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ABN 98 729 112 634
Shop 1/2, 6-8 Snapshot Drive
Coburg North VIC 3058
AUSTRALIA

Att: Dr John Lockwood
Chair, Dental Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

dentalboardconsultation@ahpra.gov.au

14th May 2018

Dear Committee Members of the Dental Board of Australia,

I would like to thank the Board for the opportunity to share my viewpoints on the proposed revised Scope of Practice Registration Standard.

My name is Tan Nguyen, a registered oral health therapist, with postgraduate qualifications in public health and clinical education. I hold diverse roles including clinical practice in the public and private sector, clinical teaching at the Melbourne Dental School, The University of Melbourne, and academia with my appointment as Honorary Fellow within the Oral Health Research Stream, Deakin Health Economics, Deakin University. I am also a member of the Board's Victorian Registration and Notification Committee, and current President of the Australian Dental and Oral Health Therapists' Association.

I have over 10 years' experience in my role as an oral health therapist; I am an active representative to Dental Health Services Victoria Population Health Committee, the School Advisory Committee and Curriculum Advisory Committee of the Melbourne Dental School, the National Oral Health Alliance and the Victorian Oral Health Alliance. My breadth of experience in clinical and non-clinical roles enable me to make informed opinions based on evidence, and the contributions I make are principally for the benefit of the Australian community. I support the Board's direction in recommending option 2. The following is my individual submission.

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

The current standard and guidelines continue to be confusing to dental practitioners since the last Scope of Practice Standard review in 2013. If it remains confusing to dental practitioners, then it will certainly be confusing to the general public. It remains unclear why a Scope of Practice Standard exists because there is no other registered health professional that have a Scope of Practice Standard in operation. This is inconsistent with the principles of the regulatory framework and the National Scheme.

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

The following issues currently exist include:

- 1) The requirement of a 'structural professional relationship' (SPR) with a dentist for dental hygienists, dental therapists and oral health therapists is unpractical and does not encourage team dentistry. This is due to the fact that formal education programs prepare graduates of the discipline to practice autonomously, be responsible for the

dental care they provide, and the need to consult with multiple dental and health practitioners. These collaborations occur routinely and will vary over time as individual scopes of practice changes.

- 2) The requirement that dental hygienists, dental therapists and oral health therapists must not practice independently is inconsistent and contradicts the disciplines' ability to provide autonomous dental practice. In fact, the current standards imply dentists are responsible for the dental care provided by dental hygienists, dental therapists and oral health therapists. Indeed, this perception is inconsistent with the regulatory principles, and increases the risk that dentists will impose dental hygienists, dental therapists and oral health therapists to practice outside of their scope of practice. Anecdotally, these circumstances are common place.
- 3) The need for approved programs to extend scope has been addressed recently by the Board to phase them out. This has currently restricted dental hygienists, dental therapists and oral health therapists to expand scope of practice due to the high costs to attend formally accredited courses and is in contrary to the National Competition Policy.

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?

I am broadly supportive of the proposed revised Scope of Practice Standard but remain unclear why a Scope of Practice Standard should remain to exist. The Board's Code of Conduct is sufficient to enable the functions of the National Scheme to operate efficiently and will create the least confusion to dental practitioners, health practitioners and the general public.

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

As previously stated, I recommend the Board to remove the Scope of Practice Standard.

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.

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

I have no additional comments on the Scope of Practice Standard.

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

I believe the new reflective tool would be useful for dental practitioners, and it appears to be easy to understand and use.

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

I have no additional comments on the new reflective tool.

Yours sincerely,



Mr Tan Nguyen
Oral Health Therapist
BOraHlth GCertDenThrpy MPH (Melb) MSc (Clin Ed) (Edin) AFCHSM FHEA FRSPH