

Policy Statement 3.14 – The Role of Non-Dental Practitioners in Oral Health

Position Summary

Education and training courses for other health practitioners should include an oral health component to better align the early identification, prevention, and management of oral disease with that of other chronic disease and conditions.

1. Background

- 1.1. A wide range of healthcare providers influence the diet and lifestyle choices made by people of all ages and thereby contribute to their oral health.
- 1.2. The WHO directives on Patient Centred care stipulate that care be centred around individuals their families and communities rather than particular health care facilities
- 1.3. There is a need to develop the capacity of other health practitioners to assist in meeting the oral health needs of the community.
- 1.4. Evidence supports links between oral health and general health.
- 1.5. Some medical conditions may be exacerbated by poor oral health or have deleterious effects upon oral health. Some medications and treatments can have a detrimental effect on oral health.
- 1.6. Screening for oral health need can be achieved in many health and community settings to enhance access and attendance.
- 1.7. Increasing tooth retention by older people will lead to more of these people requiring assistance with their ongoing oral health care at home and in aged care facilities.
- 1.8. Patients who are experiencing dental emergencies and injuries often present to healthcare practitioners other than dental practitioners. and this may impact the prognosis as dental injuries are often dependent on early, correct and appropriate treatment.

Definitions

- 1.9. BOARD is the Dental Board of Australia.
- 1.10. SCREENING is the intentional observation of patients to recognise potential deviations from normal health.

2. Position

- 2.1. Non-dental practitioners providing oral health care services should be aware of the regulatory framework surrounding the provision of such care.
- 2.2. The ADA supports interprofessional collaborative practice and integration of oral and general health at a clinical and health system level should occur.
- 2.3. The ADA supports the interprofessional identification, prevention and management of oral disease as a component of usual and basic patient care across all health settings and the interprofessional education necessary to achieve interprofessional collaborative practice.
- 2.4. Inclusion of oral health education and training into other areas of healthcare will align the early identification, prevention and management of oral disease with that of other chronic disease and conditions.
- 2.5. All health practitioners and aged care facilities should have access to protocols and facilitate oral health promotion; the detection of oral diseases and conditions in their residents/patient, which facilitate and provide timely management and ongoing care including referral to a dentist.

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- 2.6. Education and training courses in emergency management should include a component enabling non-dental practitioners to provide dental first-aid.
- 2.7. Health care practitioners should work together to:
- ensure a better understanding of each other's knowledge and skills; adopting an interdisciplinary approach to treating patients
 - promote consistent health messages

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