

From: David Stephenson [REDACTED]
Sent: Thursday, 10 May 2018 8:06 PM
To: dentalboardconsultation <dentalboardconsultation@ahpra.gov.au>
Subject: scope of practice

I SAID “ Thanks so much that APHRA now requires each workplace to have a” Scope of Practice “
agreement between
EACH AND EVERY ORAL HEALTH PRACTITIONER.” 3 years ago.

This isnt just about whether a hygienist can work independently, direct to the public.

This is about the way that every practice operates as “ oral health practitioners “.

Though not required, I wrote a Scope of Practice document ,
within my position as “Practice Owner’s delegated Practice Principal OHP Professional Team Leader “
that advised our employed oral health practitioner therapist and employed oral health practitioner
senior dentist,
how they were expected to perform ,
what they were expected to perform,
what they were required to document,
what they were required to implement following various diagnoses,
and what they had to advise the patient,
what they were required to refer back to their Professional Team Leader,
and who would be their professional leader,
how they needed to perform their tasks
and how they would refer anything beyond their scope of practice.

Some of this SOP would be directly required with any other oral health practitioner
that the practice employed in the future.

Some of the SOP would have to be modified according to the professional skill set of any future OHP

And so our SOP addressed how any SOP was expected to communicate, diagnose, perform, document,
and refer.

Each practice needs a scope of practice. as the owner operating manual
addressing the professional conduct of each oral health practitioner within their practice.

Every oral health practitioner within the practice needs to read and agree to this scope,
before ongoing employment within that practice.

The scope also talks about the way certain dental issues are referred on within and outside of the
practice.

Some dentists within the practice are more experienced and skilled.

Sometimes, the patients best interest is met be being referred to an OHP within the practice.

Sometimes to an external third party GP or specialist with the required skills and expertise.

The scope of practice should state how certain dental issues are addressed for the patients best outcome.

The ethical requirement of the GP dental practice is to provide a

1 diagnosis

2 co agreed treatment plan according to meeting the patient outcome and delivered by the best positioned readily available practitioner (internal or external)

3 refer were required or were a more efficacious provider treatment is available

4 do your own job very well

5 make sure the patient gets the best care

Therefore I find it very disappointing if APHRA is considering removing this SOP requirement.

I believe that the ADA is partly responsible due to focussing too much on whether hygienists/therapists should be able to operate independently.

Of course they shouldn't. No OHP should work outside of a framework of ethical guidance.

Every oral health practitioner needs to abide by a scope of practice, and work under an arrangement of a stated OHP Professional Team Leader.

For most practitioners within a practice, this team leader would usually be the most responsible/experienced or delegated senior practitioner.

I think even this team leader / senior dental practice principal, (such as myself) should nominate an independent OHP, who is willing to provide ethical support and backup when required.

For many senior members, it may be that the ADA president, who is an OHP collectively nominated by the dental profession, as a responsible ethical representative is nominated by mutual agreement, is recorded as the Practice Principal SOP Team Leader.

Scope of Practice provided our practice with clear " rules of engagement" . Within our small private practice, it has become a working manual, able to be updated with information from all staff.

It is a valuable resource.

It is not an imposition.

I believe that any decision to remove the SOP requirement by AHPRA would be a backward, ill informed step.

The right move would be for the dental profession to embrace the concept of practice written standards of patient care in line with the patient's Australian Charter of Health Rights.

and formalise a communication/advise/referral protocol within each practice, such that all OHP know how best to perform their duties.

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