

# Practice of Dentistry by Dental Hygienists and Dental Therapists

## Information Sheet No: I008 [2008]

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### Purpose of this document

1. This document provides background information to assist with the implementation of the Board's code of practice *C002[2008]: Practice of Dentistry by Dental Hygienists and Dental Therapists* and should be read in conjunction with that particular code.
2. As is the case with all the Board's codes of practice, the proposed national registration and accreditation scheme for the health professions (due to take effect from July 2010) may adopt a different model to the one described in C002 and this document.

### Introduction

3. The following range of activities are considered the practice of dentistry:
  - (a) diagnosis or management of conditions of the mouth of a person;
  - (b) performance of any invasive or irreversible procedure on the natural teeth or the parts of a person's body associated with their natural teeth;
  - (c) provision of artificial teeth or dental appliances to a patient or insertion of artificial teeth or dental appliances for a patient;
  - (d) making an intraoral adjustment of artificial teeth or dental appliances for a patient.<sup>1</sup>
4. This definition covers the widest range of procedures that a person educated in dentistry can carry out.
5. Dental hygienists and dental therapists are educated in and practise a sub-set of the activities included in the definition of dentistry. The code of practice relating to the *Practice of Dentistry by Dental Hygienists and Dental Therapists* has been prepared to provide a framework for the practice of dentistry by these two types of practitioners.
6. The tasks that dental hygienists or dental therapists may carry out under Victorian law are defined by their education rather than by any external prescription of duties.
7. Dental hygienists and dental therapists need to assess their competencies, based on their education and clinical experience, and determine the dental health care they can and will provide.
8. This assessment may occur in cooperation with the dentist or dentist(s) to whom dental hygienists and dental therapists are required to refer for clinical support.
9. The code of practice requires that a document is developed to formally record the details of the dentist or dentists to whom dental hygienists and dental therapists will refer for clinical advice and support, and the mechanism for such consultation.

### Courses approved by the Board

10. Dental hygienists and dental therapists may extend their range of clinical skills and scope of practice by undertaking educational programs that the Board has formally approved for that purpose. (See the Board's policy *P004[2007]: Approval of courses of study and list of qualifications* for a list of approved courses of study).
11. At the time of promulgation there are no courses approved by the Board that permit dental therapists to treat persons over the age of 25 years.
12. Practitioners should be aware of the distinction between courses that are formally approved by the Board for the expansion of a registered person's skills and those

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<sup>1</sup> This definition is derived from section 98(1) of the *Health Professions Registration Act 2005*.

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educational activities that are undertaken for Continuing Professional Development (CPD) credit.

13. The former are termed “add-on” courses and a list of these formally approved educational programs is published in policy *P004[2007]: Approval of courses of study and list of qualifications*.
14. The local analgesia course for dental hygienists that is run by the University of Melbourne is a useful example. Because the University is an approved Educational Activity Provider, the course is able to be counted for CPD credit, but it is also recognized by the Board for the extension of a practitioner’s skills where local analgesia was not undertaken as part of the initial qualification.
15. The Board will not automatically approve all courses or educational programs for extension of practitioners’ existing skills.

### Documented consultation procedure

16. The dental hygienist or dental therapist must establish a working relationship with a dentist (or dentists) who will provide clinical support when needed. In most cases that relationship will be with a dentist who is either the employer or a fellow employee. If the relationship does not fall into one of those categories it is the responsibility of the parties to ensure that it complies with the code.
17. The code of practice requires that the consultation arrangements are documented. The name of the dentist or dentists together with the dental hygienist’s or dental therapist’s qualifications and the year they were awarded may also be included in that document.
18. The documented procedure envisaged under the code of practice is separate from an employment agreement.
19. The document does not need to be submitted to the Board for approval. During a practice inspection, or investigation of an allegation of unprofessional conduct, however a dental practitioner may be asked to show a copy of this document.
20. Ensuring that the document exists and that the supporting structure and professional relationship with a dentist has been established, is one of the professional responsibilities of dental hygienists and dental therapists.

### Roles and responsibilities of team members

21. The members of the team delivering dental care have different areas of expertise and primary practice; and are expected to work cooperatively to provide the best possible patient care.
22. The role of clinical team leader is performed by a dentist who provides clinical support to the dental hygienist or dental therapist.
23. If in the dental hygienist’s or dental therapist’s professional opinion the circumstances of a case require discussion with the dentist, then the dentist must be available for consultation and advice (not necessarily on the premises where the dental hygienist or dental therapist is practising). In this respect, membership of the dental “team” is defined by accessibility, not by location.
24. Underpinning the code of practice is the assumption that practitioners will exercise their professional judgement and seek the necessary support to ensure the best outcome for their patients. The specific form this support will take and the situations in which it is required, are matters for the professional judgement of the practitioners

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involved. To that extent dental hygienists and dental therapists will be accountable for a lapse of professional judgement e.g. in relation to a failure to refer or consult with another practitioner.

**List of Schedule 4 poisons dental hygienists and dental therapists are authorized to possess for the purposes of providing dental care**

25. The Schedule 4 poisons listed below have been approved by the Secretary to the Department of Human Services in accordance with Regulation 5(1) item 20 of the *Drugs, Poisons and Controlled Substances Regulations 2006*.

26. A dental hygienist or dental therapist is authorized to have in his or her possession the Schedule 4 poisons listed below that are required for the provision of dental care by the dental hygienist or dental therapist:<sup>2</sup>

- ▶ Adrenaline
- ▶ Articaine
- ▶ Demeclocycline and triamcinolone in combination for topical endodontic use
- ▶ Felypressin
- ▶ Lignocaine
- ▶ Mepivacaine
- ▶ Mercury (metallic) for human therapeutic use
- ▶ Prilocaine

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<sup>2</sup> Date approved: 12 March 2008