	Title: Position Statement 10: Scope of Practice and Structured Professional Relationship	
	Date Reviewed: September 2014	Version 10.14.0
	Approved by: Executive Council	Next Review: September 2015

SCOPE OF PRACTICE AND STRUCTURED PROFESSIONAL RELATIONSHIP

Advice for ADOHTA members

PREAMBLE

Purpose

This advice has been developed to provide a framework for the Scope of Practice and Structured Professional Relationship between Oral Health Therapists, Dental Hygienists, Dental Therapists and Dentists as required by the Dental Board of Australia Scope of Practice Registration Standard.

INTRODUCTION

Oral Health Therapists, Dental Hygienists and Dental Therapists are members of the dental team. They are educated in and practise a range of the activities included in the definition of dentistry.

The members of the dental team work together within their particular areas of competence, to provide the best possible care for their patients.

REQUIREMENTS

Scope of Practice


The Scope of Practice for Dental Therapists, Dental Hygienist or Oral Health Therapists includes those skills, knowledge and competencies which can be attained through a formal course of education that has been approved by the Dental Board of Australia (The Board). Within this range lies the Individual Scope of Practice for each practitioner. This will differ significantly from person to person dependent upon their formal education, additional skill development through courses approved by The Board, years of experience and competency.

Registered Dental Hygienists, Oral Health Therapists and Dental Therapists must be cognisant of their Individual Scope of Practice and competence and must not practice outside these.

Roles and responsibilities of team members

The Board describes the role and responsibilities of Therapists, Hygienists and Oral Health Therapists:

Dental hygienists, Dental Therapists and Oral Health Therapists exercise autonomous decision making in those areas in which they have been formally educated and trained. They may only practice within a structured professional relationship with a Dentist. They must not practise as independent practitioners. They may practise in a range of environments that are not limited to direct supervision.

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The Board envisages a team approach in the delivery of dental services. Within the team, Oral Health Therapists, Dental Hygienists and Dental Therapists have responsibility for the treatment they provide to patients and are responsible for referring patients appropriately and in a timely manner as necessary.

Dental Hygienists, Oral Health Therapists and Dental Therapists must ensure that they practise dentistry with the level and type of support appropriate to the clinical circumstances and patient needs.

The dentist, specialist or group of dentists must be available and able to provide clinical support and consultation to the Oral Health Therapist, Dental Hygienist or Dental Therapist. The level and specific nature of this support will depend on what is required for the safety and well-being of the patient, the treatment being provided, the type of practice and the education and experience of team members. These are matters for the professional judgement of the practitioners involved and may vary from case to case. These issues form the core of the discussions for the Structured Professional Relationship.

Structured Professional Relationship


The Board provides the following definition for Structured Professional Relationship:-

Structured professional relationship means the arrangement established between a Dentist and/or specialist dentist(s) or group of dentists, and a Dental Hygienist, Dental Therapist, Oral Health Therapist, and/or Dental Prosthetists to provide professional advice, in relation to the management of patients within their scope of practice. It provides the framework for the referral of patients from the dentist and/or specialist dentist to the Dental Hygienist, Dental Therapist, Oral Health Therapist and/or Dental Prosthetists, and referral to the dentist and/or specialist dentist when the care required falls outside of the scope of practice of the Dental Hygienist, Dental Therapist, Oral Health Therapist and/or dental prosthetists.

Each dental practice should have documented the Structured Professional Relationship for that practice. This document may be individualised for each Therapist, Hygienist or Oral Health Therapist within the practice or it may be a generic document. The document should specify the mechanism for consultation.

The consultation arrangements that are established and the clinical support that is provided must serve the best interests of patients.

It is the Dental Therapist's, Dental Hygienist's or Oral Health Therapist's professional responsibility to ensure that a Structured Professional Relationship exists. ADOHTA strongly advises that Therapists, Hygienists and Oral Health Therapists do not provide dental care in a practice where such a document has not been developed. Documentation provides proof that an agreement between the parties had been reached and is in place.

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NON-COMPLIANCE

The Board may take disciplinary action against practitioners who fail to comply with the Scope of Practice Registration Standard requirement to have a Structured Professional Relationship.

POINTS TO CONSIDER

The following are points for the Dental Therapist, Dental Hygienist or Oral Health Therapist to consider and discuss with the dentist team leader when determining their relationship within the team. These may/may not be formally outlined in the Structured Professional Relationship.

1. The requirement for the dentist to provide advice and accept referred patients from therapists/hygienists
 Process for a referral from the dentist to a therapist/hygienist (patient handover)
2. Methods of consultation i.e. is email, texting appropriate or should it be by phone/face to face?
3. Alternate contact person (or process) should the dentist in the agreement be unreachable
4. The need for the therapist/hygienist to inform their dentist of the particulars of their Individual Scope (these do not need to be individually listed but they need to be discussed to ensure understanding by all parties)
5. The ability to refer directly to specialists e.g. Ortho or not
6. What information is required on the documentation
7. The clarification that this is separate to a contract of employment and that a therapist/hygienist may have multiple SPR's with other dentists dependent on their practicing habits e.g. if they are a subcontractor