	Title: Position Statement 10: Scope of Practice and Structured Professional Relationship (with template)	
	Date Reviewed: March 2016	Version PS10.16.0
	Approved by: Executive Council	Next Review: March 2017

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. Who the agreement is between and the date
2. The requirement for the dentist to provide advice and accept referred patients from therapists/hygienists. The process to be used for a referral from the dentist to a therapist/hygienist (patient handover) and vice versa
3. Methods of consultation i.e. is email or texting appropriate or should it be by phone/face to face?
4. Name of alternate contact person (or process) should the dentist in the agreement be unreachable
5. Documentation of the advice given by the therapist/hygienist about 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 and this should be recorded)
6. The ability to refer directly to specialists and the mechanisms for doing so e.g. Ortho or not
7. The clarification that this is separate to a contract of employment and that a therapist/hygienist may have multiple SPR's with a range of dentists dependent on their practicing arrangements e.g. if they are a subcontractor or work in a range of practices
8. The attached template document may be used as a guide.

STRUCTURED PROFESSIONAL RELATIONSHIP TEMPLATE

Items in italics to be replaced with practitioner specific information.

DENTAL PRACTICE NAME				
PRACTICE ADDRESS				
PRACTITIONER NAME				
QUALIFICATION/S				
DENTAL BOARD OF AUSTRALIA REGISTERED PROFESSION				
JOB TITLE	<i>E.g. Oral Health Therapist, Dental Hygienist, Dental Therapist</i>			
ROLE OVERVIEW	<i>Put your job description in here eg</i>			
REPORTING RELATIONSHIPS	Administrative –		Clinical -	
ALTERNATE CONTACT ARRANGEMENTS				
REFERRAL PATHWAYS	EMERGENCY	COMPLEX MEDICAL / DENTAL CONDITIONS Non urgent	SPECIALIST REFERRAL	GENERAL TREATMENT ENQUIRY
Who to Contact	<i>Principal dentist</i>	<i>Principal dentist</i>	<i>Relevant specialist or principal dentist if unsure</i>	<i>Principal dentist or other practitioners as appropriate</i>
How to Contact	<i>phone</i>	<i>Phone, email, in person</i>	<i>Letter to specialist using a template if available, email, formal referral versus informal, in-house referral if specialists are part of the practice</i>	<i>Email, phone, note on patient record, Facebook, discussion at regular meetings, separate meeting request</i>



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When to Contact	<i>Immediately after assessment</i>	<i>Before patients appointment or before treatment commences</i>	<i>If/when requested by patient, at time of appointment, within a set time period</i>	<i>When convenient, anytime</i>
Special Instructions	<i>Ensure PA's are taken as part of the assessment</i>		<i>Some dentists at the practice are able to do simple ortho check if this is possible for your patient</i>	<i>Principal dentist is happy to discuss clinical cases at staff meetings</i>
COMPETENCIES	<i>Discuss your competencies/Scope of Practice using the ADC document - "Competencies of the newly qualified Dental Hygienist, Dental Therapist and Oral Health Therapist" as a guide and noting any areas which are not applicable</i>			
AREAS OF EXTENDED SCOPE	<i>E.g. In Office whitening, Grad Cert Advanced Dental Therapy Practice – Adult restorative</i>			
AREAS WHERE ADDITIONAL MENTORING / SUPPORT IS REQUIRED	<i>Identify areas where you think you need extra support or guidance e.g. extractions and also if you would like to be peer mentored for this e.g. another therapist rather than the dentist</i>			
REVIEW PERIOD FOR THIS DOCUMENT				
DATE OF STRUCTURED PROFESSIONAL RELATIONSHIP DISCUSSION				
PRACTITIONER SIGNED				
PRINCIPAL DENTIST SIGNED				