

To whom it may concern,

I wish forward my feedback in relation to the “Scope of Practice” for dental professionals.

I am grateful to have the opportunity to provide feedback as I am sure many other dental Therapists, Hygienists and Oral Health Therapists are.

We have a good track record for being safe practitioners and I recommend OPTION 2 of the revised registration standard and guidelines.

The issues that need significant consideration are:

- Issuing Provider number
 - Referral ability (goes hand in hand with provider number)
 - Health fund billing, not relying on dentist’s provider number
- 1. From your perspective, how is the current registration standard and guidelines working?
- 2. Are there any issues that have arisen from applying the existing registration standard and guidelines?

The only grey area in term of “scope of practice” is extractions of permanent teeth as some therapists have been trained to do so in children up to 18 years of age. What is the standard with regards to this issue?

- 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 content is a simple, relevant and removes ambiguities.

- 4. Is there any content that could be changed or deleted in 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?

5 Years seems a reasonable time frame for review as community needs and professional trends tend to fall in that cycle, especially when time is needed to analyse the evidence.

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

The proposed revised registration does not address the issue of “Provider number”.

Currently there is a chain that is missing a link in relation to dental practitioners being able to refer, bill and “hand over a patient” as per point 51.

We are licenced to perform procedures if equipment available, we can diagnose and treat patients according to radiographic findings, however we cannot refer patients to have OPG non-privately. Similarly, we cannot bill through health funds. These issues

would be resolved with having a provider number and it would also ensure **compliance** as per Medicare Guidelines below.

“About Medicare provider numbers

This number is used for Medicare and Department of Veterans’ Affairs (DVA) claims processing. A Medicare provider number lets you:

- claim Medicare benefits for services you provide at a particular practice location
- refer patients to another practice where they can claim a Medicare benefit, such as
 - to another health professional
 - for diagnostic imaging, or
 - for pathology services

Your Medicare provider number is used to identify you and your practice location when processing claims. You may need more than one Medicare provider number if you provide health services in different locations.

You can’t bill, refer, prescribe or request services until you have your Medicare Provider Number. **You also can’t use another health professional’s Medicare provider number under any circumstances.**” (Medicare website)

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

Yes, it is clear and helpful

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

No

Thank you for your support

Kind regards,

Gabriela Stan