

Dental practice and voluntary restrictions policy

Date last reviewed	February 2007
Scheduled review	
Approved by	Council

Purpose

The purpose of this policy is to set out the limits to restrictions that an oral health practitioner may include on his/her scope of practice, to ensure minimum standards of competence are maintained, in order to protect the health and safety of the public.

Scope

This policy applies to all registered oral health practitioners. It has particular application for practitioners who have, or are considering, limiting the range of activities from their scope that they carry out in practice.

This policy does not cover circumstances when conditions on scopes of practice have been placed on a practitioner in response to matters of discipline, competence or health; or situations of non-clinical practice.

Policy

1. Council recognises that some practitioners, over time, limit their practice and do not carry out the full range of activities covered by their scope of practice.
2. Practitioners choosing to limit their practice should be aware that:
 - (a) all practitioners must maintain currency in the competence standards defined for their profession, including generic competences required of all oral health professionals.
 - (b) practitioners do not need to maintain clinical competence in the full range of procedures covered by their scope. They must, however, keep up to date with developments in all areas of their scope to ensure that patients receive appropriate care and that appropriate referrals are made.
 - (c) the minimum CPD requirements delineated for each oral health profession apply to all practicing practitioners, regardless of whether or not they have restricted their practice or work part-time.
 - (d) if self-limiting their practice, practitioners are not required to formally apply to have their scope restricted.
3. Conditions apply for practitioners resuming practice of a clinical procedure after a break of three or more years (see Recency of Practise policy).
4. Practitioners resuming practice of a clinical procedure, which forms part of their general scope of practice, after a break of three or more years must be able to demonstrate that they have the requisite knowledge and skills to undertake such procedures, including knowledge of the relevant scientific literature.

- (a) Practitioners must have documented evidence of training, including formal qualifications, courses, CPD and supervised or self-directed training and evidence of logged experience in the procedure.
- (b) Council considers that practitioners wishing to resume practise of a procedure after a break of five or more years require formal hands-on training before recommencing.