



Dental Board of Australia

GUIDELINES FOR SCOPE OF PRACTICE

1 July 2020

Contents

Executive summary	3
1. Understanding your professional obligations	4
1.1 What does the Code of conduct cover?	4
1.2 What other requirements apply?	4
2. Defining the dentistry profession and its practitioner divisions	5
2.1 What is the profession's scope of practice?	5
2.2 What are the practitioner divisions?	5
2.3 How do these practitioners work together?	6
3. Assessing your own education, training and competence	7
3.1 What influences your individual scope of practice?	7
3.2 What are the pathways to registration?	7
3.3 What are professional competencies?	7
3.4 How can you maintain and improve your competence?	8
4. About these guidelines	9
4.1 What are the key references?	9
4.2 What is the Dental Board's authority?	9

Executive summary

These guidelines explain how to meet the Dental Board of Australia's *Scope of practice registration standard* (the registration standard). These documents cover all registered dental practitioners, except those with student and non-practising registration, and we expect you to apply the guidelines and the registration standard to your practice.

1. Understanding your professional obligations

You must also apply the Board's Code of conduct (the code), which this guideline builds on. The code sets standards for your professional conduct and we can use it to evaluate your actions if issues arise.

In section 1 of this document, we highlight some important obligations from the code that will help you understand your scope of practice, including those about professional relationships and referral. We then note other regulatory and workplace requirements you should be aware of.

2. Defining the dentistry profession and its practitioner divisions

Also, key to understanding scope of practice are the definitions of:

- dentistry as a profession, and
- your practitioner division (that is, dentist, dental hygienist, dental prosthetist, dental therapist or oral health therapist).

We explain these definitions in section 2 and expect you to practise within both. Together they set out the range of activities and responsibilities that different practitioners can perform.

You should maintain strong professional relationships with other practitioners and divisions so you can work as a cohesive dental team. This approach is vital to providing the highest levels of patient care. Above all, you must know how to refer a patient to a more appropriate practitioner when the treatment is beyond your scope of practice.

3. Assessing your own education, training and competence

Your individual scope of practice depends not only on your division, but also on your education, training and competence. It may vary from other practitioners in the same division and may be more limited than the division's overall scope. For example, you will be unable to perform some treatments if you have not done relevant training.

You must only perform dental treatments that you have been educated and trained in, and that you are competent in.

You are responsible for knowing your own scope of practice, so you must learn to assess your expertise. Section 3 guides you on the elements to consider. It also looks at the benefits of doing continuing professional development (CPD) to:

- maintain and improve your skills and experience
- broaden your scope of practice within your division.

We note that CPD will not let you move from one division to another. Dental hygienists, dental prosthetists, dental therapists and oral health therapists cannot become dentists simply by completing CPD courses.

1. Understanding your professional obligations

This section explains the framework of documents that will help you understand your obligations and manage your scope of practice. These guidelines and the registration standard both build on:

- our [Code of conduct](#), and
- regulatory requirements.

It is essential you understand what we expect and require of you so you can provide high quality and appropriate patient services.

1.1 What does the Code of conduct cover?

The [Code of conduct](#) sets out the standards of professional conduct we expect from all dental practitioners.

It supports good patient care and the delivery of appropriate, effective services within an ethical framework. And we use the code to evaluate conduct, such as when a patient, colleague or employer raises a concern.

You should read the code with these guidelines and the registration standard so you fully understand our expectations. You have a professional responsibility to be familiar with and apply the code.

In particular, you should understand key expectations that we discuss in later sections of these guidelines.

How Code of conduct requirements link to these guidelines

Code requirements	Guidelines
Practitioners must work within their scope of practice.	All sections
Practitioners should foster good relationships with colleagues and must delegate, refer or hand over care as needed.	Section 2
Practitioners are solely responsible for: <ul style="list-style-type: none">• determining their own scope of practice based on their education, training and competence, and• working within this scope.	Section 3

1.2 What other requirements apply?

You should be aware of regulatory requirements that apply to you, including the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), and those about:

- possessing, prescribing, supplying and administering medications
- performing radiographic procedures
- planning or referring treatment
- covering additional procedures or techniques with professional indemnity insurance.

You may also have a workplace agreement that covers your clinical scope of practice.

2. Defining the dentistry profession and its practitioner divisions

This section outlines the scope of practice for:

- the dentistry profession as a whole
- the five main dental practitioner divisions.

Both will help you understand your own scope of practice and the role you play in the wider dental team.

We expect you to practise within these limits and to refer a patient's care to a more appropriate practitioner when needed.

2.1 What is the profession's scope of practice?

At the most basic level, we expect all practitioners to practise within the definition of dentistry. This captures the profession's scope of practice: the broadest range of activities that people in the profession can do.

Dentistry involves assessing, preventing, diagnosing, advising on, and treating any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. It includes restricted dental acts (see section 121 of the National Law).

Penalties can apply if you exceed your scope of practice. Under the National Law:

- it is an offence to carry out a restricted dental act you are not qualified for (section 121)
- protections apply for titles and practices, and there are penalties for individuals and organisations who do not follow this law (sections 113–119).

2.2 What are the practitioner divisions?

Despite the breadth of dentistry's definition, your practitioner division may narrow your scope of practice. Dentistry has five main divisions and you must practise within the one that applies to you.

Dental practitioner divisions

Division	Scope of practice
Dentists	<p>Focus: general, and can include any activities within the definition of dentistry.</p> <p>Services: assessment, diagnosis, treatment, management, prevention.</p> <p>Patients: all ages.</p>
Dental hygienists	<p>Focus: oral health.</p> <p>Services: assessment, diagnosis, treatment, management, education to prevent oral disease, promotion of healthy oral behaviours.</p> <p>May include: periodontal or gum treatment, preventive services, other oral care.</p> <p>Patients: all ages.</p>
Dental prosthetists	<p>Focus: patient-removable prostheses, including implant-retained overdentures, and flexible mouthguards for sport.</p> <p>May include: taking impressions and records for manufacturing splints, stents, sleep apnoea or anti-snoring devices, and immediate dentures.</p> <p>Patients: all ages.</p>
Dental therapists	<p>Focus: oral health.</p> <p>Services: assessment, diagnosis, treatment, management, prevention.</p> <p>May include: restorative treatment, fillings, tooth removal, promotion of oral health, other oral care.</p> <p>Patients: mainly children and adolescents, but some adults.</p>
Oral health therapists	<p>Focus: oral health, with qualifications in dental therapy and dental hygiene.</p> <p>Services: assessment, diagnosis, treatment, management, prevention.</p> <p>May include: restorative treatment, fillings, tooth removal, periodontal treatment, other oral care to promote healthy oral behaviours.</p> <p>Patients: all ages.</p>

GUIDELINES FOR SCOPE OF PRACTICE

Dental specialists

These practitioners are dentists who have completed specialised training and education plus at least two years of general dental practice.

Division	Scope of practice
Dental specialists	<p>Focus - one or more of 13 specialties:</p> <ul style="list-style-type: none">• dento-maxillofacial radiology• endodontics• forensic odontology• paediatric dentistry• periodontics• prosthodontics• public health (community) dentistry• oral and maxillofacial pathology• oral and maxillofacial surgery• oral medicine• oral surgery• orthodontics• special needs dentistry. <p>For more, see our list of specialties and Specialist registration standard.</p>

For consumer information about the practitioner divisions and dental specialists, see our [website](#).

Dental assistants and technicians support dental practitioners. They are not registered, although dental assistants in some states have state radiography licensing so they can take dental radiographs.

2.3 How do these practitioners work together?

We encourage different practitioners to work together as a cohesive dental team. To do this, you must know your scope of practice.

Working as a team is vital to provide the highest standard of care, where each patient receives the most appropriate treatment from the most suitable practitioner.

The level and nature of this care will depend on the:

- patient's wellbeing and safety needs
- treatment needed
- type of practice, and
- the team's education, experience and competence.

We expect you to know when and how to delegate, refer or hand over patient care to another practitioner for an opinion or treatment. You should do this if the diagnosis or treatment is beyond your own scope of practice or skills.

3. Assessing your own education, training and competence

This section outlines the elements that contribute to your individual scope of practice, including:

- general influences that might enable or restrict you
- the different pathways to registration through education and assessment
- the entry-level professional competencies that set the foundation for competence
- options for continuing professional development (CPD), and its limits.

You are responsible for knowing your own scope of practice and should regularly assess your knowledge, skills and experience, within the limits of your practitioner division.

3.1 What influences your individual scope of practice?

The practitioner divisions set broad limits, but your own scope of practice may differ from others in your division. Influences that could either broaden or limit your practice include:

- level of education and training
- competence and experience (including how recent your experience is)
- registration or legal requirements
- clinical need
- professional indemnity
- workplace environment, needs and capacity.

We discuss registration and professional competencies below.

You must use sound professional judgement to assess your scope of practice to ensure you are educated, trained and competent to carry out any activities you take on.

To help you do this, we have developed a [reflective practice tool](#) that asks you to:

- reflect on your knowledge, skills and abilities, and
- consider how your overall competence relates to your area of practice.

Remember that you alone are responsible for the decisions, treatment and advice you provide.

3.2 What are the pathways to registration?

To be registered as a practitioner in a particular division, specialty or endorsement, you will usually need to complete the relevant approved program of study. These programs are:

- accredited by the Australian Dental Council (ADC), our profession's accreditation authority, and
- approved by the Board under the National Law.

Otherwise, you can go through assessment, examination or qualification under the National Law for:

- general registration (section 53)
- specialist registration (section 57)
- limited registration with the Board (section 65)
- endorsement (section 99).

Whichever pathway you follow, you must only perform treatments that you have been educated and trained in, and that you are competent in.

3.3 What are professional competencies?

The ADC publishes a series of [professional competencies for newly qualified practitioners](#) in each dental division, and this defines 'competent' as:

The behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill and values in an integrated response to the full range of requirements presented in practice.

Competence is not just about being able to carry out a procedure. It is also about having the understanding, skills and values to consider whether the treatment is justified in the circumstances, including any risk of harm to the patient.

Please see the references below for beginner or entry-level competencies in different divisions.

Competencies for newly qualified practitioners and specialists

Reference	Description
The ADC professional competencies for newly qualified dental practitioners	These describe the professional competencies for dental practitioners at the point of graduation from an ADC-accredited program. They include newly qualified: <ul style="list-style-type: none"> • dentists • dental hygienists, dental therapists and oral health therapists, and • dental prosthetists.
The Board and Dental Council of New Zealand entry-level competencies for dental specialists	These describe the level of competence expected of applicants for registration with the Board and the Council.

3.4 How can you maintain and improve your competence?

You should keep your knowledge and skills up to date so you can:

- continue to work within your scope of practice
- evolve your practice, within your division, from your initial qualification.

CPD, such as a course about a new technique or procedure, will help you:

- maintain, improve and broaden your expertise, experience and competence
- develop the personal and professional qualities you will need throughout your career.

However, you must choose your CPD based on your division's scope of practice and understand its limits. For example, dental hygienists, dental prosthetists, dental therapists and oral health therapists cannot become dentists through CPD courses.

After your CPD, you will need to assess whether you have received enough clinical experience to include the new technique in your practice.

We expect you to comply with our [CPD registration standard](#), [CPD guidelines](#) and other legal requirements (see section 1.2).

For more on CPD requirements and choosing an activity, please see our [website](#).

4. About these guidelines

This section lists the references we have noted throughout the document. You will find most of these on our website.

It also sets out our authority to develop these guidelines under the National Law and to use it in disciplinary proceedings.

4.1 What are the key references?

Organisation	Title
Dental Board of Australia www.dentalboard.gov.au	Scope of practice registration standard Specialist registration standard Continuing professional development standard Guidelines – Continuing professional development registration standard Code of conduct Reflective practice tool
Australian Dental Council www.adc.org.au	Professional competencies of the newly qualified dentist Professional competencies of the newly qualified dental hygienist, dental therapist and oral health therapist Professional competencies of the newly qualified dental prosthetist
Dental Board of Australia and Dental Council of New Zealand	Entry-level competencies for dental specialists

4.2 What is the Dental Board's authority?

The Dental Board of Australia developed these guidelines under section 39 of the National Law.

We can use it in disciplinary proceedings against dental practitioners as evidence of what constitutes appropriate practice or conduct for the health profession under section 41 of the National Law.

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