

Dr John Lockwood
Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

I would like to thank the Dental Board of Australia (the Board) for the opportunity to provide feedback as part of the Consultation on the proposed revised Scope of Practice registration standard and Guidelines for Scope of Practice.

I support the proposed changes to the Scope of Practice registration standard and Guidelines for Scope of Practice set out in Option 2 of the Consultation paper.

Dental Health Services Victoria (DHSV) is the lead public oral health agency in Victoria and employs 180 registered dental practitioners across all the divisions of dentistry. As the Chief Oral Health Advisor, I am aware of the responsibility DHSV has for clinical governance and providing a safe and supportive clinical environment. I commend the Board for its review of the Scope of Practice registration standards and guidelines and acknowledge the National Registration and Accreditation Scheme and the regulatory principles that have informed this review, in particular the protection of the public, improving access to health services, and enabling a flexible, responsive and sustainable workforce.

It is appropriate that the Board has conducted this review and I agree with the content and structure of the proposed registration and guideline and therefore supportive of the proposed changes to the Scope of Practice registration standard and Guidelines for Scope of Practice. I have confidence that the proposed revised standard and guidelines balance issues of access to care with public safety and will favourably meet the expectations of the Australian community.

1. From your perspective, how is the current registration standard and guidelines working?

The DBA registration standard and guidelines has broadly met the objectives of the National Scheme, with the current regulation standard and guidelines providing a broad regulatory framework that complements the Code of Conduct. The requirements for dental practitioners to work within the scope for which they have been educated, trained and competent is clear.

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

The requirements for a 'structured professional relationship' and the clause that dental hygienists, dental therapists and oral health therapists must not practise as 'independent practitioners' has however lead to confusion. These references have constrained dental therapists, oral health therapists and dental hygienists from effectively working to their full scope of practice, through the imposition of limitations based on poor understanding of their

existing scope of practice. I consider them to an unnecessary over-regulation as all dental practitioners are subject to the same responsibilities, they therefore, should be regulated equally within the legislative framework.

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?

The consultation paper sets out a clear rationale for the removal of reference to programs to extend scope and the requirements of independent practitioners. At the 2014 review the Board agreed that it would remove the bar on independent practice from the registration standard. Removing this reference is further supported by the very small number of notifications related to practice outside of scope and strengthened expectation around the team-based approach. Given the developments in curriculum of approved programs in establishing core competencies, knowledge and skills, upon which there is an opportunity to further develop through CPD programs, it then becomes the individual practitioner's responsibility as a part of professional practice to identify their individual scope of practice and to work within their limits of competency. The introduction of the proposed self-reflection tool for scope of practice will assist the individual practitioner and their colleagues to recognise and work to their full scope of practice. There are existing examples of this approach within other sectors of health.

It is appropriate that with the removal of the requirements of independent practitioners there is also the removal of the requirement for a structured professional relationship (SPR) with greater reference to the Code of Conduct, which I believe better captures the fundamental principles and intentions of the SPR. The Code of Conduct provides greater clarity and certainty to all dental practitioners, as it more aptly describes the expected way of working, including the recognition of the importance of the team-based approach, collaborative oral health care, patient engagement and communication.

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

I am satisfied with the proposed revised registration standard and guidelines and do not identify areas for change.

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

I have no preference for the review period on the registration standard and guidelines.

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

The revisions of the proposed registration standard reflect a suitably risk-based approach to the registration standards. This approach has effectively recognised the professional roles and

responsibilities of all dental practitioners and the requirements for their regulation. The consultation paper identifies the components of the regulatory framework of the profession that support the proposed changes. Emphasis is correctly on the professional education, training and competence of the individual practitioner through programs evaluated against the accreditation standards of the Australian Dental Council and approved by the Board. Following registration, the requirements of professional practice are set out in the Board's registration standards and supported by the Code of Conduct, which covers all the elements of safety including professional relationships and the expected ways of working.

7. Is the content and structure of the new reflective tool helpful, clear and relevant?

Individual and group reflection within a supportive and respectful workplace environment is a good method of establishing specific competencies which can then further inform professional relationships with a collective commitment to patient safety. The proposed self-reflection tool for scope of practice will provide an opportunity for all practitioners to assess their current skills, knowledge and competencies to inform their practice and on-going education and training requirements. Such a tool will assist organisations such as DHSV in supporting practitioners through their professional development program as well as monitoring requirements of credentialing and scope of clinical practice. A reflective tool is consistent with safety and quality frameworks and the dental profession's increasing focus on multidisciplinary, team-based and patient-centred care.

8. Is there anything missing that needs to be added to the new reflective tool?

No further comment.

Martin Hall

Chief Oral Health Advisor

Dental Health Services Victoria