



**Public Health Association
AUSTRALIA**

**Submission to the Dental Board of
Australia consultation paper on a
proposed revised Scope of Practice
Registration Standard and Guidelines for
Scope of Practice**

Contact for recipient:
Dental Board of Australia
E: dentalboardconsultation@ahpra.gov.au

Contact for PHAA:
Michael Moore AM – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au T: (02) 6285 2373

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Contents

Preamble	3
The Public Health Association of Australia.....	3
Vision for a healthy population	3
Mission for the Public Health Association of Australia	3
Introduction.....	4
1. From your perspective, how is the current registration standard and guidelines working?	4
2. Are there any issues that have arisen from applying the existing registration standard and guidelines?	4
[REDACTED] structure of the proposed revised registrat[REDACTED]	[REDACTED] 4
[REDACTED] more workable than the current registration standard and guidelines?	[REDACTED] 4
[REDACTED] ent that could be changed or deleted in the proposed revised registration standard and guidelines?.....	[REDACTED] 4
5. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?.....	4
6. Do you have any other comments on the proposed revised registration standard and guidelines?	5
7. Is the content and structure of the new reflective tool helpful, clear and relevant?	5

Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health.

[REDACTED] determinants is necessary to reduce the [REDACTED] of health and disease. These determinants un-

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Introduction

PHAA welcomes the opportunity to provide input to the Dental Board of Australia (DBA) consultation paper on a proposed revised Scope of Practice Registration Standard and Guidelines for Scope of Practice.

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

Though the current DBA registration standard and guidelines have broadly met the objectives of the National Scheme, they have proven somewhat confusing and restrictive. The Oral Health Policy special interest group of the PHAA calls for ‘a more flexible and multi-skilled workforce’ to ‘reduce inequalities in oral health’. It strongly supports the NRAS Regulatory Principle to ‘enable a flexible, responsive and sustainable workforce by enabling dental practitioners to practice to the full scope of their education, training and competence’.

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

[REDACTED] structured professional relationship’ and [REDACTED] al therapists and oral health therapists must not practise as ‘independent practitioners’ have together created confusion amongst the dental profession and represent unnecessary over-regulation. All dental practitioners, including DHs, DTs and OHTs, must be registered, hold professional indemnity insurance, and be responsible for the dental treatment they provide to patients. All dental practitioners also must seek advice and refer patients when patient needs are beyond the individual’s scope of practice or personal ability. All dental practitioners are subject to the same responsibilities, and 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 PHAA support the AHPRA Code of Conduct as the basis for the professional performance of registered health professionals. We support option 2 of the DBA’s proposed revised registration standard and guidelines.

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

The PHAA is satisfied with the proposed revised registration standard and guidelines.

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

The PHAA supports an initial three-year review period over the transition period for the revised the registration standard and guidelines.

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

The PHAA has no additional comments on the proposed revised registration standard and guidelines.

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

The PHAA believes the reflective tool closely models a framework that has operated successfully in the public sector under good clinical governance policy and considers its general application will be highly beneficial to all registered dental practitioners and the public.

Please do not hesitate to contact us if we can provide any further information.



David Templeman
President
Public Health Association of Australia



Bruce Simmons
Convenor
PHAA Oral Health SIG

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