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Dr John Lockwood, Chair
Dental Board of Australia
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Dear Dr Lockwood

Consultation on proposed revised Scope of Practice Registration Standard and Guidelines

Thank you for the opportunity to provide feedback for the Consultation on a proposed revised Scope of practice registration standard and Guidelines for scope of practice. I am a registered Dental Practitioner (Dental Hygienist) with experience in clinical practice, education, research and administration within the dental sector.

As requested, my submission will address the eight questions raised in the consultation paper.

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

My experience is that many dental practitioners find that the current standard and guidelines are unclear, causing confusion within the profession. Given my expertise in the field of dental hygiene, many hygienists and oral health therapists have contacted me directly over the past three years, seeking advice on how to interpret the standard and guidelines. These practitioners have been let down by the Dental Board, who will not provide advice on how to interpret and understand the standard and guidelines.

The structured professional relationship has been challenging. In communicating with others in the profession, this one-on-one relationship does not facilitate a team-based approach to care, and in some cases is actually detrimental where clinical expertise and tertiary qualifications questioned by Dentists.

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

The current registration standard and guidelines are not clear; a revised version should be written in plain English.

As mentioned above, the structured professional relationship has had its challenges, and appears to have been poorly implemented in practice. I personally welcome an opportunity to work within a respectful

team-based approach to care, where the professional expertise of all providers is recognised without the limitations of a hierarchical relationship. Best patient care would be achieved if we could work together as a team, with multiple dentists, specialists, hygienists, therapists, oral health therapists and prosthetists, as well as other health professionals.

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?

Removing reference to Programs to extend scope, completing CPD to broaden skills, knowledge and competence

Many of the questions I field from colleagues are in relation to what CPD is acceptable and whether this develops competence or extends scope. Again, given the Dental Board will not provide advice on how to interpret the standard or guidelines, I believe it needs to be written in plain English and provide clear guidance.

Removal of all reference to independent practitioners

I welcome removing the requirement that dental hygienists and oral health therapists must not practice as independent practitioners. To my knowledge, this change will support best patient care, and poses no risk to public safety given hygienists and oral health therapists receive very few notifications. My experience working in two Universities, and being involved in the accreditation of oral health programs, is that oral health students are well educated on understanding the extent of their scope and how to provide appropriate referrals for optimal patient care.

While I welcome the removal of this requirement, the sentence is very poorly written and in my opinion, will only lead to further confusion on how to interpret the standard and guidelines. I strongly support continuing to include a broad definition of independent practitioner, to dispel any confusion with this change in the standard, to be phased out with the next review.

Team based approach to care

I strongly support a model of care where dentists, specialists, hygienists, therapists, oral health therapists and prosthetists can work together respectful of each other's scope of practice, in a team-based approach to care. Further, to be able to provide inter-professional health care with other health practitioners will improve patient outcomes.

Determining individual scope of practice

Most practitioners understand how to determine their individual scope, albeit with a bit of supportive guidance. Again, this could be worded in plain English to facilitate understanding.

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

Rather than the clunky phrasing 'removal of the requirement to practice as independent practitioners', I would suggest the Board state that hygienists, therapists and oral health therapists are independently practitioners, and include a revised definition of independent practitioner.

I would support the inclusion of a definition of independent practitioner that encompasses autonomous practice, within scope of practice, appropriate referrals pathways and a team based approach to care.

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

The AHPRA Code of Conduct includes plain language statements regarding scope of practice that are applicable to all health practitioners. Given the revised standard removes many of the previous restrictions to flexible practice, I would support the phasing out of the revised standard and guidelines after a five year period.

6. Do you have any other comments on the proposed revised registration standard and guidelines?
No further comments.

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

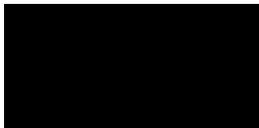
The reflective tool appears to be comprehensive, yet easy to use. From my experience in education, it supports the self-assessment and reflection that dental hygienists and OHTs receive during their education and training.

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

I believe the professional requires some education and training on how to use the tool, particularly those practitioners that have not been trained in that last 10-15 years and may find the concept unfamiliar. I believe the use of the tool should be closely monitored, and evaluated at defined intervals.

Thank you for opportunity to contribute to this consultation.

Yours sincerely,



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