

ADAVB SUBMISSION RE DRAFT DENTAL PROSTHETISTS CODE

1. Introduction

The ADAVB thanks the Board for the opportunity to comment on its draft Code of Practice for Dental Prosthetists.

The Branch believes that any Code of Practice should fulfil the following criteria:

- Be easily understood by its audience i.e. registered dental care providers and the public
- Be clear, consistent and unambiguous
- Be practical and workable
- Provide minimum standards
- Reflect the Act i.e. be a detailed interpretation of the legislation, as well as giving consideration to the objectives defined in the Act
 - To minimise the community's exposure to health risks in dental care.
 - To promote the community's access to care

The Branch suggests that the draft Code of Practice would need to be modified to fulfil these criteria, and offers the following comments and suggestions to help achieve this.

The ADABV supports the broad direction of the Code and the description of duties described within it. However, we believe the Code could be improved with modifications, which we have grouped into three categories:

- Minor editorial changes
- Essential substantive changes
- Desirable substantive changes

2. Minor Editorial Changes (mainly for consistency with The Act)

Title

Practice of Dentistry by those registered in the division of dental prosthetists.

Preamble

The Board requires dental care providers registered ~~practitioners in the division of dental prosthetists~~ to possess the competencies As this requirement does not apply to other registered dental care providers.

Part 1

... may work as an independent ~~practitioner~~ registered dental care provider.
Any A-dental prosthetist who
..... placed on their ~~his or her~~ registration

Part 2

1. The current wording could imply that dental prosthetists may be able to provide dental care, other than that listed, but not as an independent provider. Part 1 clearly defines dental prosthetists as independent and so this does not need to be repeated.

Therefore the code should read; The only dental care a A-dental prosthetist may provide is ~~work as an independent practitioner~~

2. 'All reasonable steps' needs to be clarified or defined.

3. Essential Substantial Changes

Preamble

The first paragraph is fine as it ties the Code to the Act. However, the Preamble should include reference to section 3(h) of the Act, i.e. that “providing dental care that the provider is not registered to provide” will constitute unprofessional conduct.

As with the Auxiliaries Code, this Code is silent regarding the identification of dental prosthetists. The requirement for dental care providers to be clearly identified by name, and ‘dental title’ should be in this Code with regard to dental prosthetists. However, it could also be the subject of a separate Code or Guideline applicable to Section 64 of the Act. This would not require Governor or Council approval as per Section 66 and would apply to all registered dental care providers.

Part 2, Point 2

We welcome the Board’s recognition of the long-established health treatment principle that the practitioner should “first do no harm”. In that vein, we note that while under Part 2, point 2, the prosthetist must ensure that the patient’s mouth is fit for provision of a removable dental appliance, the Code needs to recognise that patients seeking these services will increasingly be elderly and **medically compromised**. Where the patient’s medical history suggests that they are medically compromised, the prosthetist should be required to obtain a current medical assessment of the patient’s overall health, and ensure the patient’s suitability for a removable dental appliance. Therefore the following sentence should be added to this point

“A dental prosthetist should also ensure that the patient’s general health does not preclude the fitting of a removable dental appliance”.

Part 2, Point 4

The taking of impressions for, making, fitting or supplying removable implant-retained full overdentures or pre-existing implants is more complex than taking other impressions allowable under the Code. Also, the design of the denture requires knowledge of the implants and abutments’ position, design and so on.

Further, this point varies in that the dental prosthetist in this case is not acting as an independent practitioner. Therefore, the following change should be made “... and in co-operation with and to the prescription of a dentist.” Otherwise the point should be deleted.

4. Desirable Substantive Changes

The ADAVB believes that the issuing of a Certificate of Oral Health by a dentist, before a dental prosthetist commences removable prosthetic treatment, is in the patient’s interest. However, the Branch does recognize that it is valid to interpret from the Act that dental prosthetists are independent dental care providers and so the DPBV would see that it would be inappropriate to apply such a requirement.

5. General Comment

The Code states that dental prosthetists must only practice those skills for which they are registered and competent (our emphasis), which is a most welcome inclusion.