DHAA Position Statement on Scope of Practice

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The Dental Board of Australia (DBA) is the regulatory body for dental practitioners in Australia. The DBA develops registration standards following a wide ranging consultation, and also provides supporting guidelines to assist practitioners in understanding the expectations and how to meet the requirements of the standards.

The scope of practice registration standard registration standard sets out the National Board's requirements for the scope of practice for dental practitioners. The scope of practice registration standard has been in effect since June 2014 and is due for review in early 2018.

The history of the scope of practice registration standard

Since the inception of the National Registration and Accreditation Scheme, regular reviews of the registration standards have been undertaken. The most recent revised Scope of practice registration standard and guidelines for dental practitioners came into effect on 30 June 2014. The most notable change in this version was the removal of the term 'supervision' from the registration standard and the inclusion of a definition of a structured professional relationship. The DBA advises that this was done to remove the ambiguity around professional accountability and responsibility for patient care that arose through different understanding of the supervision requirements for dental hygienists, dental therapists and oral health therapists.

The DBA determined that dental hygienists, dental therapists and/or oral health therapists cannot be independent practitioners, as state and territory based regulatory requirements restrict these practitioners to possess, prescribe/supply and administer medications by requiring a prescription from a dentist.

The professional expertise of dental hygienists and oral health therapists

Dental hygienists and oral health therapists are professional highly-trained dental practitioners who focus on preventive oral health, focusing on techniques that ensure oral tissues and teeth are maintained and remain healthy in order to prevent dental disease, especially common chronic diseases such as dental caries, gingivitis and active periodontitis.

Dental hygienists and oral health therapists focus on disease prevention, through clinical intervention and education. This is fundamental to the management of oral health. The provision of dental health education, including dietary advice and smoking cessation, and clinic procedures such as root

debridement also assists patients to manage existing conditions such as periodontal disease, cardiovascular disease, oral cancers, diabetes and respiratory disease. Dental hygienists and oral health therapists are the primary preventive oral health providers and are the acknowledged experts in the field of dental disease prevention by our dental professional and health service provider colleagues.

The skills, knowledge and training of the oral health practitioner are extensive. Training includes health sciences, human biology, anatomy and physiology, microbiology, pathology, oral medicine, dental medicine, pharmacology, dental materials, periodontics, risk factors, aetiology of disease, cariology, orthodontics, geriatric dentistry, special needs dentistry, oral health promotion and education, dental public health, preventive dentistry, community dentistry, minimal intervention, dental radiography, temporary restorations, local anaesthesia and clinical practice, including examinations, diagnosis and treatment planning and delivery within scope of practice.

The National Law requires the same level of professional responsibility from dental hygienists and oral health therapists as it does from dentists, dental specialists and dental prosthetists in that all practitioners must be registered with AHPRA, and have their own professional indemnity insurance and radiation licences. They are also required to complete 60 hours of mandatory continuing education in a three year cycle.

Our objective is the effective delivery of quality oral health services, improving oral health and therefore also general health. Dental hygienists and oral health therapists are employed throughout Australia as academics and educators by tertiary and vocational education providers to develop, deliver and evaluate programs which educate future providers of public and private oral health services. They have a critical role in maintaining standards which deliver the highest possible care to all population groups and in developing education strategies that align with the optimum provision of oral health care within an array of policy frameworks in States and Territories of Australia.

Scope of practice: member views

In October 2017, the DHAA invited members to provide their opinions on the current scope of practice registration standard, via an online survey. 205 members completed the survey; based on a sample size calculation (population size 1500, 95% confidence interval, 10% margin of error) we required a minimum sample of 91 respondents to be representative of our membership base. Respondents included dental hygienists (68%), oral health therapists (18%) and dual qualified hygienist-therapists (10%), from all States and Territories in Australia.

The overwhelming majority of respondents (91%) indicated that they were satisfied with the requirement that “All dental practitioners are members of the dental team who exercise autonomous decision making within their particular areas of education, training and competence, to provide the best possible care for their patients”. They also agreed (87%) that “Dental practitioners must only perform dental treatment: for which they have been educated and trained in programs of study approved by the National Board, and in which they are competent”. Comments provided related specifically to the lack of clarity and confusion within the profession regarding this standard.

Respondents indicated that independent practice would recognize the dental hygienist and oral health therapist as a highly trained and educated health professional, with some 50% unsatisfied with the lack of independent practitioner status. Respondent’s comments recognised that independent practitioner status still required a team approach to care and referral for areas outside their scope of practice. The

majority of respondents are confident in their ability to make requests for diagnostic radiographs (92%) and to make direct referrals to specialists (68%). There are some concerns that undergraduate training has not prepared the profession for independent practice (37%), and suggestions for implementation include established guidelines, an application process and post-graduate training, as well as looking to other countries that have implemented independent practice.

Independent practice

Independent practitioner status for dental hygienists and oral health therapists will allow greater opportunities to practise in a variety of settings, including residential aged care facilities (RACF's), group homes, wards and units in hospital settings, and homes for the disabled. The scope of practice currently states that dental hygienists and oral health therapists may "exercise autonomous decision making within their particular areas of education, training and competence", which reflects the fact that they are not ancillary providers, and should be supported in providing direct access to high need groups.

Many countries around the world recognize the value of preventive dental care and place a high community value on preventive dental services. Many encourage direct access, meaning citizens may see a dental hygienist without first having to see a dentist. In Ontario, Canada, Bill 171 was introduced in 2007 which allows the public to access the dental services of registered dental hygienists. Other countries with similar legislation include the United Kingdom, the Netherlands, New Zealand, Scandinavian countries including Sweden and Norway, and many states in America. A review undertaken prior to the legislative change in the UK highlighted that direct access to dental hygienists resulted in increased access to care, improved patient satisfaction and no significant risks to patient safety.[1] In California, USA, dental hygienists may register for alternative practice; these practitioners have specialized training and an additional license that allows them to have their own independent business and work in settings other than a dental office and without the supervision of a dentist. These services can be provided in designated underserved areas, as well as schools, institutions, residences, skilled nursing facilities, and private homes of homebound persons. This model reaches some of the most underserved populations.[2]

The necessity for a Scope of Registration Standard for health professionals

It should be noted that the Dental Board is the only Board under the National Registration and Accreditation with a Scope of Practice Registration Standard for the health practitioners it regulates. Like the Dental Board, other Boards have numerous divisions of practitioners, that are also required to deliver care using a team-based approach, and yet they do not require a registration standard that spells out to health professionals the need to work within their areas of education, training and competence.

A professional can be defined as "a member of a profession…governed by a code of ethics, and profess commitment to competence, integrity and morality, altruism, and the promotion of the public good within their expert domain. Professionals are accountable to those served and to society".[3] All health professionals, regardless of their profession, division or endorsements, through the process of

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[1] Turner S, Tripathee S, MacGillivray S. Benefits and risks of direct access to treatment by dental care professionals: A rapid evidence review. Final Report to the General Dental Council 2012

[2] http://www.rdhmag.com/articles/print/volume-32/issue-1/features/start-up-company.html

[3] Cruess SR, Johnston S, Cruess RL. (2004) Profession: a working definition for medical educators. Teaching and learning in medicine: 16(1); 74-6.

registering for practice are committing to providing services within their scope of practice. Therefore the purpose of a registration standard is questionable.

It should also be noted that "registrations standards … may be used in disciplinary proceedings against health practitioners as evidence of what constitutes appropriate practice"[4]. While the current standard is perceived by practitioners as unclear and confusing then it is not guiding appropriate practice and is therefore potentially detrimental to public safety.

Summary

In light of the evidence, the DHAA holds the view that dental professionals, like all other health professionals, should not require a registration standard to define their scope of practice.

Should the DBA be compelled to retain the Scope of Practice Registration Standard, the DHAA supports a revised standard:

- that provides clarity, rather than added confusion;
- that provides an opportunity to extend scope of practice, and provides clear guidance on how this might be achieved;
- which allows for models of care where the most suitable person on the team is the team leader;
- where all dental practitioners (including dentists) are accountable for recognizing their own scope of practice and competence;
- that provides an opportunity for those oral health practitioners with the education, training, skills, experience and confidence to pursue independent practice, ideally following the completion of a post-graduate training program.

[4] www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Guidelines-Scope-of-practice.aspx