Page 2: Your information

Q1

Your details

Name	**Nicole**
Surname	**Stormon**
City/town	[redacted]
Email	[redacted]

Q2

Your submission is in the capacity as

professional body

Page 3: Name of company/organisation

Q3

Name of company/organisation

Australian Dental and Oral Health Therapists Association

Page 4: Your Person ID number

Q4

Please add your Dental Council Person ID registration number

Respondent skipped this question

Page 5: Working relationship - proposal 1

Q5

Retain a ‘working relationship’ as a scope of practice requirement for the dental therapy, dental hygiene, oral health therapy and orthodontic auxiliary professions.

Disagree

Q6

Please comment below on your support or concern.

Disagree. 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.
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: Working relationship - proposal 2

Q7

The current working relationship for dental therapy, dental hygiene and orthodontic auxiliary practice be redefined as a consultative professional relationship, in line with oral heath therapy.

Disagree

Q8

Please comment below on your support or concern.

Disagree. 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.
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Page 7: Working relationship - proposal 3

Q9

Disagree

The consultative professional relationship be defined as:The arrangement between an oral health practitioner and dentist to provide professional advice about treating and managing patients, within the oral health practitioner’s scope of practice. It provides a clear and reliable way for the oral health practitioner to seek advice, and a potential pathway for referral.

Q10

Please comment below on your support or concern.

Disagree. 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.
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Page 8: Working relationship - proposal 4

Q11

A signed written agreement is no longer be required for dental therapy, dental hygiene or orthodontic auxiliary practice, as it is anticipated that practitioners will reliably meet their responsibilities in the consultative professional relationship, consistent with the position held for oral health therapy. Practitioners may still choose to have a written agreement, or employers may require one.

Agree

Q12

Please comment below on your support or concern.

Agreed. 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.

Page 9: Working relationship - proposal 5

Q13

Describe the current working relationship for dental technology and clinical dental technology practice as a professional relationship between a technician and other health practitioners, to acknowledge the professionals involved and the oral health practitioners' professional obligations under the standards framework.No changes to the nature of this relationship are proposed, or to the current professional responsibilities of practitioners in this relationship.

Disagree

Q14

Please comment below on your support or concern.

Disagreed. As outline in response to pints 1 to 3 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.

Page 10: Working relationship - proposal 6

Q15

Remove the multiple 'working relationship' practice standards from the standards framework for oral health practitioners, and to publish the following two guidance documents to help practitioners understand and meet their professional relationship responsibilities: Guidance for the consultative professional relationship between an oral health therapist, dental therapist, dental hygienist, or orthodontic auxiliary and dentist/dental specialist Guidance for the professional relationship between a dental technician or clinical dental technician and other health practitioners

Agree

Q16

Please comment below on your support or concern.

Respondent skipped this question

Page 11: Practising conditions for dental hygiene activities - proposal 7

Q17

All activities in the dental hygiene scope of practice be performed within a consultative professional relationship without the need for clinical guidance or direct clinical supervision for the administration of local anaesthetic and application of prescription preventive agents. Direct clinical supervision will remain for dental hygienists undertaking orthodontic activities currently specified as being performed under direct clinical supervision.
The specific requirements for the dentist to: implement the orthodontic treatment plan; be responsible for the patient's clinical care outcomes; and be on-site at the time of the orthodontic activities being performed, to be included in the relevant scope activity description.

Agree

Q18

Please comment below on your support or concern.

Respondent skipped this question

Page 12: Practising conditions for dental hygiene activities - proposal 8

Q19

The clinical guidance and direct clinical supervision definitions to be removed from the hygiene scope of practice.

Agree

Q20

Please comment below on your support or concern.

Respondent skipped this question

Page 13: Practising conditions for dental hygiene activities - proposal 9

Q21

Update the Medical Emergencies practice standard to require dental hygienists to have access to and obtain the necessary training to safely administer adrenaline (1:1000) to manage an anaphylactic event (with an implementation period of a year to allow for training to occur).

Agree

Q22

Please comment below on your support or concern.

Respondent skipped this question

Page 14: Practising conditions for dental hygiene activities - proposal 10

Q23

Update the dental hygiene scope of practice with the following activity being performed within a consultative professional relationship: obtaining and reassessing medical and dental oral health histories

Agree

Q24

Please comment below on your support or concern.

Respondent skipped this question

Page 15: Practising conditions for dental hygiene activities - proposal 11

Q25

To not replicate the guidance ('should statements') in the current dental hygiene working relationship relating to a patient's initial assessment into the new consultative professional relationship guidance document.The new consultative professional relationship guidance document contains the following guidance: Identify any specific circumstances where you expect the oral health practitioner will ask for professional advice or assistance, for example: The interpretation of significant or complex medical histories and their potential influence when providing oral health care, including when planning to administer local anaesthetic.

Agree

Q26

Please comment below on your support or concern.

Respondent skipped this question

Page 16: Minor scope changes for orthodontic auxiliary practice for consistency across activities

Q27

Make minor wording changes to the orthodontic auxiliary scope of practice to align the description of the same activities across the relevant scopes of practice.

Agree

Q28

Please comment below on your support or concern.

Respondent skipped this question

Page 17: General

Q29

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

No

Q30 **Respondent skipped this question**

Please comment below