

Know your scope

What the revised standard means for you

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Recorded Webinar



Acknowledgment of Country

Today we will cover

- Recap of the National Scheme
- The journey so far to a new SoP standard
- Changes & key requirements
- Education & training
- Monitoring compliance
- FAQs
- SoP activities
- Where to find resources
- Dental Board's work & future directions
- Your questions & feedback

NRAS objectives & guiding principles

Objectives

- Protection of the public
- Workforce mobility
- Facilitate provision of high quality education
- Facilitate the assessment of overseas trained practitioners
- Facilitate access to health services in public interest
- Enable a flexible, responsive and sustainable workforce

Principles

- Transparent
- Accountable
- Efficient, effective & fair
- Restrictions on the practice of a health profession are to be imposed only if it is necessary to ensure health services are provided safely and are of an appropriate quality.



How did we get here?

- Jun 14 current registration standard
- Jul 17 review of registration standard starts
- Mar May 18 public consultation
- Nov 18 submitted CHC
- Mar 19 referred to ACSQHC for report
- Oct 19 AHMAC considers report
- Nov 19 revised standard approved
- Jul 20 start of revised registration standard

The ACSQHC review

- **Purpose** independently assess standard against
 - patient quality
 - safety implications
 - consumer benefit
- Approach
 - independent panel to provide technical advice
 - analysis of documentation & complaints based on information from Dental Board of Australia, Dental Council NSW & Australian Dental Association
 - literature review
 - desktop review of grey literature

Findings of ACQSHC review

- No evidence of harm
- In-line with international approaches
- Changes supported by accreditation & regulatory frameworks
- Potential consumer benefits

Current SoP registration standard (2014)

- Expectations of practitioners
- No specific lists
- Includes a broad definition of dentistry
- Members of the dental team
- No supervision requirements
- Includes structured professional relationship for referral & management only
- Characterises practitioners as 'independent' or 'not 'independent'
- Programs to extend scope

Why change the 2014 standard?

- To remove a regulatory barrier to enable dental practitioners across all divisions to exercise their full scope of practice
- To continue the Board's **incremental approach to transition** the profession, particularly dentists, away from prescriptive requirements for scope

Why change the 2014 standard?

• To allow for greater access to service provision & consumer choice, while recognising that most consumers will continue to have a primary relationship with their dentist

Revised SoP registration standard (2020)

- Expectations of practitioners retained
- Definition of dentistry retained
- Members of the health team improved
- Structured professional relationship removed
- Terms 'independent' or 'not 'independent' removed
- Programs to extend scope removed
- Code of conduct new reference

What hasn't changed in 2020?

- The individual scope of practice of all dental practitioners across the five divisions is still the same
- Practitioners from the other four divisions cannot become or practise as a dentist through completing CPD courses
- Dentists who currently share their Medicare provider numbers with other members of the dental care team still can from 1 July

So what has changed in 2020?

- Structured professional relationship between a dentist & other team members is no longer a regulatory requirement
- If an employer wishes to have a structured professional relationship, that is a matter between them & the employee
- Removal of the term 'independent practitioner'

What are the key requirements?

Dental practitioners must only perform dental treatment:

- for which they have been educated & trained in programs of study approved by the National Board
- in which they are competent

What are the key requirements?

Dental practitioners:

- are responsible for the decisions, treatment & advice that they provide
- must not direct any person whether a registered dental practitioner or not:
 - to carry out dental treatment, or
 - give advice outside that person's education & competence
- need to be aware of & respectful of the education & training done by each of the dental divisions

Any other practice requirements?

- Dental practitioners should be mindful of other regulatory requirements & legislation
 - a dental practitioners' ability to possess, prescribe, supply & administer medications, or perform radiographic procedures varies across states & territories

Scope of practice across dental divisions

Scope of dentistry

Dentists

Dental prosthetists

Dental hygienists

Dental therapists

Oral health therapists

What do the changes mean for me?

- All dental practitioners must:
 - only perform dental treatment for which they have been educated, trained & are competent
 - continue to work within their own scope of practice as part of a patient's healthcare team & refer when the requirements of a patient's care are outside their scope of practice

What do the changes mean for me?

- All dental practitioners should:
 - maintain strong professional relationships with other practitioners & divisions so they can work as a cohesive dental team
 - learn how to assess their own expertise, within the limits of their practitioner division, to determine their own scope of practice based on their education, training & competence
 - be aware of other regulatory requirements that might apply

Influences on individual scope of practice



What should you consider?

- Each dental practitioner needs to know their own scope of practice
- Before carrying out dental treatment ask yourself:
 - Am I practising within the Board's requirements?
 - Have I completed the necessary education & training?
 - Is there relevant legislation/regulation?
 - Does my PII cover me?
 - Does my employer allow the practice or have any additional requirements?
 - Have I carried out the practice recently?
 - Do I feel confident to carry out the treatment?

Continuing professional development

- Doing CPD is beneficial to:
 - maintaining & improving a dental practitioner's skills & experience
 - broaden a practitioner's scope of practice within their division
- CPD will not let you move from one division to another.
 - Dental hygienists, dental prosthetists, dental therapists & oral health therapists cannot become a dentist simply by completing CPD courses

Continuing professional development

- Dental practitioners should evolve their practice, within their division, from their initial qualification
- Practitioners must choose CPD based on their scope of practice & understand its limits.
- Upon completion of CPD, practitioners must assess whether they've acquired enough knowledge, skills & clinical experience to include the new technique in their practice.

How will the Board monitor compliance?

- Audit
 - no specific audit of scope of practice standard & guidelines
- Registration & renewal
 - declaration to comply with all relevant legislation,
 Board registration standards, codes & guidelines
- Notifications
 - demonstrate compliance with standard & guidelines in the course of an investigation

FAQs – Cosmetics – definition of dentistry

- Do procedures performed for cosmetic enhancement fit in the definition of dentistry?
 - definition covers the widest range of any procedures that a person educated in dentistry can carry out
 - generally accepted that cosmetic dentistry is an area of dental treatment

FAQs – Referrals

- When should a dental practitioner refer?
 - professional responsibility means knowing & practising within your individual scope of practice
 - Dental Board expects practitioners to know when & how to refer a patient for an appropriate opinion &/or treatment, where the diagnosis &/or treatments are beyond his or her skills
 - important to develop & maintain professional relationships/networks

FAQs – CPD

- How do procedures learnt by practitioners during CPD fit within their scope of practice?
 - individual scope of practice continues to evolve for each practitioner throughout their professional careers
 - has not changed under the revised Scope of practice registration standard

FAQs – Provider numbers

- Does the changed standard mean DTs, DHs & OHTs can now apply for Medicare provider numbers?
 - Board is not the relevant authority
 - Medicare's responsibility
 - a dental practitioner who currently allows another practitioner to use their provider number can continue to do so

FAQs – Dental prosthetists

- Does the new standard change the existing relationship between dental prosthetists & dentists?
 - dental prosthetists work in the assessment, treatment, management & provision of removable dentures and flexible/removable mouthguards
 - to provide a patient undergoing care with the best possible care necessary, a professional relationship is essential, & all members of the dental care team must comply with their obligations under the Board's Code of conduct

Timeline of activities in 2020

• Before 1 July 20 when standard takes effect

- launch 'know your scope of practice' information hub
- webinar recording published
- live webinars for practitioners (each S&T)
- release of resources including reflective tool, FAQs, podcast and videos

• After 1 July 20

- forums in capital cities & some regional towns
- Release of more resources, e.g. updated FAQ

Scope of practice resources

- Board website <u>www.dentalboard.gov.au</u>
 - Registration standards
 - Policies, codes & guidelines
 - FAQs
 - Know your scope information hub (coming soon)
- Professional attributes & competencies for newly qualified practitioners published on the Australian Dental Council website
- Professional associations, insurers & individual legal advice for individual circumstances

Know your scope information hub



Reflective tool to support CPD

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Reflective pr	actice tool
Policies, Codes, Guidel FAQ Know your scope Stakeholder forums Resources to help you Reflective practice too FAQ - Revised Scope o FAQ - Revised Scope o Podcast - ADA Interview Videos - Know your sco Background to revised sta Policies, Codes and Guideline Advertising a regulated health FAQ and Fact Sheets Continuing professional deve (CPD) resources Infection control obligations o practitioners	Image: Second
	The Board expects that, as a healthcare professional, you know your scope of practice and do not practise beyond the range of activities and responsibilities for which you are trained, qualified, experienced and competent to perform. Your scope of practice is likely to vary trom that of another dential practitioner and may be more specifically defined than the scope of the division in which you are registered. Your scope of practice may also vary according to the clinical setting and situation in which you practise.
	As a member of a healthcare team, you should refer patients to an appropriate practitioner when the requirements of patient care are outside your scope of practice.

To complete the reflective tool, you must download the PDF pox KB, PDF) so you can answer the questions and have a record o your self-review. Responding to the questions and recording your answers will take at least 30 minutes. The information below is included in the PDF:

		Expand all Collapse al
•	Why has the Board published the reflective tool?	Expand
	When and how should you use the reflective tool?	Expansi
•	What if you identify gaps in your knowledge, skills or abilities?	Expans
	When reflecting on your own individual scope of practice, you should ask yourself these questions.	Expans
	What did you learn from the self-review of your scope of practice?	Expans

Dental Board's work & future directions

- Board funded support service for dental practitioners
- Review of infection control guidelines
- Finalise review of record-keeping guidelines
- Review framework for assessing applications from overseas-trained practitioners

Multi-profession work & campaigns

- Implement supervised practice framework
- Advertising Guidelines
- Review of Code of conduct
- New mandatory notifications guidelines now in effect
- #Besafefirst cosmetics procedures campaign

End of presentation



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