



Page 2: Your information

Q1

Your details

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Q2 professional body

Your submission is in the capacity as

Page 3: Name of company/organisation

Q3

Name of company/organisation

The Australian Dental and Oral Health Therapists Association Ltd.

Page 4: Your Person ID number

Q4 Respondent skipped this question

Please add your Dental Council Person ID registration number

Page 5: Proposal area 1: The requirement for a professional relationship

Q5

Agree

Do you agree/disagree with the proposal to remove the mandated requirement for a professional relationship (dental therapy), working relationship (dental hygiene, orthodontic auxiliary practice), and a consultative professional relationship (oral health therapy) from the respective scopes of practice. Please detail why.

Q6

Please provide comments to support your response.

As outlined in the consultation document all Oral health practitioners (OHP) are required to work in a dental team under the professional standard 21. The requirement for a consultative professional relationship adds complexity to the regulatory framework that offers no added benefits to the community in terms of protection. It is our view that this regulation adds unnecessary policy layers, costs to the community and does not meet the public good test; it therefore should be dispensed with altogether. Therefore we agree with the rationale behind its removal.

Team dentistry is a model that optimises the best care for patients whilst ensuring the safe and quality delivery of care. No dental practitioner should work independently and in isolation, this includes dentists. Therefore, this requirement for a consultive professional relationship puts unnecessary restrictions on dental therapists and hygienists, when the professional standard 21 sets the standard for team dentistry for all dental practitioners. All dental practitioners should seek advice and refer patients when their needs are beyond their expertise and scope of practice. i.e. no practitioner should practise in isolation. If a requirement for a consultative working relationship is necessary to be explicitly defined, it should apply to all dental practitioners including dentists and dental technicians. The mechanism of accreditation of educational programs and registration to practice is sufficient to ensure safe practice without these components. Education programs enable graduate OHPs to practice in a dental team environment as autonomous practitioners who are responsible for the dental treatment services they provide.

In addition to this, there are communities who have poor access to dental services, who have been disadvantaged by these requirements because of misinterpretations that have prevented OHPs from providing dental services. Opportunities exist for effective triaging in areas with reduced access to care and to address high prevalence of oral disease rates including residential care, rural and remote areas and outreach communities, where systems such as tele-dentistry could be used to their full advantage. This change is likely to improve the transition towards a stronger focus on preventive models of dental care. Some employers still believe that OHPs cannot practice without the presence of a dentist because of the wording of the current standard. There are also issues with private health insurance, government funded schemes and rebates that arise because of the misleading language in the current standard.

Page 6: Proposal area 1: The requirement for a professional relationship

Q7

Agree

Do you agree/disagree to remove references to working/professional/consultative professional relationships from the dental therapy, dental hygiene, orthodontic auxiliary practice, oral health therapy, dental technology and clinical dental technology scopes of practice? (as detailed in Appendices A – F). Please detail why.

Q8

Please provide comments to support your response.

All dental practitioners should be guided using the same terminology. It is unnecessarily restrictive and illogical to use a consultative professional relationship and professional relationship for different practitioners. Therefore yes, this regulation which restricts practice for a specified set of practitioners should be removed.

All Oral health practitioners (OHP) are required to work in a dental team under the professional standard 21. The requirement for a consultative professional relationship adds complexity to the regulatory framework that offers no added benefits to the community in terms of protection. It is our view that this regulation adds unnecessary policy layers, costs to the community and does not meet the public good test; it therefore should be dispensed with altogether. Team dentistry is a model that optimises the best care for patients whilst ensuring the safe and quality delivery of care. No dental practitioner should work independently and in isolation, this includes dentists. Therefore, this requirement for a consultive professional relationship puts unnecessary restrictions on dental therapists and hygienists, when the professional standard 21 sets the standard for team dentistry for all dental practitioners. All dental practitioners should seek advice and refer patients when their needs are beyond their expertise and scope of practice. i.e. no practitioner should practise in isolation. If a requirement for a consultative working relationship is necessary to be explicitly defined, it should apply to all dental practitioners including dentists and dental technicians. The mechanism of accreditation of educational programs and registration to practice is sufficient to ensure safe practice without these components.

Page 8: Proposal area 2: Practising conditions for dental hygiene activities

Q9

Agree

Do you agree/disagree with the removal of the requirement for direct clinical supervision for administration of local anaesthetic and prescription preventive agents? Please detail why.

Q10

Please provide comments to support your response.

The standards outlines by the Council are clear that individual practitioner is responsible for their scope of practice. Where practitioners are trained in their undergraduate or postgraduate programs to administer and supply drugs and poisons, they should be then responsible for their administration.

Various drugs and poisons regulations written into legislation should be the governing rules for practitioners and not NZDC policies and codes. Accreditation of training programs can then determine if appropriate to train practitioners in the supply, prescription and administration of the drugs. The mechanism of accreditation of educational programs and registration to practice is sufficient to ensure safe practice without these components.

Page 9: Proposal area 2: Practising conditions for dental hygiene activities

Q11

Agree

Do you agree/disagree with the removal of clinical guidance for the remainder of the dental hygiene scope activities? (excluding the orthodontic activities currently defined as being performed under direct supervision). Please detail why.

Q12

Please provide comments to support your response.

Team dentistry is a model that optimises the best care for patients whilst ensuring the safe and quality delivery of care. No dental practitioner should work independently and in isolation, this includes dentists. Therefore, this requirement for a consultative professional relationship puts unnecessary restrictions on dental therapists and hygienists, when the professional standard 21 sets the standard for team dentistry for all dental practitioners. All dental practitioners should seek advice and refer patients when their needs are beyond their expertise and scope of practice. i.e. no practitioner should practise in isolation. If a requirement for a consultative working relationship is necessary to be explicitly defined, it should apply to all dental practitioners including dentists and dental technicians. The mechanism of accreditation of educational programs and registration to practice is sufficient to ensure safe practice without these components. Education programs enable graduate OHPs to practice in a dental team environment as autonomous practitioners who are responsible for the dental treatment services they provide.

Page 10: Proposal area 2: Practising conditions for dental hygiene activities

Q13

Neither agree nor disagree

Do you agree/disagree to align the description of the following scope activity with current dental hygiene practice in the following way: obtaining and reassessing medical and dental oral health histories? Please detail why.

Q14

Respondent skipped this question

Please provide comments to support your response.

Page 11: General

Q15

Yes

Are there any further comments you would like to made on the proposals?

Q16

Please comment below

Not having a written agreement is in line with international standards for dental therapists and hygienists. Oral health practitioners are required to practice within the professional standards framework. Standards 19 to 22 requires OHPs to collaborate with colleagues which negates the need for a written agreement.
