

8 May 2018

Dr Lockwood AM
Chair
Dental Board of Australia

Dear Dr Lockwood

Ref : [OUT172407 -Scheduled review of Scope of practice registration standard and Guidelines for scope of practice.](#)

Thank you for the invitation to re-submit the paper we forwarded in July 2017, as feedback for the current review of the Scope of practice registration standard and Guidelines for scope of practice.

We trust our report and comments will be included as general feedback in this review process and value is given to the public feedback on our delivery of primary preventive oral health care.

Our 2017 paper has been attached to this document in addition to the feedback questions on the preferred proposal listed in the table below.

OPTION 2 – Preferred Proposal - Responses to Questions -Wendy Wright / Yvonne Markovic	
Q1	The current scope of practice guidelines have continued to be restrictive for Hygienists and Therapists endeavouring to provide primary preventive care in community settings.
Q2	<p>We applied our understanding of the existing guidelines and established a trial community based Dental Hygiene Centre. Although working in team based dentistry with structured professional relationships the main issue experienced was the bar on independent practice.</p> <p>It proved to be a significant barrier that prevents</p> <ul style="list-style-type: none">• Hygienists from working as members in allied health programs.• Our eligibility for an Allied Health Medicare provider number.• Hygienists from providing a viable primary preventive oral health care program across all age groups. <p>Removing the bar on independent practice will make possible the integration of the Dental Hygienist role in primary health care programs and service models at a community level. The only oral health programs available to the public are those that restore or extract teeth. The focus shift to disease prevention, rather than repair of disease, requires greater access and utilisation of the dental hygienist at a community level.</p>
Q3&4	The content and structure of the proposed revised registration standard and guidelines is clearer than the current, however, the definition of team based practice should emphasize that all levels of the dental team work collaboratively but with professional autonomy to practice in a range of community health settings.
Q5&6	The review period should remain 3 years so the guidelines do not preclude the advancement in oral health service models, e-healthcare models and the population need for greater access to oral health services.
Q7&8	The questions within the reflective tool are clear and effectively highlight professional responsibility and standards across the scope of practice for all practitioners.

Dr Lockwood AM, Chair and Board Members

On notice that the Dental Board of Australia is due to undertake a review of the Scope of Practice on Friday 30th June 2017 we would like to place this submission upon that review.

In 2014 the Health Workforce Australia (HWA) report gave recommendations for innovative new service models to increase public access to preventive care and better utilise the “hidden” dental hygiene workforce.

During this time of review dental hygienists requested existing barriers be removed to give greater autonomy and clearer pathways to deliver new models of care, particularly in high need settings outside the general dental practice.

Changes to the Scope of Practice Standard and Guidelines gave opportunity for structured professional relationships and thereby allowed unsupervised practice for some while maintaining they are not to practice as independent practitioners.

To better utilise the hygiene workforce we ask the Dental Board of Australia to allow dental hygienists to operate as independent practitioners within a Primary Oral Health Care Model. We strongly support the practice of dentistry as team-based and the current the requirement for structured professional relationships and referral pathways that ensures professional accountability and responsibility for patient care.

To clarify this request we submit the following points.

1. The World Health Organisation defines Primary Care as a key process in the health system. It is the more than a level of care, it is first-contact, accessible, continued, comprehensive and coordinated care. A primary care team is a group of fellow professionals who make complementary contributions to patient centred care.
(www.euro.who.ent/).
2. A Primary Oral Health Care Model is the most suitable framework for the hygienist to deliver **Primary** and **Secondary** preventive care. The model of care emphasis is on preventive education and motivating oral health behaviours. Clinical practices are limited to non-surgical scaling and cleaning and remineralisation of the very early signs of disease.
3. **Tertiary** Prevention where disease and symptoms are present involve only the surgical team members of dentistry (Dentists, DT, OHT) as the primary care practitioners in restorative practice.
4. Consistent with team based dentistry a **comprehensive approach** to Primary Health Care involves collaboration and multi-disciplinary teams working together. When applied to dental health care, all team members are *fully utilised* at each level of care. (see Appendix 1 & 2).

In February 2016 Oral Health Focus Dental Hygiene Centre commenced a volunteer trial to test public demand for a preventive hygienist services within a Primary Oral Health Care Model. Although demand for our service continued to grow the lack of a Practitioner provider number (Medicare number) was the barrier to financial viability and the future of such a service. Not having a provider number, even though we are registered dental practitioners, greatly restricts public access and our capacity to deliver targeted programs eg 0-4 year old Child and Parent Program, Aged Care, Disability Sector, Enhanced Primary Care patients etc.

Within the guidelines of team based dentistry and structured professional relationships, a provider number will allow hygienists and our practice patients/clients to receive health fund rebates and thus increase public access to preventive care and establish a viable basis for primary oral care funding. At a community level, a provider number will also enable collaboration with other allied health professionals and opportunity to deliver relevant services in community based primary health care programs.

Without independent practice approval for hygienists to work within a Primary Oral Health Care Model, our underserved population groups will continue to access only tertiary level prevention, essentially higher cost crisis care. It is therefore vital that the bar on independent practice for hygienists is removed to allow employment opportunities at a community level as primary care practitioners, delivering primary oral health care.

We ask the board to consider the following report and findings of the Oral Health Focus trial as evidence for our request for changes to the Scope of Practice Guidelines.

End of Trial Report 2017 for Oral Health Focus

The trial reports on 3 service levels.

- Dental Hygiene Centre
- Community Collaboration
- 0-4 year old and Parents Oral Health Program

– Dental Hygiene Centre

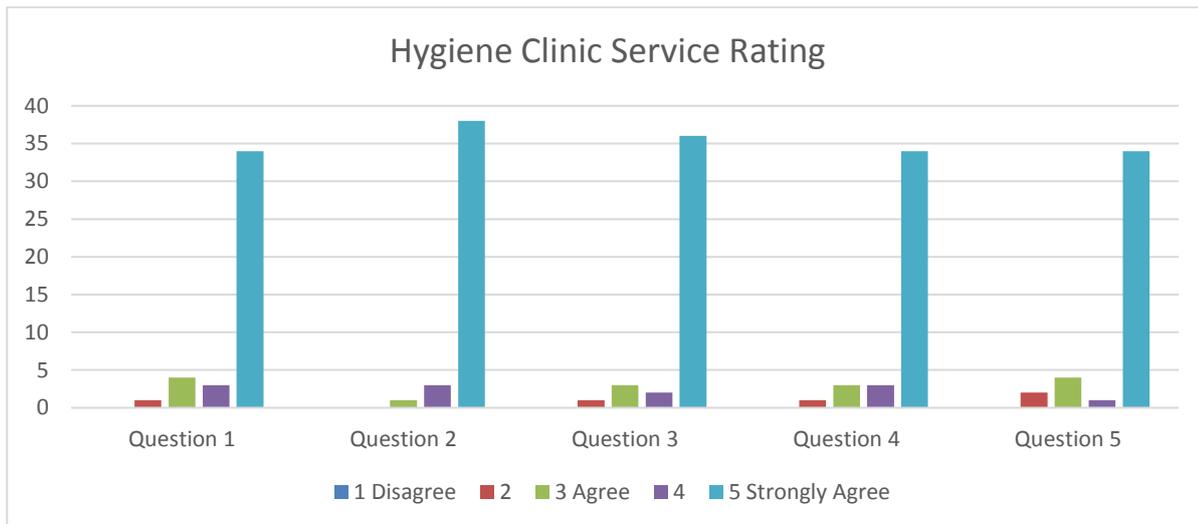
Oral Health Focus Dental Hygiene Centre is located in Kalamunda, WA. Our team dentistry approach included the Australian comprehensive approach to Primary Health Care. (Appendix 1) Our focus was solely on primary and secondary prevention operating as Primary Care practitioners only. (Appendix 2)

Our clinical services were non-surgical treatments that protect and promote oral health for individuals, including developing skills to enhance future health. We worked in collaboration with general dental practices and operated under two structured professional relationship agreements. We established referral pathways to dentists, periodontists and an orthodontist. Our service provided the clinical maintenance for healthy mouths and with specific focus on oral hygiene education and lifestyle counselling. We also participated in partnerships with local community services and health professionals and delivered community oral health promotions.

At the closure of our trial we surveyed our patient base to evaluate our service and gain comment on their perceptions regarding the value of the service.

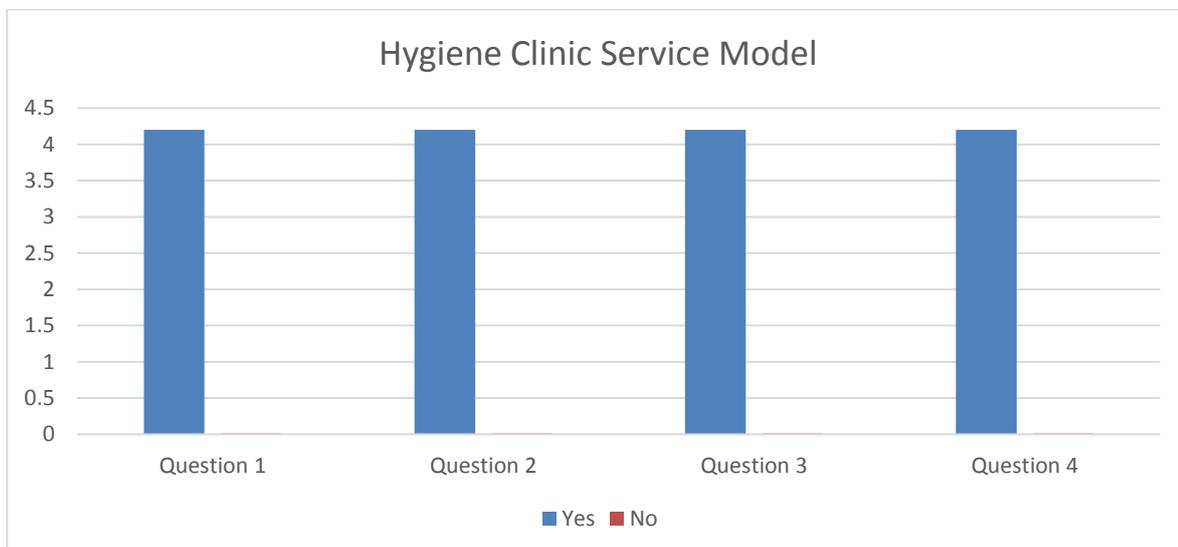
The survey participants were largely Australian born and from Kalamunda and surrounding eastern metropolitan communities. Survey responses were received from patients with an age range from 18 to 80 years. The majority had a history of regular attendance at dental examinations with their dentists.

Patient Satisfaction Survey of a Dental Hygiene Clinic Service



- Q1. Less threatening environment than a general dental practice?
- Q2. More time given to personalised and preventive focus?
- Q3. Increased your general knowledge of dental disease, diet and lifestyle risk?
- Q4. Increased your understanding of your home dental care needs?
- Q5. Better understanding of oral health links to general health?

RESULT: Patient response indicates a hygiene clinic is a highly effective setting to increase dental knowledge and understanding for better health outcomes.



- Q1. Do you think our preventive program is an effective way to lower risk of dental disease?
- Q2. Do you think our dental hygiene service is a cost saving for you long term?
- Q3. Did our treatment approach help reduce your anxiety about receiving preventive dental care?
- Q4. Do you prefer preventive care from a Hygiene only practice over general dental practice?

RESULT: 100% of patient surveys responded "Yes" with a preference for a hygiene clinic service model.

Additional Hygiene Clinic Patient Survey comments:

- *"I feel more relaxed and less stressed at the Dental Hygiene Clinic"*
- *"The care and understanding I receive from this Hygiene Practice is well above the level from general dental services I had used in the past. I would be very disappointed if this service cannot continue"*
- *"I think the Hygiene Clinic service is the 'missing link' to general dental health"*
- *"Genuine concern for the patient's whole well-being"*
- *"It is a wonderful service providing caring individualised attention. It has taught me how to keep my teeth and gums healthy. It is friendlier than a dental surgery and more affordable for pensioners like myself who cannot afford health insurance."*
- *"Highly professional and educational service, delivered in a collaborative manner with the client and in a friendly caring environment."*
- *"There should be a provider number for fully qualified hygienists applicable to all health funds and Medicare. It would be great if a private health fund could have been part of this great service."*
- *The cost of dental services are beyond the financial capabilities of many people. Dental Hygiene Clinics offer a cheaper preventative service that anyone on a Centrelink payment could afford to access. I see these types of clinics not only improving the health of individuals, but providing a broader service to the national health budget".*
- *"I sought this practice especially after having a very positive experience of such Hygiene practice in Canada for some years now."*
- *"This is a very personalised practice that you do not get anywhere else. The staff at Oral Health Focus are very experienced and with a difference. They will talk to you until you fully understand what is going on with you. Other practices have given me only pamphlets."*
- *"The public should be given greater choice when dealing with their dental health. This wonderful service has helped me tremendously the last couple of year with my Oral Lichen Planus. My dentist has recommended that apart from having a 6 monthly check-up with him, I also visit Oral Health Focus twice a year. I would be very sad to see this preventive service discontinue."*
- *"I was recommended this service by my dentist who has great confidence in its value and the expertise and care of the dental therapist and hygienist concerned, as I do. I cannot praise it enough and truly think it a service which should be supported and encouraged."*

– Community Collaboration

Collaboration with Community in 2016

- Community Family Fun Day sponsored by the Kalamunda Council requested delivery of interactive dental play for children and parent information.
- Meeting attended at Villa Maria Residential Aged Care facility where the clinical nurse manager advised a need for screening, cleaning and referral services, as well as staff training in oral care.
- Local Primary Health Care Pharmacist/Diabetic Educator requested our assistance to providing oral health education and home care instruction for diabetic and pre-diabetic patients participating in the Enhanced Primary Care Scheme.
- Meerilinga Family Centre (Maida Vale) requested an oral health workshop for Parents and a "Let's Play and Talk about Teeth" session for children aged 0-5years.
- Meerilinga Family Centre resident Child Health Nurse requested our partnership in addressing the issues of poor oral health knowledge and limited access to age appropriate oral health centres.
- Nulsen Disability Services requested a consultation for our participation in a trial oral health model of care for their clients and staff training.

– 0-4 Years Oral Health Program

In partnership with Meerilinga Children’s and Family Centre and High Wycombe Early Education Centre our 0-4 Years Oral Health Program was trialled in May 2017.

The aim was to

- Familiarise parents and children with a community based primary oral health care service
- Educate new mothers on the importance of oral care screening and family oral health
- Collaborate with the community child health nurse by delivering primary preventive care

The program involved two locations:

The Community Family Centre

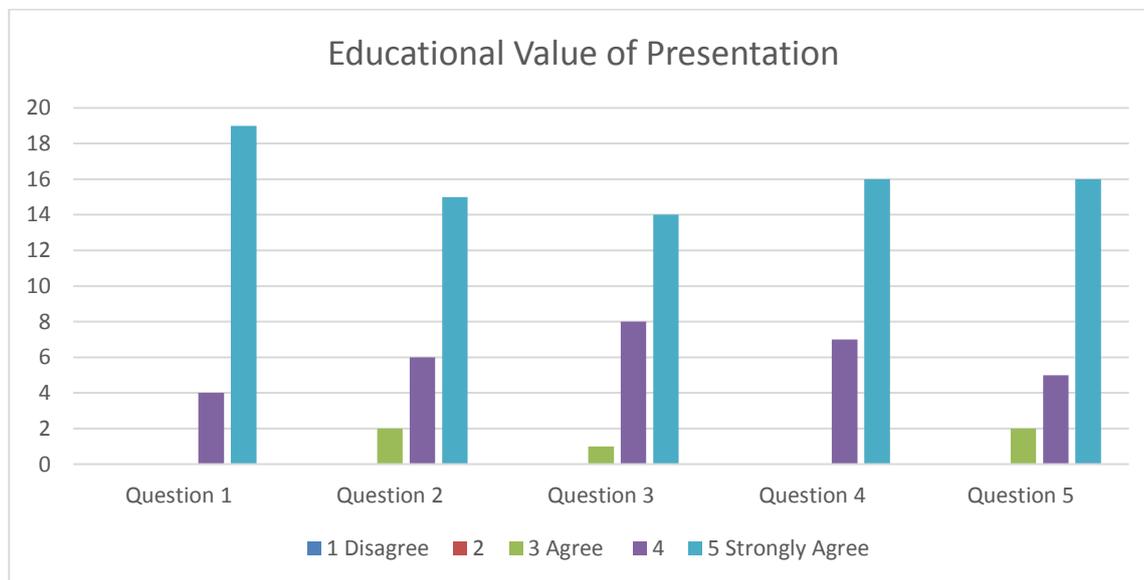
1. Oral Health Presentations to parents and children in familiar family centre environment
2. Practical demonstration of oral care techniques and screening techniques for parents
3. Familiarisation sessions for young children through a dental play and education program
4. Issued Parent Survey - Dental Play and Education at a Pre-school Centre

The Dental Hygiene Centre

5. Introduction to the dental chair and age appropriate positive screening experience
6. Personalised instruction for home care including Lift the Lip, tooth brushing techniques, tailored dietary advice
7. Parent motivational interviewing to increase oral health IQ and understanding of family risk factors
8. Parent oral health screen and risk assessment
9. Parent Scale and Clean with emphasis on oral hygiene instruction and training.
10. Issued Parent Survey - 0-4 Year Old Child & Parent Oral Hygiene Clinic Service

The survey responses were received from parents who received the presentation. Children’s age groups ranged from 0-7months, 1-3 years and 3-4years.

Parent Survey Dental Play and Education at a Pre-school Centre and Dental Hygiene Clinic



Q1 Was the presentation relevant to you and your child?

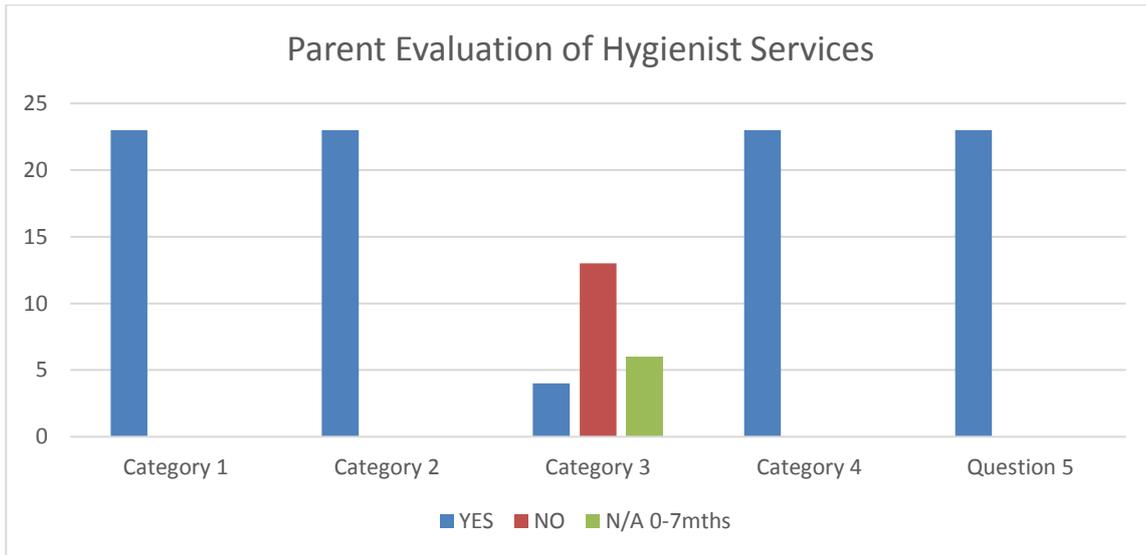
Q2 Increased knowledge of cause of dental disease?

Q3 Increased knowledge of home routines for good oral care?

Q4 Greater knowledge of dental cleaning aids for children?

Q5 Increased awareness of hidden sugars and health eating routines?

RESULT: Parent response indicates educational content and presentation delivery as valuable and foundational for better oral health outcomes.



Q1. Do you think a dental education play program helps familiarise and reduce anxiety about visiting a dental hygiene clinic?

Q2. Do you think an early introduction to the dental chair is an important experience for your child?

Q3. Has your child had an oral examination by a dental practitioner in their first 4 years?

Q4. Do you believe a preventive dental service for pre-schoolers and their parents helps to reduce disease?

Q5. Should parents and young children have greater access to the dental hygienist for first stage care?

RESULT: Parents gave strong endorsement for the need for early introduction to educate and receive screening and primary care treatment in a low threat environment.

NOTE: Results show the majority of children up to 4 years of age have not received a dental examination before they attend school.

Additional Survey Comments:

Presentations at Pre-school Centres

- “Great presentation considering the kids were rowdy. Would be great if ladies could leave a dentist costume for the kids dress up area to leave a lasting experience and make the lesson last longer.”
- “Very good. Thank you so much”.
- “There were 3-4 really great tips I picked up even after cleaning older kids teeth for 12 years.
- “Always something to learn, thanks”.
- “Very informative. I hadn’t thought much about dental care for my baby. Good to know I need to start now.”
- “The session today was very helpful in prevention. I believe more parents would take their children earlier if rebates were provided and clinics in hygiene were separate from the dentist for the first years.”
- “I would also like you to advertise to parents at schools who have younger children who might not be school age.”
- “This program should be part of the follow up program for all premature babies along with eyes etc.”
- “I loved the visit to our play group because without that information we weren’t aware of the risks and care for our children.”

Dental Hygiene Clinic Familiarisation

- “I have avoided the dentist for 4 years and it’s due to anxiety. Coming here for my two year old daughter has helped me have my teeth cleaned and hygiene questions answered. It’s good to know I’m on the right path for my daughter, to know she will have a step forward that I didn’t in dental hygiene and care of her teeth.”
- “Excellent staff, who were so patient and understanding of my 2 year old. She had a great experience as did I. Since our visit I have strongly recommended this kind of service to new mothers and their children.”

As we strive to address the barriers to access for higher risk population groups we believe utilising the hygienist in a Primary Oral Health Care Model would make a valuable contribution to both public health needs and to the dental profession.

In order to continue this trial, consultation and involvement from all relevant stakeholders is necessary to establish longer term viability and expand the service model.

We look forward to the response from the Dental Board during this review period.

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[REDACTED]

Appendix 1.

Primary, secondary and tertiary prevention are three terms that map out the range of interventions available to a primary care practitioners.

NOTE: The service examples below are relevant to the delivery of oral health primary care.

Primary prevention aims to prevent disease before it ever occurs. This is done by preventing exposures to hazards that cause disease, altering unhealthy or unsafe behaviours that can lead to disease, and increasing resistance to disease.

Hygienist Preventive Service:

- Community oral health promotions and education forums about healthy and safe habits
- Reinforcing the need for regular visits to dentist
- Screening and examination including risk analysis
- Scaling and cleaning and emphasis on oral hygiene instruction and fluoride dental
- Providing a less threatening experience thereby reducing resistance to dental examinations and treatments

Secondary prevention aims to reduce the impact of a disease that has already occurred. This is done by detecting and treating disease as soon as possible to halt or slow its progress, encouraging personal strategies to prevent recurrence, and implementing programs to return people to their original health and function to prevent long-term problems.

Hygienist Preventive Service:

- Screening tests to detect disease in its earliest stages
- Routine scaling and cleaning and application of remineralisation treatments as required
- Oral Hygiene Instruction and motivation and use of fluoride and antimicrobials
- Diet and lifestyle education to reduce further disease risk
- Referrals to dentists for regular examination and restorative treatments and relevant specialist referral

Tertiary prevention aims to soften the impact of an ongoing illness that has lasting effects.

Tertiary care is specialised consultative health care, usually for patients on referral from a **primary** or **secondary** health professional for advanced medical investigation and treatment.

Dentist Preventive Service:

- Hygienist referral pathways to Dentists, Periodontists, and Oral Pathologists for all active disease, restorative treatments and complex care requirements.

Source: Issue 80, Spring 2015 Institute for Work & Health, Toronto

Appendix 2.

Australia's comprehensive approach to PHC

Australia strives for a PHC framework based on a *comprehensive* definition of PHC that is distinguishable from *selective* PHC that focuses on treatment, rehabilitation and primary medical care. A comprehensive approach to PHC takes into account the social determinants of health, health inequalities, health promotion, illness prevention, treatment and care of the sick, community development, advocacy, rehabilitation, inter-sectoral action and population health approaches.

Table 1: Differences between comprehensive and selective PHC

	Comprehensive PHC	Selective PHC	Medical Model
View of health	Positive wellbeing	Absence of disease	Absence of disease
Locus of control over health	Communities and individuals	Health professionals	Medical practitioners
Major focus	Health through equity and community empowerment	Health through medical interventions	Disease eradication through medical interventions
Health care providers	Multidisciplinary teams	Doctors plus other health professionals	Doctors
Strategies for health	Multi-sectoral collaboration	Medical interventions	Medical interventions

Reference: Rogers W, Veale B. (2000). *Primary Health Care: a scoping report*. Adelaide: National Information Service, Dept of General Practice, Flinders University. p18