



11th May 2018

Dental Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

dentalboardconsultation@ahpra.gov.au

I am writing to you on behalf of the New Zealand Dental and Oral Health Therapists' Association (NZDOHTA), which is the peak representative body for Oral Health Practitioners (OHPs) that includes dental therapists and oral health therapists.

The NZ Dental & Oral Health Therapists Association is a national organisation which represents and supports dental and oral health therapists and dental hygienists on professional issues.

Registered under the Incorporated Societies Act we trace our roots to the New Zealand State Dental Nurses' Institute, established in 1935.

Our purpose is to promote the interests of our profession and the importance of oral health.

NZDOHTA thanks the Dental Board of Australia (the Board) for providing the opportunity to comment on the Review of the Scope of Practice Standard (the Standard).

We would firstly like to raise the question about why the Board sees a need to continue to have a Scope of Practice standard. No other health practitioner group registered under the Australian Health Practitioner Regulation Agency (AHPRA) has a Scope of Practice standard, which renders this review and its proposals somewhat redundant. It is the NZDOHTA's view that the regulatory framework provided by AHPRA, which includes;

- the Health Practitioner Regulation Act itself and its practice registration and title protection mechanisms,
- accreditation processes for courses leading to registration,
- the Code of Conduct,
- the Standards and Policies and their accompanying sanctions,

are adequate to protect the public against the risks inherent in receiving dental care. It is the NZDOHTA's view that the proposed Scope of Practice Standard adds complexity to the regulatory framework that offers no added benefits to the community in terms of protection. When compared to other professions such as nursing or physiotherapy, the same standards do not exist in Australia or in New Zealand.

While we hold this view, we welcome the intention of the Board to treat OHPs the same as all other registered practitioners under the Board's jurisdiction. This is well overdue and we applaud this move. OHPs have historically and consistently, clearly recognised, and worked within, the boundaries of their scope of practice and the Board's own data on notifications and complaints supports this. It is clear that there is not a need to impose additional regulation on their practice.

NZDOHTA also supports the imposition of a structured professional relationship and the designation around ‘...not (being) independent practitioners...’ applied to OHPs was inconsistent with standard approaches to health practitioner regulation, and removing this phrasing is absolutely necessary. We remain of the view that this wording should not be in the Standard and as such support its removal. NZDOHTA endorses the requirement that all dental practitioners practice within their education, training and competence.

In 2017, after two rounds of public consultations, Oral Health Therapy scopes of practice were finally recognised in New Zealand. Along with the recognition of the scopes, it was clearly outlined that Oral Health Therapists no longer require written professional agreements with a dentist but are required to work collegially with other oral health and health professionals. The same stance is likely to be taken for Dental Therapists when that particular scope is up for review in the 2018/19 year. Therefore, Dental Council of New Zealand is starting to move towards recognising OHPs as independent practitioners in New Zealand. We would like to see the same across the Tasman.

Finally, NZDOHTA sees that unless Oral Health Professionals are considered as independent practitioners, it is inequitable when compared to other health professions. Physiotherapists are not required to work under the licenses of orthopaedic surgeons, nurses are not required to work under licenses of general practitioners and both the professions described have a three-year degree qualification which is similar to most Bachelor of Oral Health programs. We strongly encourage the Dental Board of Australia to ensure Dental Therapists, Dental Hygienists and Oral Health Therapists are given independent statuses.

Yours sincerely

Arish Naresh

Chairperson

New Zealand Dental and Oral Health Therapists’ Association

Mobile: [REDACTED]

E-mail: [REDACTED]