitable, but unregulated, CPD course market and the "post graduate diploma"-style courses focussed on orthodontics.

Unfortunately, in our experience most of these courses are sadly lacking in-terms of clinical training. The end result is often an over enthusiastic but poorly trained practitioner.

At present no accredited general dental training program in Australia teaches the use of full fixed orthodontic appliance therapy nor clear aligner treatment. General dental training is limited to recognition of clinical problems, minor tooth movement and some early interceptive care. General dental training programs do not equip graduates with the skills to manage complex orthodontic treatment.

In our experience, a significant percentage of general dental practitioners who are incorporating fixed orthodontics and clear aligner treatment within their general practices are practicing outside their trained scope of competencies.

We see evidence of this through:

- ASO members reporting increasingly larger numbers of orthodontic transfer patients from GP practitioners for retreatments or remediation of failed treatments;
- Indemnity insurers now require general dentists doing orthodontics to pay an increased premium;
- Indemnity insurers who state that the number and value of orthodontic claims are rapidly rising; and
- The massive increase in GP practices promoting and advertising themselves as providers and sometimes "specialists" in braces/aligner treatment and other non-traditional quasi-scientific orthodontic treatment techniques learnt on weekend courses or "mini-residencies"

The ASO asked the Heads of the Orthodontic Departments of all dental schools in Australia and New Zealand to set out a **scope of orthodontic practice for general dentists**. It states:

"The foundation knowledge gained in a general dental training program does not provide competency in comprehensive orthodontic diagnosis, planning or treatment. Dental graduates aspiring to practise comprehensive orthodontic treatment, or to practise as orthodontists, are required to undertake a three-year clinical doctorate or equivalent at an Australian university or a recognised overseas program."

In other words, dental graduates do not have the requisite foundation knowledge nor sufficient orthodontic clinical skills to upgrade to comprehensive orthodontic treatment through CPD courses alone.

The present scope of practice registration standard and guidelines are not serving the dental profession or the public. Further, guidelines are needed to clarify the appropriate scope of practice for each group of practitioners for dental practitioners and the public. The Board's proposed changes do not provide this.

The current Standard and Guidelines encompass the illogical position that for regulatory purposes, the scope of practice for a general dentist and specialist dentist are the same. No distinction is made between the scope of a qualified post-graduate student who graduates with 3 extra years of training and a general dentist graduate.

The ASO also finds it impossible to reconcile the position of the Dental Board - that dentists graduate with a full scope and knowledge of all aspects of dentistry - with the statement of all Heads of Orthodontic Departments that a general dental education cannot and does not provide the didactic or clinical foundation knowledge to include comprehensive orthodontic treatment in a dentist's scope of practice.

2. Are there any issues that have arisen from applying the existing registration standard and guidelines?

Yes- see above.

3. Is the content and structure of the proposed revised registration standard and guidelines helpful, clear, relevant and more workable than the current registration standard and guidelines?

No.

We note that paragraph 29 states:

*"The Board proposed that moving forward, dental practitioners wishing to "broaden their knowledge, expertise and competence" may do so by completing CPD..... Dental practitioners are **expected to self-assess** whether their selected CPD activities/courses provide them with the **sufficient clinical experience** to incorporate a new procedure/technique/treatment into their clinical practice."*

The ASO does not believe that it is in the public's interest to have practitioners "self -assess" whether they have been provided with "sufficient clinical experience" unless there is a consensus as to what is "sufficient".

Currently post graduate orthodontic students from ADC accredited programs graduate with around 4500 contact hours and over 3000 of hours of clinical experience. In our view there are no CPD courses that offer even close to this number of hours of clinical training.

We note at paragraph 34 - *The Board proposes to remove terminology relating to 'education requirements' within each division description. As accreditation standards, competencies and processes for approving programs of study are now well established under the National Scheme, the Board proposes to remove this prescriptive terminology from each division description. This will enable **flexibility with the accreditation standards and approved programs of study** within an established accreditation framework and will address inconsistencies in terminology within the registration standard.*

It is unclear what "flexibility with the accreditation standards and approved programs of study" refers to. However, without sufficient face to face in-clinic training, patient welfare and safety risk being compromised. We are aware of both online "CPD" type courses, and courses granting confusing post nominals referring to orthodontics that "graduate" students after insufficient in-clinic hours when compared to orthodontic specialist training.

In our view graduates from such courses run the risk of mistakenly "self-assessing" competency where in fact they have been insufficiently trained and are not "competent" to perform complex orthodontic treatment.

Whilst most clinicians will adhere to broad guidelines, there will always be a number who believe their own abilities are far greater than they are. In the absence of clear prescription, the risk of interpretation is too great, resulting in increased risk of public harm.

It is hard for the Dental Board to guarantee that *patients are assured of receiving the most appropriate treatment from the dental practitioner who is most appropriate to provide it* when there is no distinction between specialist care and generalist dental care under the Guidelines for Scope of practice.

The ASO feels that it is incongruous that the Guidelines state that: *In each division, registered dental practitioners must only perform those dental treatments for which they have been educated and trained in an approved program of study by the Board and in which they are competent*, when no general dentists graduate with any training in full fixed orthodontic appliance treatment or clear aligner treatment – and dentists are presumed to have the full scope of dentistry.

Removal of "independent practitioner" and "structured professional relationship" requirements

The ASO has grave concerns that the removal of the requirements of an 'independent practitioner' and a structured professional relationship – coupled with relying on dental practitioners to self-assess that they have sufficient training and/or qualifications when moving into a new area of practice - is risking public welfare. We would note that this is often the welfare of minors given the age of patients undertaking orthodontic treatment.

Without any clear guidance as to what is "competence" in orthodontics, dental practitioners are unable to know what they do not know.

We are concerned that the revised Guidelines could be interpreted to enable the delivery of orthodontic treatment via allied health professionals. This may include the possibility for direct delivery of care or indirect delivery of care with and “consultant” or third parties directing care but being supervised by an external source.

It is important to appreciate that evaluation of the individual response of a patient to a specific orthodontic intervention is quite complex and beyond the scope of the oral health therapist’s training. Treatment rarely progresses in a predictable systematic way and decisions have to be made to constantly review the course of treatment. One of the advantages of a structured supervised postgraduate training of over 4500 hours is to provide the specialist with the necessary diagnostic skills to recognise subtle deviations from the proposed plan and make the necessary adjustments in a timely fashion.

Shortcomings resulting directly from delegation of orthodontic procedures to an oral health therapist without appropriate supervision by a qualified specialist, have reached the formal complaint process of AHPRA. This clearly reveals the fact that recognising variations in response is not part of the training program’s foundation knowledge across Australia.

We are unsure why the Dental Board believes that the structured professional relationship requirement needs to be removed. We do not believe the structured professional relationship is hindering access to quality care. Our view is that the structured professional relationship, team-based approach within dentistry is working well and is in fact best practice and should not be done away with.

It is inappropriate to suggest that allied dental professionals receive a comparable education to dentists and dental specialists, in the same way that it is inappropriate to think that graduating general dentists graduate with the scope of practice as a post graduate from the DClinDent in orthodontics. It is irresponsible to expect any dental professionals to implement the most appropriate treatment in the best interest of the patient based on “self-reflective” learning.

The Dental Board of Australia and AHPRA must maintain regulatory standards to protect the public from harm.

4. Is there any content that could be changed or deleted in the proposed revised registration standard and guidelines?

The Board should be looking to strengthen public protection and give guidance to what are the appropriate scopes of practice for all dental professionals

As stated above the proposed Standard and Guidelines maintain the illogical stance that for regulatory purposes, the scope of practice for a general dentist and specialist dentist are the same. No distinction is made between the scope of a qualified post graduate student who graduates with 3 extra years of training and a general dentist graduate.

The ASO finds it difficult to reconcile the position of the Board that dentists graduate with a full scope and knowledge of all aspects of dentistry with the statement of all Heads of Orthodontic Departments that general dental education cannot and does not provide the didactic or clinical foundation knowledge to include comprehensive orthodontic treatment in a dentist’s scope of practice.

Additional factors which the Australian Society of Orthodontists suggests could be included:

- Exclusion of combined surgical/orthodontic treatment from general dentist's scope of practice.
- Extension of the range of duties for therapists, hygienists and oral health therapists in specialist orthodontic practices to include, for example:
 - a. The selection of orthodontic bands.
 - b. The removal of orthodontic archwires, bands and attachments.
 - c. The taking of impressions for study models and intra-oral scanning for 3D modelling.
 - d. Dental health education including dietary counselling for dental purposes.
 - e. The placement of intra-oral retainers.
 - f. The emergency repair of broken intra-oral appliances under direction.
 - g. The placement of orthodontist selected archwires and bonding under supervision
 - h. Clinical photography.

These duties reflect the current practice and ASO policy for auxiliaries working within specialist practice. The ASO is opposed to this group of practitioners carrying out limited orthodontic care as it is clearly outside their scope of education.

5. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?

Given the seriousness of this change, if it is to be adopted, a review period should not be delayed for 5 years but carried out at 3 years.

6. Do you have any other comments on the proposed revised registration standard and guidelines?

We note in the Statement of Assessment that:

*The Board considers that the proposed revised registration standard and guidelines will support consumer choice by continuing to facilitate access to health services provided by dental practitioners in **a framework that ensures public protection.***

In our experience the registration standard and guidelines do not ensure public protection.

Our experience from interaction with the public both at the ASO office and through ASO members is that the public finds it increasingly difficult to distinguish between general and specialist practitioners and can be misled as to qualifications. This occurs by misleading advertising and use of words such as "orthodontics" "specialising in" "expert" to imply practitioners are orthodontists; and claiming CPD courses grant expertise or status.

The ASO also gets numerous calls from the public asking us to check whether a practitioner is a general dentist or specialist as they find the AHPRA website difficult to navigate or are unaware of it.

7. and 8. The new reflective tool

The proposed new reflective tool is fundamentally flawed.

Members of the dental profession need to understand their educational and training limitations as ultimately the public deserve an assurance that they are seeing and being treated by appropriately trained practitioners.

The proposed tool asks that practitioners consider how their overall competence relates to their areas of practice – without giving any guidance as to how they do so.

In the questions to be asked under the “Education and training” a practitioner is expected to ask themselves:

- *Is my knowledge consistent with current evidence?*
- *Have I identified any gaps in my current knowledge or training?*

In the ASO’s view it is **impossible** for a practitioner, who is not trained in an area, to be able to answer these questions.

It is not possible for an individual to “self-reflect” on their learning and assess their own capabilities because “they do not know what they do not know”.

A practitioner cannot know whether their knowledge is consistent with current evidence when they are not aware of it. This will be more pertinent, in the case of orthodontics, following a short course, or course with insufficient in clinic hours. As stated above, post graduate orthodontist training involves more than 3000 in-clinic hours.

It is important to appreciate that evaluation of the individual response of a patient to a specific orthodontic intervention is quite complex and beyond the scope of the general dental practitioner even if they have completed continuing professional development. Treatment rarely progresses in a predictable systematic way and decisions have to be made to constantly review the course of treatment. One of the advantages of a structured supervised postgraduate training of over 4500 hours is to provide the specialist with the necessary diagnostic skills to recognise subtle deviations from the proposed plan and make the necessary adjustments in a timely fashion.

Human nature being what it is, we suspect that those who have been inadequately trained are more than likely to self-assess competence due to being unaware of current evidence, let alone the gaps in their knowledge.

An untrained dental practitioner is not able to clearly distinguish between appropriate and inappropriate CPD, then reflect on whether the education has been appropriate to increase their Scope of Practice.

The role of the Dental Board of Australia and AHPRA is to protect the public from harm. These proposals run the risk of patient harm through a lack of appropriate and structured education, leading to an incorrect or incomplete diagnosis and subsequently inappropriate treatment.

In the questions to be asked under the "Competence and experience" a practitioner is expected to ask themselves:

- *Do I have the competence to safely carry out these treatments?*
- *Can I manage any patient complications which may arise from these treatments?*
- *Have I considered any previous adverse patient outcomes which may be relevant to my competence or experience?*

Again, without proper training, possible patient complications are hard to anticipate or predict. We question what "*previous adverse patient outcomes*" refer to and would respectfully suggest that those practitioners who are seeing previous "*adverse patient outcomes*" should not consider themselves "competent".

We note also that the Tool states:

Most practitioners will encounter a threshold at which the nature or complexity of certain patient treatments will require referral, delegation or handover to a practitioner with the appropriate scope of practice, such as a dentist, specialist or medical practitioner.

In our view this is all too often recognised too late. Mid treatment, or when treatment has started to go wrong, referral to a specialist is sought. If the initial practitioner had been given guidance as to their own limitations – and not self-assessed their own competency – then that patient would not end up with compromised treatment.

In our view the self-reflective tool adds nothing to the Scope Guidelines and if anything, further confuses an already problematic area.

It is the role of the Dental Board of Australia and AHPRA to protect the public from harm. We do not believe the proposals do this.

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