

# PRACTICE OVERSIGHT GUIDELINES

## 1. PREAMBLE

These Practice Oversight Guidelines have been produced by the Practice Oversight Working Group consisting of representatives of the Dental Board of NSW; Centre for Oral Health Strategy; Australian Dental Association (NSW); Faculty of Dentistry, University of Sydney; Faculty of Health, School of Health Sciences, University of Newcastle; Australian Dental and Oral Health Therapists' Association Inc; and the Dental Hygienist's Association of Australia - NSW Branch Inc.

It is expected that dentists and dental auxiliaries in the public and private sectors will be familiar with these Guidelines and use them to further their understanding of each other's scope of practice and relationship within the dental team.

Practice Oversight Guidelines for Dental Therapists, Dental Hygienists and Oral Health Therapists have been developed to replace the supervision provision within the 1996 Regulations. The former legislation referred to the supervision, direction and control of Dental Auxiliaries with a prescriptive focus. A move to "practice oversight" reflects a shift to a more enabling approach within the current legislative framework.

Practice oversight is a condition of practice and employment for Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW in both public and private sectors.

**The Board will refer to these Practice Oversight Guidelines to determine whether or not the parties involved were acting outside of the intent of the Guidelines. The Board may consider whether the parties are engaged in "unsatisfactory professional conduct" as defined under Sections 41 and 42 of the Dental Practice Act.**

### 1.1 The Legislative Framework

Under section 33(1)(b) of the Dental Practice Act, an auxiliary is only entitled to carry out dental activities *"subject to the practice oversight of a registered dentist in accordance with guidelines approved by the Director General from time to time"*.

These Practice Oversight Guidelines have been developed, pursuant to Section 35 of the Dental Practice Act 2001 to provide a framework for the practice of dentistry by dental therapists, dental hygienists and oral health therapists.

Division 2 of the Dental Practice Act 2001 deals with "Complaints" and the Dental Board of NSW will use the provisions of Division 2 where complaints are received about practice oversight.

## **2. PRACTICE OVERSIGHT**

Dental Practice Regulation 2004 provides for dental therapists, dental hygienists and oral health therapists to practise parts of dentistry under the practice oversight of a dentist.

Practice oversight aims to define broadly the contemporary professional relationship between a Registered Dentist and Registered Dental Auxiliary. Practice oversight:

- Acknowledges the team approach to the provision of oral health services, recognising the dentist as the clinical team leader
- Acknowledges the specific competencies and expertise of members of the oral health team
- Promotes an environment for professional development and lifelong learning
- Promotes a focus and framework for improving the quality of patient care

There are differences in the environment of delivering oral health services in the public and private sectors that need to be taken into account in following Practice Oversight Guidelines.

### **2.1 Public Sector**

Practice oversight in the NSW Public Health System is ultimately the responsibility of the Chief Dental Officer, or an appropriately authorised delegate who must be a registered dentist. This is more fully described in Section 2.3.

The key features of practice oversight in the public sector are that a dentist should be available at all times:

- for advice and consultation in relation to the authorised activities of dental therapists, dental hygienists and oral health therapists; and
- for referral in relation to other matters or matters falling outside the competence of individual auxiliaries.

### **2.2 Private Sector**

Practice oversight in the private sector is ultimately the responsibility of the employing dentist, or an appropriately authorised delegate who must be a registered dentist. This is more fully described in Section 2.3.

In both the public and private sectors, the employer carries responsibility for:

- Provision of continuing education opportunities and remediation courses, where necessary; and
- Dispute mediation and arbitration.

## 2.3 Dentist Responsibilities

**Dentists who work with dental therapists, dental hygienists and oral health therapists in NSW have an obligation to provide day-to-day advice and consultation to them, on request, to ensure a coordinated approach to patient care within their respective scopes of practice.**

Practice oversight may only be delegated to a registered dentist (whether a dental officer, a visiting dental officer or a dentist contracted through some other arrangement) with sufficient time and experience in dentistry to enable them to properly provide practice oversight for a dental therapist, dental hygienist or oral health therapist at the local level.

Dentists who participate in formal practice oversight have a responsibility to:

- Be fully informed about Dental Therapists, Dental Hygienists and Oral Health Therapists scope of practice;
- Be aware of their responsibilities for providing professional support and ongoing constructive assessment and feedback to Dental Therapists, Dental Hygienists and Oral Health Therapists; and
- Promote an environment for professional development and lifelong learning.

## 2.4 Auxiliary Responsibilities

It is fundamental to these Guidelines that, within the defined range of skills, dental therapists, dental hygienists and oral health therapists must practise only those skills for which they have been formally educated and in which they are registered and competent. The Board requires registered dental care providers to possess at least the level of competence expected of a graduating final year dental auxiliary student in a course of study approved by the Board. It may take into account such matters as educational preparation, acquired skills, recency of practice and continuing professional development.

## 2.5 Frequency and format of practice oversight meetings

It is expected as a minimum that a practice oversight meeting in both the public and private sectors will be held at the beginning of a dental auxiliary's employment and annually thereafter. The purpose of the first meeting is to clarify [for both parties] what the Practice Oversight Guidelines involve and related matters such as roles and responsibilities, the range of duties expected of the auxiliary and their fit with his/her scope of practice.

**Sections 2.5.1 and 2.5.2 are offered as suggestions to assist in structuring the practice oversight meeting.**

2.5.1 Factors for presentation and discussion at the initial and subsequent annual practice oversight meeting by the Dental Therapist or Oral Health Therapist might include:

- Medical history, oral examination and treatment plan;
- Radiographs;
- Caries risk analysis;
- Preventive care plans; and
- Range of clinical procedures performed.

Specific instances for discussion may include:

- Trauma;
- Serious medical condition;
- Unusual pathology;
- Child with special needs;
- Early childhood and/or adolescent school children;
- Complex treatment
- Complex treatment settings

2.5.2 Factors for presentation by the Dental Hygienist or Oral Health Therapist might include:

- Preventive care plans;
- Radiographs; and
- Range of clinical procedures performed.

Specific instances for discussion may include:

- Trauma;
- Unusual pathology;
- Adverse reaction to treatment performed;
- Complex treatment and/or treatment settings; and
- Clients with special needs.

### **3. SCOPE OF PRACTICE AND GENERAL PRINCIPLES**

#### **3.1 Dental therapists and practice oversight**

Dental Therapists are part of a highly trained oral health team. They play an important role in the prevention, early identification and treatment of dental disease and the promotion of good oral health to individuals and the community in collaboration with other dental health professionals, allied health professionals and community agencies.

Dental therapists perform those oral health services in which they have been educated and trained to provide to children who are under the age of 18 years, within areas authorised under the Dental Practice Regulation 2004 as amended (Appendix1).

### **3.1.1 General Principles**

The key features of practice oversight of a dental therapist are that a dentist should be available at all times:

- for advice and consultation in relation to authorised dental therapist activities;
- for referral in relation to other matters or matters falling outside the competence of individual dental therapists;
- to ensure appropriate continuity of dental care

### **3.2 Dental hygienists and practice oversight**

Dental Hygienists are part of a highly trained oral health team. They carry out a specified range of oral health services in periodontal and orthodontic care, on both children and adults in the public, private and specialist areas of dentistry. A high portion of patient care is dedicated to health education in collaboration with other health professionals.

The dental hygienist provides an individual course of treatment and education under the written instruction of an overseeing dentist to prevent oral diseases and maintain optimal dental health as an integral part of total health.

Dental hygienists perform those oral health services in which they have been educated and trained within areas authorised under the Dental Practice Regulation 2004 as amended (Appendix1).

#### **3.2.1 General Principles**

The key features of practice oversight for dental hygienists are as follows:

- all treatment provided by a hygienist will be in accordance with a written treatment plan prepared by the overseeing dentist on the dentist's initial examination of the patient;
- a dentist must be available on site for advice and consultation in relation to authorised dental hygienist activities (note the exceptions below);
- a dentist must be available on site for referral in relation to other matters or matters falling outside the competence of individual auxiliaries (note the exceptions below).

The requirement for "on site oversight" does not apply where

- a dental hygienist is working in a Nursing Home or other aged care or residential facility in accordance with a written treatment plan prepared by a dentist;
- the services involve oral hygiene and education only.

### 3.3 Oral health therapists and practice oversight

A new class of dental auxiliary - the oral health therapist - was created in November 2007 and included in the 2004 Dental Regulations. An oral health therapist is defined as

*a person who holds qualifications for registration as both a dental hygienist under Section 19 (1)(c) of the Dental Practice Act 2001 (Schedule 2) and a dental therapist under Section 19 (1)(c) of the Dental Practice Act 2001 (Schedule 3), at least one of which is a bachelors degree, will also be entitled to be registered as an oral health therapist.*

An oral health therapist is a registered primary health care professional, oral health educator and clinician who provides services for the control of oral diseases and the promotion of oral health care, including:

- Preventive services-methods employed to promote and maintain oral health and prevent oral and general diseases.
- Educational services-strategies developed for education on oral disease and general oral health and to encourage healthy behaviours.
- Therapeutic services-clinical treatments designed to stop or control disease and maintain healthy oral tissues.<sup>1</sup>

Oral health therapists perform those oral health services in which they have been educated and trained within areas authorised under the Dental Practice Regulation (Appendix 1).

#### 3.3.1 General Principles

The key features of practice oversight for oral health therapists are that a dentist should be available at all times:

- for advice and consultation in relation to authorised oral health therapist activities; and
- for referral in relation to other matters or matters falling outside the competence of individual oral health therapists;
- to ensure appropriate continuity of dental care

It should also be noted that:

- all dental hygiene treatment provided by an oral health therapist will be in accordance with a written treatment plan prepared by a dentist on the dentist's initial examination of the patient;

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<sup>1</sup> Website information about Bachelor of Oral Health in Oral Health Therapy, Griffith University

- a dentist must be available on site for advice and consultation in relation to authorised dental hygienist activities (note the exception below);
- a dentist must be available on site for advice and consultation in relation to the conduct of dental hygiene activities (note the exception below);

The requirement for "on site oversight" does not apply where

- an oral health therapist is working in a Nursing Home or other aged care or residential facility in accordance with a written treatment plan prepared by a dentist;
- the services involve oral hygiene and education only;
- the services involve the practice of dental therapy.

## **APPENDIX 1**

### **DENTAL PRACTICE REGULATION 2004 as amended November 2007 - REG 6**

#### **Dental hygienist activities-section 19**

For the purposes of [section 19](#) (3) of [the Act](#), the following activities, where carried out in the course of carrying out restricted dental practices and not involving the cutting of oral or dental tissue, are, to the extent that the activities constitute restricted dental practices, prescribed as authorised activities for dental hygienists:

- (a) the irrigation of the mouth,
- (b) the insertion and removal of surgical packs,
- (c) the application and removal of rubber dams,
- (d) the polishing of restorations,
- (e) simple prophylaxis,
- (f) the topical application of sealants, fluoride solutions and medicaments,
- (g) the scaling of supra-gingival and sub-gingival calculus deposits from the teeth,
- (h) root planing,
- (h1) the application of topical anaesthetics,
- (i) the removal of sutures,
- (j) the selection of orthodontic bands,
- (k) the removal of orthodontic archwires, bands and attachments,
- (l) dental radiography for dental examination,
- (m) the taking of simple impressions for study casts,
- (n) the giving of suprapariosteal or mandibular nerve block injections of local anaesthetics not involving, in either case, any other regional, intra-osseous or intra-ligamental anaesthesia,
- (o) dental health education, including dietary counselling for dental purposes,
- (p) the giving of pre-operative and post-operative instruction.

### **DENTAL PRACTICE REGULATION 2004 as amended November 2007- REG 7**

#### **Dental therapist activities-section 19**

For the purposes of [section 19](#) (3) of [the Act](#), the following activities are, to the extent that the activities constitute restricted dental practices and involve dental treatment of children who are under the age of 18 years, prescribed as authorised activities for dental therapists:

- (a) dental examination,
- (b) the cleaning and polishing of teeth and restorations,
- (c) the topical application of sealants, fluoride solutions and medicaments,

- (d) the removal of dental calculus not involving surgical techniques requiring incisions,
- (e) the application of topical anaesthetics,
- (f) the giving of supraperiosteal or mandibular nerve block injections of local anaesthetics not involving, in either case, any other regional, intra-osseous or intra-ligamental anaesthesia,
- (g) the extraction of primary or permanent teeth not involving either surgical techniques or incisions,
- (h) the pulp capping of primary or permanent teeth and the pulpotomy of deciduous teeth,
- (i) the restoration of primary or permanent teeth, excluding any indirect procedure,
- (j) dental radiography for dental examination,
- (k) the taking of study model impressions and their pouring up at the written request of a dentist,
- (l) dental health education, including dietary counselling for dental purposes,
- (m) the giving of pre-operative and post-operative instruction.

## **DENTAL PRACTICE REGULATION 2004 as amended November 2007- REG 7A**

### **Oral health therapists and their activities-section 19**

(1) For the purposes of [section 19](#) (1) (c) of [the Act](#), oral health therapists are prescribed as a class of dental auxiliary.

(2) For the purposes of [section 19](#) (3) of [the Act](#), the following activities are, to the extent that the activities constitute restricted dental practices, prescribed as authorised activities for oral health therapists:

(a) the assessment of oral health conditions (excluding dental examination and treatment planning) and the recording of periodontal disease,

**Note:** Dental examination and treatment planning involving dental treatment of children under 18 years of age is prescribed as an authorised activity in paragraph (l) (i) below.

(b) the irrigation of the mouth,

(c) the insertion and removal of surgical packs,

(d) the application and removal of rubber dams,

(e) the cleaning and polishing of teeth and restorations,

(f) simple prophylaxis,

(g) the topical application of sealants, fluoride solutions and medicaments,

(h) the removal of dental calculus not involving surgical techniques requiring incisions,

(i) root planing,

(j) the application of topical anaesthetics,

(k) the giving of supraperiosteal or mandibular nerve block injections of local anaesthetics not involving, in either case, any other regional, intra-osseous or intra-ligamental anaesthesia,

(l) any of the following activities involving dental treatment of children who are under the age of 18 years:

(i) dental examination and treatment planning,

- (ii) the extraction of primary teeth not involving either surgical techniques or incisions,
- (iii) the pulp capping of primary or permanent teeth and the pulpotomy of deciduous teeth,
- (iv) the restoration of primary or permanent teeth, excluding any indirect procedure,
- (m) the removal of sutures,
- (n) the selection of orthodontic bands,
- (o) the removal of orthodontic archwires, bands and attachments,
- (p) dental radiography for dental examination,
- (q) the taking of study model impressions and their pouring up at the written request of a dentist,
- (r) dental health education, including dietary counselling for dental purposes,
- (s) the giving of pre-operative and post-operative instruction.