

Policy Statement 3.3 – Allied Dental Personnel

Position Summary

Statutory requirements for dental hygienists, dental therapists, oral health therapists and dental prosthetists must include a clearly defined scope of practice with a list of duties for each practitioner category. Allied Dental Practitioners must work with dentists within a structured professional relationship. The dental workforce training numbers for each category of allied dental personnel should be based on necessity, the requirements and demand of the community.

1. Background

- 1.1. Over the years dental workers other than dentists have been introduced into the dental workforce. This varies around the world depending on the particular country's existing dental workforce, resources, political climate but rarely have these decisions been made on evidence based analysis.
- 1.2. There remains a substantive but lessening need for simple restorative treatments and patient removable dentures while there is an increasing demand for diagnostic, preventive and complex treatments that are only performed by dentists.
- 1.3. In the period of 2004 to 2016 there has been a sharp increase in the numbers of allied dental practitioner students graduating becoming eligible to practise in Australia. Several new allied dental practitioner programmes have been established.
- 1.4. The Health Practitioner Regulation National Law recognises the following allied dental practitioners: dental hygienists, dental therapists, oral health therapists and dental prosthetists.
- 1.5. Other allied dental personnel in Australia are dental assistants, dental laboratory assistants and dental technicians.
- 1.6. Other staff in dental practices including cleaners, practice managers and receptionists are not recognised as allied dental personnel.

Definitions

- 1.7. ALLIED DENTAL PERSONNEL are those, other than dentists, working in the provision of dental services.
- 1.8. ALLIED DENTAL PRACTITIONER are those dental practitioners other than dentists.
- 1.9. BOARD is the Dental Board of Australia.
- 1.10. A DENTAL TEAM comprises a mix of dentists and appropriate allied dental personnel, and should at all times be headed by a dentist who shall be responsible for the diagnosis, treatment planning, delivery of dental procedures and continuing evaluation of the oral health of the patient. The dentist supports, directs and supervises the members of the dental team.
- 1.11. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.12. INSTRUCTION is the oral elaboration of "prescription" and may include a teaching component.
- 1.13. INVASIVE PROCEDURES are those where entry to the tissue, body cavities or organs of a patient occurs, or where surgical repair of traumatic injury to a patient is undertaken.
- 1.14. PRESCRIPTION is a detailed written instruction provided by a dentist to allied dental personnel, and usually specifies the treatment to be performed.
- 1.15. RANGE OF PRACTICE is the duties an individual dental practitioner can practice, within their category's scope of practice, for which they are formally educated and trained in programmes accredited by the Australian Dental Council and/or approved by the Board, and are currently competent.
- 1.16. SCOPE OF PRACTICE is a clearly defined list of prescribed duties within dentistry for each category of

dental practitioner which should be delineated by regulation.

- 1.17. STRUCTURED PROFESSIONAL RELATIONSHIP is the framework for referral and management of the patient to the dentist when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetist, and the referral of patients from a dentist to a dental hygienist, dental therapist, oral health therapist and/or dental prosthetist.
- 1.18. SUPERVISION is the direction and/or oversight (including guidance and support) by dentists of the performance of duties by allied dental personnel. Supervision can be direct (i.e., the dentist is physically present in the treatment facility at all times the patient is being treated by allied dental personnel) or indirect (i.e., the dentist need not be physically present in the treatment facility, but must be able to be contacted at all times the patient is being treated by allied dental personnel).

2. Principles

- 2.1. All Australians should have access to modern, comprehensive oral health care.
- 2.2. Australia must be largely self-sufficient with regard to the training of the dental workforce.
- 2.3. Clearly defined scopes of practice for allied dental practitioners will assist:
 - educational institutions to provide national uniform training outcomes;
 - members of the dental workforce to understand each others' roles;
 - the public to understand each team member's role; and
 - the accreditation of allied dental practitioner training where appropriate.
 - Allied dental practitioners should only perform those duties within their range of practice.
- 2.4. Education and training institutions should use uniform nomenclature for qualifications for each category of the dental workforce.
- 2.5. Only allied dental personnel who perform invasive and irreversible procedures should be registered.
- 2.6. The dental workforce training numbers for each category of allied dental personnel should be based on necessity, the requirements and demand of the community.

Responsibilities of Dentists

- 2.7. The dentist must be responsible for the diagnosis, treatment planning, and delivery of dental procedures and the continuing evaluation of the oral health of the patient. The dentist is also responsible for the support, direction and supervision of allied dental personnel in the conduct of prescribed duties for which they are legally accountable.
- 2.8. With respect to allied dental personnel it is the responsibility of the dentist to:
 - ensure that all members of the dental workforce at all times have appropriate competence and formal training for the tasks that are delegated or referred to them i.e. work within their range of practice;
 - have an understanding of the roles of all members of the dental workforce;
 - inform patients that a specified part of their treatment is to be undertaken by allied dental personnel;
 - monitor and supervise (not for dental prosthetists) the performance of allied dental personnel;
 - consult with patients regarding the treatment plan and to instigate referral to specialists;
 - provide adequate prescription and instruction to ensure that the procedures and/or treatment to be performed are understood;

- be available for consultation and management of any complications that may occur; and
- ensure that all delegated or referred procedures have been performed satisfactorily.

Responsibilities of Allied Dental Personnel:

2.9. It is the responsibility of allied dental personnel to:

- work in a structured professional relationship with a dentist,
- have a complete understanding of the role of all members of the dental workforce;
- carry out only those tasks within their range of practice i.e. for which they are formally educated and trained and have appropriate competence;
- refer to a dentist any condition or task which is outside their range of practice, including changes in a patient's health status or medication; and
- if applicable hold appropriate professional indemnity cover.

3. Position

3.1. The future dental workforce should provide services that:

- are population based;
- are patient focused;
- lead to the coordinated, non-fragmented provision of oral health services;
- are preventively oriented;
- should ensure an adequate dental workforce in regional and remote areas; and
- are delivered efficiently and effectively.

Regulation of Practice of Allied Dental Personnel

3.2. Dental assistants, dental laboratory assistants and dental technicians should not be registered.

3.3. Dental hygienists, dental therapists, oral health therapists and dental prosthetists must be registered and practise in accordance with all statutory requirements. Regulation of practice must be vested in the Board enacted by legislation under the relevant Federal, State or Territory Acts which must provide that:

- the scope of practice is clearly defined with a list of duties;
- the course of training is prescribed;
- registration is required and a register regularly maintained; and
- penalties apply for contravention of any provisions of the relevant Act.

3.4. Other allied dental personnel that exist in other countries and are not recommended or suitable for Australia include:

- Master Dental Technician
- Maxillofacial Prosthetist and Technologist
- Orthodontic Chair Side Assistant
- Orthodontic Technician

- Orthodontic Therapist
- 3.5. Dental laboratories, especially those not owned and/or controlled by persons registered with a Board, should be accredited by a competent agency.
- 3.6. Provider numbers must only be issued to those members of the dental workforce who are registered to practise as independent practitioners by the Board. Education and Scope of Practice of Allied Dental Personnel
- 3.7. Education and training for allied dental personnel must reflect their nationally uniform defined scope of practice.
- 3.8. The training of registrable allied dental personnel other than dental prosthetists should be focused on prevention rather than restorative dentistry and exodontia.

Dental Assistant

- 3.9. Basic education and training of dental assistants must be at Certificate III level in the vocational sector and in accordance with the National Competency Standards. The title for such a qualification should be Certificate III in Dental Assisting.
- 3.10. With additional education and training in clearly defined areas to Certificate IV level in the vocational sector, and in accordance with the National Competency Standards, the duties of dental assistants extend to:
 - dental assisting - oral health promotion;
 - dental assisting - dental radiography;
 - dental assisting – technical procedures;
 - dental assisting - general anaesthesia and conscious sedation; and
 - dental assisting – dental practice administration.
- 3.11. Duties shall comprise established procedures associated with chair side assisting, infection control and practice administration.
- 3.12. A dental assistant must work under the supervision of a dentist or suitable allied dental personnel as detailed in Appendix 2 to this Policy Statement.
- 3.13. Education and training numbers of dental assistants should be in alignment with the numbers of dentists and registrable allied dental personnel.

Dental Hygienist

- 3.14. Education and training of dental hygienists must be to at least Diploma level and of at least two years' duration. The education and training should be conducted in either the higher education sector in a tertiary institution associated with the training of dentists or in the vocational sector in a course dedicated to only graduate dental hygienists and accredited by the Australian Dental Council (ADC). The title for such a qualification should be a Diploma or Bachelor of Dental Hygiene.
- 3.15. The duties of a dental hygienist should be directed towards oral health education and the prevention of dental diseases, including dental caries and periodontal disease.
- 3.16. Treatment services provided by a dental hygienist must be provided in accordance with a written treatment plan which has been signed and dated by a dentist who has personally examined the patient, and:
 - such treatment plan shall be effective for not more than twelve months; and
 - the need for examination of the patient by the dentist after completion of the treatment plan by the dental hygienist will depend on the needs of the patient, the treatment provided and the experience and competency of the dental hygienist.

- 3.17. The role of the dental hygienist in the provision of dental treatment shall be subject to the following:
- 3.17.1. The dental treatment must be supervised by a dentist as defined in a structured provisional relationship.
- 3.17.2. The dental treatment must fall within the following scope of practice:
- (a) established procedures associated with chair side assisting and practice management;
 - (b) oral health education;
 - (c) instruction in monitoring and recording of plaque control routines and recording of periodontal disease;
 - (d) prophylaxis;
 - (e) polishing of restorations;
 - (f) fluoride therapy, application of remineralising solutions and desensitising agents;
 - (g) debridement to remove supragingival deposits from teeth;
 - (h) debridement to remove subgingival deposits from teeth;
 - (i) application and removal of rubber dam;
 - (j) application of non-invasive fissure sealants;
 - (k) taking of alginate impressions other than for the fabrication of prosthetic appliances;
 - (l) removal of periodontal packs;
 - (m) taking of dental radiographs;
 - (n) orthodontic band sizing;
 - (o) removal of orthodontic appliances including orthodontic cements and resins;
 - (p) placement and removal of non-metallic separators and elastic modules; and
 - (q) administration of local anaesthetic by infiltration and mandibular nerve block.
- 3.18. Education and training numbers of dental hygienists should be in alignment with the demand for preventive services.

Dental Therapist

- 3.19. Education and training of dental therapists must be to at least Diploma level and of at least two years' duration. The education and training should be conducted either in the higher education sector in a tertiary institution associated with the training of dentists or in the vocational sector in a course dedicated to only graduating dental therapists and accredited by the ADC. The title for such a qualification should be a Diploma / Bachelor of Dental Health (Therapist).
- 3.20. A dental therapist must work under the supervision of a dentist within a structured professional relationship.
- 3.21. The duties of dental therapists shall be restricted to prevention of dental diseases and control of dental caries in children and must fall within the following scope of practice:
- (a) established procedures associated with chair side assisting and practice management;
 - (b) oral health education;
 - (c) oral health examination;

- (d) taking of dental radiographs;
- (e) application and removal of rubber dam;
- (f) pre- and post-operative instruction;
- (g) irrigation of the mouth;
- (h) fluoride therapy, application of remineralising solutions and desensitising agents;
- (i) debridement to remove deposits from teeth;
- (j) taking of alginate impressions other than for the fabrication of prosthetic appliances;
- (k) application of fissure sealants;
- (l) direct coronal restoration of primary and permanent teeth;
- (m) pulpotomies in vital primary teeth;
- (n) administration of local anaesthetic only by infiltration and mandibular nerve block; and
- (o) forceps extraction of primary teeth under local anaesthesia.

3.22. Education and training numbers of dental therapists should be in alignment with the need for simple restorative treatments in children.

Oral Health Therapist

3.23. Education and training of oral health therapists must be to at least Degree level and of at least three years' duration. The education and training should be conducted in the higher education sector in a tertiary institution associated with the training of dentists in a course dedicated to only graduate oral health therapists and accredited by the ADC. The title for such a qualification should be a Bachelor of Dental Health (Oral Health Therapist).

3.24. An oral health therapist must work under the supervision of a dentist in a structured professional relationship.

3.25. The duties of oral health therapists shall be those of dental hygienists and dental therapists.

3.26. Education and training numbers of dental therapists should be in alignment with the demand for preventive services and the need for simple restorative treatments in children.

Dental Laboratory Assistant

3.27. Education and training of dental laboratory assistants must be to Certificate III level conducted in the vocational sector and in accordance with National Competency Standards. The title for such a qualification should be Certificate III in Dental Laboratory Assisting.

3.28. A dental laboratory assistant must work under the supervision of a dental technician or dentist.

3.29. The duties of a dental laboratory assistant shall consist of the following established laboratory procedures:

- (a) pouring impressions;
- (b) producing custom-made trays;
- (c) constructing occlusal registration rims;
- (d) constructing mouthguards;
- (e) articulating models; and

- (f) transferring records.

Dental Technician

Also known as Laboratory Dental Technician

- 3.30. Dental technician education and training must be to Diploma level and at least two years' full time study with a period of structured learning of at least one to two years. The training should be conducted in the vocational sector and in accordance with National Competency Standards. The title for such a qualification should be a Diploma in Dental Technology.
- 3.31. A dental technician may work independently of a dentist, but must adhere to the prescription of a dentist and is not permitted any direct dealings with members of the public except in the case of non-invasive shade taking at the direction of the dentist.
- 3.32. The duties of a dental technician shall consist of the following established laboratory procedures:
 - (a) fabrication, maintenance and repair of complete and partial dentures;
 - (b) fabrication of inlays, onlays, veneers, crowns and bridges;
 - (c) fabrication of mouthguards, occlusal splints, medicament trays and stents; and
 - (d) fabrication of appliances used in orthodontics, oral and maxillofacial surgery and other special areas of dentistry.
- 3.33. Education and training numbers of dental technicians should be in alignment with the need for custom-made dental prostheses and appliances.

Dental Prosthetist

Also known as Denturist, Clinical Dental Technician or Advanced Dental Technician

- 3.34. A dental prosthetist must first be qualified as a dental technician and then gain an Advanced Diploma with a period of structured learning. The education and training must be conducted in the vocational sector and in accordance with National Competency Standards. The title for such a qualification should be an Advanced Diploma in Removable Dental Prosthetics.
- 3.35. The scope of practice for dental prosthetists is that they may independently provide treatment to the public limited to the provision, in healthy mouths, of flexible mouthguards and patient removable dentures not associated with implants.
- 3.36. All patients should be examined by a dentist prior to treatment by a dental prosthetist.
- 3.37. Education and training numbers of dental prosthetists should be in alignment with the demand for patient removable dental prostheses.

Career Path

- 3.38. Education and training institutions should facilitate entry of allied dental personnel into dental workforce training courses that are at a higher level than their current qualification (e.g. dental assistants training to become dental hygienists). This provides a career path for allied dental personnel within the dental workforce based on appropriate training.

Policy Statement 3.3

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Appendix 1 to Policy 3.3 – Australia Qualifications Framework

Secondary Schools Sector	Vocational Education and Training Sector	Higher Education Sector
		Doctoral Degree
		Masters Degree
		Graduate Diploma
		Graduate Certificate
		Bachelor Degree
	Advanced Diploma	Advanced Diploma Associate Degree
	Diploma	Diploma
Senior Secondary Certificate of Education	Certificate IV	
	Certificate III	
	Certificate II	
	Certificate I	

Appendix 2 to Policy 3.3 – Model Standards Statement for Dental Assistants Educational and Supervisory Requirements for Dental Assistants

Introduction

Dentists, dental therapists and dental hygienists and their employers have a responsibility to know a dental assistant's clinical and educational experience, scope of duties in keeping with appropriate Federal, State or Territory legislation and regulations, and supervisory requirements during the provision of oral health care procedures. There is no necessity for dental assistants to be registered.

Purpose

This Standards Statement describes the supervisory responsibilities and the relationship between the scope of duties and educational experience associated with the employment of dental assistants

Scope of Duties

A dental assistant is primarily employed as a clinical assistant to the dentist. Their duties include clinical chair side assisting, maintaining infection control standards and to assist in practice administration.

The usual duties of a dental assistant are in accordance with their educational and clinical experience and require the direct supervision of a dentist, dental therapist and dental hygienist depending on the tasks undertaken by the dental assistant.

Educational and Clinical Experience

All dental assistants should be encouraged and supported to gain entry qualifications in dental assisting or recognition of equivalence, which has been issued by an Australian registered training organisation. Qualifications in dental assisting are particularly suited to the Australian Apprenticeship/Trainee pathway, which involves on-the-job and off-the-job training. There are several levels of dental assistant educational and clinical experience that are recognised.

1. A dental assistant undergoing on-the-job training for at least six months and has no prior work related experience. During the period of training a qualified dental assistant may support the training of an unqualified and inexperienced dental assistant.
2. A dental assistant undergoing on the job training and off the job training for a period of at least 12 months. During the period of training a qualified dental assistant may support the training of an unqualified and inexperienced dental assistant.
3. A dental assistant qualified in a nationally based Certificate III in Dental Assisting¹ or its equivalent working under the supervision of a dentist, dental therapist or dental hygienist. Minimum units include²:

3.39. Communicate and work effectively in health

3.40. Comply with infection control policies and procedures in health work

3.41. Process reusable instruments and equipment in health work

3.42. Participate in OHS processes

3.43. Prepare for and assist with oral health care procedures

3.44. Assist with dental radiography

3.45. Assist with the administration in dental practice

¹ Health Training Package HLT07 found at www.cshisc.com.au

² Terminology this section according to nationally based competency units, Health Training Package 07

3.46. Apply first aid

4. A dental assistant qualified in a nationally based Certificate IV in Dental Assisting or its equivalent working at an advanced level under the supervision of a dentist, including:

- 4.1. Dental Assisting - dental radiography

- 4.2. Dental Assisting - oral health promotion

- 4.3. Dental Assisting - technical procedures (also known as 'extended duties')

- 4.4. Dental Assisting - general anaesthesia and conscious sedation

- 4.5. Dental Assisting – dental practice administration

Supervision

The legal and ethical responsibilities associated with the actions and omissions of a dental assistant are attributed primarily to the supervising dentist. Any allied dental personnel or employer involved in the supervision of the dental assistant may also be liable.

Compliance with Board and statutory regulatory bodies is essential. Consultation to clarify any matters related to a dental assistant's qualifications, experience and competence to perform advanced scopes of duties or undertake on the job training may be required to attain nationally based Certificate IV qualifications in Dental Radiography and Technical procedures such as taking an impression for study models.

The clinical responsibilities for the patient remain with the dentist, dental therapist and dental hygienist providing the treatment and/or providing supervision at all times. All advanced duties undertaken by a dental assistant should be in accordance with a written treatment plan prepared by a dentist.

During the performance of an advanced duty by a dental assistant, a dentist should be on the premises to:

- Provide supervision.
- Provide advice and consultation in relation to authorised dental assistant activities.
- Be available for referral in relation to other matters falling outside the competence of an individual dental assistant.

All the above supervisory responsibilities of dentists apply equally to dental prosthetists conducting independent practice.

Patient Consent

Appropriate patient consent is to be obtained prior to the dental assistant undertaking any advanced duty involving direct patient contact.

The patient may decline to have the dental assistant undertake the advanced duty and elect to have a dentist, dental therapist or dental hygienist to complete the task. The choice of dentist, dental therapist or dental hygienist is dependent on the task and the dentist's supervisory obligations.

Records

A dental assistant undertaking advanced duties must maintain a signed work record of each patient contact recording the date and procedure undertaken.

The name of the dental assistant performing an advanced duty should be entered into the patient record for that procedure according to the usual standards for record keeping.

Misrepresentation

When undertaking advanced duties involving direct contact with the patient, a dental assistant, supervisory dentist and employer should not hold out or represent a dental assistant as a dental care provider to the patient or through advertising.