

## Practice Oversight of Dental Therapists, Dental Hygienists & Oral Health Therapists in NSW

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**Functional Sub group** Clinical/ Patient Services - Dental/Oral

**Summary** Defines the contemporary professional relationship between a Registered Dentist and a Registered Dental Therapist, Dental Hygienist or Oral Health Therapist as described in the Dental Practice Act 2001 (NSW)

**Replaces Doc. No.** Practice Oversight of Dental Therapists, Dental Hygienists & Oral Health Therapists in NSW [PD2007\_020]

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Dental Schools and Clinics, NSW Dept of Health, Public Hospitals

**Audience** Clinical Dental Directors, Dental Officers, Therapists, Hygienists and Oral Health Therapists

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## **PRACTICE OVERSIGHT OF DENTAL THERAPISTS, DENTAL HYGIENISTS AND ORAL HEALTH THERAPISTS IN NSW**

This Policy Directive supersedes NSW Department of Health Policy Directive PD2007\_020. It should be read in association with the following documents:

- Practice Oversight Guidelines, approved by the Dental Board of NSW on 6 June 2008, made in accordance with the Dental Practice Act 2001
- Dental Practice Act NSW 2001
- Dental Practice Regulations NSW 2003: Regulatory Impact Statement
- Dental Practice Regulations 2004 as amended November 2007
- NSW Department of Health Policy Directive, PD2005\_171, Eligibility of Persons for Public Oral Health Care

**The Procedures described in PD2007\_020 and reproduced in Section 6 below will remain in place for public sector practice.**

**The “suggestions” offered in sections 2.5.1. and 2.5.2 of the “Guideline” approved by the Dental Board of NSW on 6 June 2008 are, in fact, components of required practice in the NSW public Sector.**

### **1. Background**

- 1.1 On 6 June 2008, the Dental Board of NSW approved Practice Oversight Guidelines (Appendix 1) that apply to dentists and dental auxiliaries in both the public and private sectors.
- 1.2 These Practice Oversight Guidelines were produced by the Practice Oversight Working Group consisting of representatives of the Dental Board of NSW; Centre for Oral Health Strategy; Australian Dental Association (NSW); Faculty of Dentistry, University of Sydney; Faculty of Health, School of Health Sciences, University of Newcastle; Australian Dental and Oral Health Therapists' Association Inc; and the Dental Hygienist's Association of Australia - NSW Branch Inc
- 1.3 This Policy Directive is required due to legal requirements and duties applicable for the employment of Dental Therapists, Dental Hygienists and Oral Health Therapists in the New South Wales Public Health system. As encompassed in the Dental Practice Act 2001 under section 33(1)(b), Dental Therapists, Dental Hygienists and Oral Health Therapists are only entitled to carry out dental treatment in which they have been trained subject to the Practice Oversight of a registered Dentist.
- 1.4 NSW Health recognises that changes are underway for a National registration system and that this will impact on Practice Oversight principles. NSW Health envisages that the practice of dentistry in NSW will, in the long term, become aligned with the broader medical model and that the relationship between Dentists, Dental Therapists, Dental Hygienists and Oral Health Therapists will also change to reflect that of Doctor and Nurse Practitioner.

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## **2. Introduction**

- 2.1 In November 2007 legislation that restricted Dental Therapists' work in NSW to the NSW Public Health System was amended, opening the way for Dental therapists to practice in the public or private sector. Dental Hygienists (and Oral Health Therapists working as Dental Hygienists and/or as Dental Therapists) may be employed in the public, private and specialist areas of dentistry.
- 2.2 Responsibility for Practice Oversight in the public and private sectors is defined in Section 2 of the Practice Oversight Guidelines.
- 2.3 This policy has been specifically designed to Endorse NSW Health's commitment to the Practice Oversight Guidelines approved by the Dental Board of NSW in June 2008.

## **3. Policy Statement**

Practice Oversight is a condition of practice and employment for Dental Therapists, Dental Hygienists and [potentially] Oral Health Therapists within the NSW Public Health System. It establishes the current levels of competency on an individual basis as indicated in the Practice Oversight Guidelines, made in accordance with the Dental Practice Act NSW 2001, under which Dental Therapists, Dental Hygienists and Oral Health Therapists are registered. Practice Oversight may only be delegated to a registered Dentist, whether a dental officer, a visiting dental officer, or contracted through some other arrangement.

## **4. Principles**

- 4.1 For the purposes of this Policy Directive, Practice Oversight describes the formal periodic relationship between a Dentist and a Dental Therapist, Dental Hygienist or Oral Health Therapist within the Area Health Service or Aboriginal Community Controlled Organisation.
- 4.2 All Dental Therapists, Dental Hygienists and Oral Health Therapists employed in the NSW Public Health System will participate in formal Practice Oversight in person annually, or as required by the Area Health Service. Additional contacts between formal sessions may occur in person, by telephone or by videoconference.
- 4.3 The Dental Therapist, Dental Hygienist or Oral Health Therapist should formally agree to the selected Dentist involved in his/her Practice Oversight. Where this is not possible the Clinical Director/Regional Manager will consult with the Dental Therapist, Dental Hygienist or Oral Health Therapist on selection of an appropriate Dentist.
- 4.4 Practice Oversight includes an interview and case presentation that involves recognition of clinical competence and clinical staff development needs. It does not replace general performance appraisals.

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- 4.5 Current levels of competency are defined in the Guidelines for Care (Appendix 2). Practice Oversight Outcomes are defined in the Practice Oversight Outcomes Form (Appendix 3) and the Practice Oversight Summary Report (Appendix 4).
- 4.6 Practice Oversight is to be a mutually beneficial process for the Dentist and the Dental Therapist, Dental Hygienist or Oral Health Therapist.
- 4.7 This is not a re-examination of Dental Therapists, Dental Hygienists and Oral Health Therapists qualifications.

## 5. Responsibilities

### 5.1 Public Health Dentists

- The responsibilities of public and private sector dentist are described in Section 2.3 of the Practice Oversight Guidelines

### 5.2 Dental Therapists, Dental Hygienists and Oral Health Therapists

- The responsibilities of public and private sector dentist are described in Section 2.4 of the Practice Oversight Guidelines

### 5.3 Area Health Service

- The Area Health Service carries responsibility for:
  - Provision of continuing education opportunities and remediation courses, where necessary; and
  - Dispute mediation and arbitration.

## 6. Procedures

- 6.1 All Dental Therapists, Dental Hygienists, and Oral Health Therapists will be advised of the Practice Oversight process and given a copy of this policy **two weeks prior to the meeting.**
- 6.2 Dental Therapists, Dental Hygienists and Oral Health Therapists will have the option to have a third person present during the Practice Oversight meeting. This could be, for example, their Senior Dental Therapist, Manager or Union Representative.
- 6.3 Dentists may request the presence of a third person, in the interests of mentoring junior staff.
- 6.4 The Dental Therapist, Dental Hygienist or Oral Health Therapist will select clinical records for *three completed or partially completed patient courses of care*. A copy of the selected records will be provided to the participating Dentist one week prior to the Practice Oversight meeting. The range of factors for presentation should reflect the provision of oral health services

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in which the Dental Therapist, Dental Hygienist or Oral Health Therapist has been trained.

#### **6.4.1 Dental Therapist/Oral Health Therapist Procedure**

Factors for presentation by the Dental Therapist or Oral Health Therapist should include:

- Medical history, oral examination and treatment plan;
- Radiographs;
- Caries risk analysis;
- Preventive care plans; and
- Range of clinical procedures performed.

Specific instances for discussion may include:

- Trauma – *involving oro-facial injuries including dislocation, visible extra oral swelling, prolonged bleeding, avulsed tooth, mouth or facial injury, or recent fracture of a permanent tooth;*
- Serious medical condition – *involving children who are currently or preparing to undergo radiotherapy or chemotherapy, heart or lung or organ transplants, or complex surgical/medical care;*
- Unusual pathology;
- Child with special needs – *intellectual disability, physical disability and/or mental illness;*
- Early childhood and/or adolescent school children;
- Complex treatment - *including orthodontics; and*
- Complex treatment settings – *for example children who are undergoing a general anaesthetic in a public hospital.*

Key elements which should be considered when selecting cases are:

- Behaviour management/modifications;
- Preventive approach;
- Approach to holistic care of the patient and family;
- Justification for treatment and medicament choices;
- Appropriate referral processes;
- Self evaluation of successes and failures of treatments provided; and
- Continuity of care.

## 6.4.2 Dental Hygienist/Oral health Therapist Procedure

Factors for presentation by the Dental Hygienist or Oral Health Therapist should include:

- Preventive care plans;
- Radiographs; and
- Range of clinical procedures performed.

Specific instances for discussion may include:

- Trauma – where a patient has recently suffered an oro-facial trauma;
- Unusual pathology;
- Adverse reaction to treatment performed;
- Complex treatment and/or treatment settings; and
- Clients with special needs.

Key elements which should be considered when selecting cases are:

- Behaviour management/modifications;
- Preventive approach;
- Approach to holistic care of the patient and family;
- Justification for treatment and medicament choices
- Appropriate referral processes;
- Self evaluation of successes and failures of treatments provided; and
- Continuity of care.

6.5 The Practice Oversight Dentist will complete the *Guidelines for Care Form (Appendix 2)* and the *Practice Oversight Outcomes Form (Appendix 3)* in collaboration with the Dental Therapist, Dental Hygienist or Oral Health Therapist at the time of the Practice Oversight meeting. Initial discussion and feedback will take place at this meeting.

6.6 The Practice Oversight Dentist will deliver a written *Summary Report (Appendix 4)* within 2 weeks following practice oversight. The report will detail issues requiring actions and timeframes, including level of oversight required, and noting areas for commendation to the Dental Therapist, Dental Hygienist or Oral Health Therapist.

6.7 Issues identified and noted in the *Practice Oversight Outcomes Form* must be addressed (or mechanisms must be set in place to begin to address them) within a three month period, following the Practice Oversight meeting.

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- 6.8 Access to educational opportunities, as noted in the *Practice Oversight Outcomes Form*, will be provided by the Area Health Service.
- 6.9 In order to produce outcomes that are fair, equitable and in accord with sound people management practices, while also having regard for maintaining good employer/employee relationships, a *Review framework for Practice Oversight in NSW* has been provided (**Appendix 5**).
- 6.10 The Practice Oversight Dentist and the Dental Therapist, Dental Hygienist or Oral Health Therapist will be asked to complete an *Evaluation form* (**Appendix 6**) to be forwarded to the Centre for Oral Health Strategy NSW. Experiences gained by using this policy will lead to modifications and improvements that will be recognised in future revisions of the document.

## 7. Additional Information

The following points should also be taken into account when organising the Practice Oversight meeting, especially in rural and remote areas:

- 7.1 As a general rule the Dentist providing Practice Oversight should be geographically placed to accept referrals from the Dental Therapist, Dental Hygienist or Oral Health Therapist
- 7.2 In cases of geographic isolation, Practice Oversight will include ensuring appropriate referral and communication pathways are available to the Dental Therapist, Dental Hygienist or Oral Health Therapist

Professor Debora Picone AM  
**Director-General**

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## **APPENDIX 1: PRACTICE OVERSIGHT GUIDELINES.**

### **1. PREAMBLE**

These Practice Oversight Guidelines have been produced by the Practice Oversight Working Group consisting of representatives of the Dental Board of NSW; Centre for Oral Health Strategy; Australian Dental Association (NSW); Faculty of Dentistry, University of Sydney; Faculty of Health, School of Health Sciences, University of Newcastle; Australian Dental and Oral Health Therapists' Association Inc; and the Dental Hygienist's Association of Australia - NSW Branch Inc.

It is expected that dentists and dental auxiliaries in the public and private sectors will be familiar with these Guidelines and use them to further their understanding of each other's scope of practice and relationship within the dental team.

Practice Oversight Guidelines for Dental Therapists, Dental Hygienists and Oral Health Therapists have been developed to replace the supervision provision within the 1996 Regulations. The former legislation referred to the supervision, direction and control of Dental Auxiliaries with a prescriptive focus. A move to "practice oversight" reflects a shift to a more enabling approach within the current legislative framework.

Practice oversight is a condition of practice and employment for Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW in both public and private sectors.

#### **1.1 The Legislative Framework**

Under section 33(1)(b) of the Dental Practice Act, an auxiliary is only entitled to carry out dental activities *"subject to the practice oversight of a registered dentist in accordance with guidelines approved by the Director General from time to time"*.

These Practice Oversight Guidelines have been developed, pursuant to Section 35 of the Dental Practice Act 2001 to provide a framework for the practice of dentistry by dental therapists, dental hygienists and oral health therapists.

Division 2 of the Dental Practice Act 2001 deals with "Complaints" and the Dental Board of NSW will use the provisions of Division 2 where complaints are received about practice oversight. The Board will refer to these Practice Oversight Guidelines to determine whether or not the parties involved were acting outside of the intent of the Guidelines. The Board may consider whether the parties are engaged in "unsatisfactory professional conduct" as defined under Sections 41 and 42 of the Dental Practice Act.

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## **2. PRACTICE OVERSIGHT**

Dental Practice Regulation 2004 provides for dental therapists, dental hygienists and oral health therapists to practise parts of dentistry under the practice oversight of a dentist.

Practice oversight aims to define broadly the contemporary professional relationship between a Registered Dentist and Registered Dental Auxiliary. Practice oversight:

- Acknowledges the team approach to the provision of oral health services, recognising the dentist as the clinical team leader
- Acknowledges the specific competencies and expertise of members of the oral health team
- Promotes an environment for professional development and lifelong learning
- Promotes a focus and framework for improving the quality of patient care

There are differences in the environment of delivering oral health services in the public and private sectors that need to be taken into account in following Practice Oversight Guidelines.

### **2.1 Public Sector**

Practice oversight in the NSW Public Health System is ultimately the responsibility of the Chief Dental Officer, or an appropriately authorised delegate who must be a registered dentist. This is more fully described in Section 2.3.

The key features of practice oversight in the public sector are that a dentist should be available at all times:

- for advice and consultation in relation to the authorised activities of dental therapists, dental hygienists and oral health therapists; and
- for referral in relation to other matters or matters falling outside the competence of individual auxiliaries.

### **2.2 Private Sector**

Practice oversight in the private sector is ultimately the responsibility of the employing dentist, or an appropriately authorised delegate who must be a registered dentist. This is more fully described in Section 2.3.

In both the public and private sectors, the employer carries responsibility for:

- Provision of continuing education opportunities and remediation courses, where necessary; and

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- Dispute mediation and arbitration.

## 2.3 Dentist Responsibilities

**Dentists who work with dental therapists, dental hygienists and oral health therapists in NSW have an obligation to provide day-to-day advice and consultation to them, on request, to ensure a coordinated approach to patient care within their respective scopes of practice.**

Practice oversight may only be delegated to a registered dentist (whether a dental officer, a visiting dental officer or a dentist contracted through some other arrangement) with sufficient time and experience in dentistry to enable them to properly provide practice oversight for a dental therapist, dental hygienist or oral health therapist at the local level.

Dentists who participate in formal practice oversight have a responsibility to:

- Be fully informed about Dental Therapists, Dental Hygienists and Oral Health Therapists scope of practice;
- Be aware of their responsibilities for providing professional support and ongoing constructive assessment and feedback to Dental Therapists, Dental Hygienists and Oral Health Therapists; and
- Promote an environment for professional development and lifelong learning.

## 2.4 Auxiliary Responsibilities

It is fundamental to these Guidelines that, within the defined range of skills, dental therapists, dental hygienists and oral health therapists must practise only those skills for which they have been formally educated and in which they are registered and competent. The Board requires registered dental care providers to possess at least the level of competence expected of a graduating final year dental auxiliary student in a course of study approved by the Board. It may take into account such matters as educational preparation, acquired skills, recency of practice and continuing professional development.

## 2.5 Frequency and format of practice oversight meetings

It is expected as a minimum that a practice oversight meeting in both the public and private sectors will be held at the beginning of a dental auxiliary's employment and annually thereafter. The purpose of the first meeting is to clarify [for both parties] what the Practice Oversight Guidelines involve and related matters such as roles and responsibilities, the range of duties expected of the auxiliary and their fit with his/her scope of practice.

**Sections 2.5.1 and 2.5.2 are offered as suggestions to assist in structuring the practice oversight meeting.**

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2.5.1 Factors for presentation and discussion at the initial and subsequent annual practice oversight meeting by the Dental Therapist or Oral Health Therapist might include:

- Medical history, oral examination and treatment plan;
- Radiographs;
- Caries risk analysis;
- Preventive care plans; and
- Range of clinical procedures performed.

Specific instances for discussion may include:

- Trauma;
- Serious medical condition;
- Unusual pathology;
- Child with special needs;
- Early childhood and/or adolescent school children;
- Complex treatment
- Complex treatment settings

2.5.2 Factors for presentation by the Dental Hygienist or Oral Health Therapist might include:

- Preventive care plans;
- Radiographs; and
- Range of clinical procedures performed.

Specific instances for discussion may include:

- Trauma;
- Unusual pathology;
- Adverse reaction to treatment performed;
- Complex treatment and/or treatment settings; and
- Clients with special needs.

### **3. SCOPE OF PRACTICE AND GENERAL PRINCIPLES**

#### **3.1 Dental therapists and practice oversight**

Dental Therapists are part of a highly trained oral health team. They play an important role in the prevention, early identification and treatment of dental disease and the promotion of good oral health to individuals and the community

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in collaboration with other dental health professionals, allied health professionals and community agencies.

Dental therapists perform those oral health services in which they have been educated and trained to provide to children who are under the age of 18 years, within areas authorised under the Dental Practice Regulation 2004 as amended (Appendix A).

### **3.1.1 General Principles**

The key features of practice oversight of a dental therapist are that a dentist should be available at all times:

- for advice and consultation in relation to authorised dental therapist activities;
- for referral in relation to other matters or matters falling outside the competence of individual dental therapists;
- to ensure appropriate continuity of dental care

### **3.2 Dental hygienists and practice oversight**

Dental Hygienists are part of a highly trained oral health team. They carry out a specified range of oral health services in periodontal and orthodontic care, on both children and adults in the public, private and specialist areas of dentistry. A high portion of patient care is dedicated to health education in collaboration with other health professionals.

The dental hygienist provides an individual course of treatment and education under the written instruction of an overseeing dentist to prevent oral diseases and maintain optimal dental health as an integral part of total health.

Dental hygienists perform those oral health services in which they have been educated and trained within areas authorised under the Dental Practice Regulation 2004 as amended (Appendix A).

#### **3.2.1 General Principles**

The key features of practice oversight for dental hygienists are as follows:

- all treatment provided by a hygienist will be in accordance with a written treatment plan prepared by the overseeing dentist on the dentist's initial examination of the patient;
- a dentist must be available on site for advice and consultation in relation to authorised dental hygienist activities (note the exceptions below);
- a dentist must be available on site for referral in relation to other matters or matters falling outside the competence of individual auxiliaries (note the exceptions below).

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The requirement for "on site oversight" does not apply where

- a dental hygienist is working in a Nursing Home or other aged care or residential facility in accordance with a written treatment plan prepared by a dentist;
- the services involve oral hygiene and education only.

### **3.3 Oral health therapists and practice oversight**

A new class of dental auxiliary - the oral health therapist - was created in November 2007 and included in the 2004 Dental Regulations. An oral health therapist is defined as a person who holds qualifications for registration as both a dental hygienist under Section 19 (1)(c) of the Dental Practice Act 2001 (Schedule 2) and a dental therapist under Section 19 (1)(c) of the Dental Practice Act 2001 (Schedule 3), at least one of which is a bachelors degree, will also be entitled to be registered as an oral health therapist.

An oral health therapist is a registered primary health care professional, oral health educator and clinician who provides services for the control of oral diseases and the promotion of oral health care, including:

- Preventive services-methods employed to promote and maintain oral health and prevent oral and general diseases.
- Educational services-strategies developed for education on oral disease and general oral health and to encourage healthy behaviours.
- Therapeutic services-clinical treatments designed to stop or control disease and maintain healthy oral tissues.<sup>1</sup>

Oral health therapists perform those oral health services in which they have been educated and trained within areas authorised under the Dental Practice Regulation (Appendix A).

#### **3.3.1 General Principles**

The key features of practice oversight for oral health therapists are that a dentist should be available at all times:

- for advice and consultation in relation to authorised oral health therapist activities; and
- for referral in relation to other matters or matters falling outside the competence of individual oral health therapists;
- to ensure appropriate continuity of dental care

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<sup>1</sup> Website information about Bachelor of Oral Health in Oral Health Therapy, Griffith University

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It should also be noted that:

- all dental hygiene treatment provided by an oral health therapist will be in accordance with a written treatment plan prepared by a dentist on the dentist's initial examination of the patient;
- a dentist must be available on site for advice and consultation in relation to authorised dental hygienist activities (note the exception below);
- a dentist must be available on site for advice and consultation in relation to the conduct of dental hygiene activities (note the exception below);

The requirement for "on site oversight" does not apply where

- an oral health therapist is working in a Nursing Home or other aged care or residential facility in accordance with a written treatment plan prepared by a dentist;
- the services involve oral hygiene and education only;
- the services involve the practice of dental therapy.

## APPENDIX A

### DENTAL PRACTICE REGULATION 2004 as amended November 2007 - REG 6

#### Dental hygienist activities - section 19

For the purposes of [section 19](#) (3) of [the Act](#), the following activities, where carried out in the course of carrying out restricted dental practices and not involving the cutting of oral or dental tissue, are, to the extent that the activities constitute restricted dental practices, prescribed as authorised activities for dental hygienists:

- (a) the irrigation of the mouth,
- (b) the insertion and removal of surgical packs,
- (c) the application and removal of rubber dams,
- (d) the polishing of restorations,
- (e) simple prophylaxis,
- (f) the topical application of sealants, fluoride solutions and medicaments,
- (g) the scaling of supra-gingival and sub-gingival calculus deposits from the teeth,
- (h) root planing,
- (h1) the application of topical anaesthetics,
- (i) the removal of sutures,
- (j) the selection of orthodontic bands,
- (k) the removal of orthodontic archwires, bands and attachments,
- (l) dental radiography for dental examination,
- (m) the taking of simple impressions for study casts,
- (n) the giving of supraperiosteal or mandibular nerve block injections of local anaesthetics not involving, in either case, any other regional, intra-osseous or intra-ligamental anaesthesia,
- (o) dental health education, including dietary counselling for dental purposes,
- (p) the giving of pre-operative and post-operative instruction.

### DENTAL PRACTICE REGULATION 2004 as amended November 2007- REG 7

#### Dental therapist activities - section 19

For the purposes of [section 19](#) (3) of [the Act](#), the following activities are, to the extent that the activities constitute restricted dental practices and involve dental treatment of children who are under the age of 18 years, prescribed as authorised activities for dental therapists:

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- (a) dental examination,
- (b) the cleaning and polishing of teeth and restorations,
- (c) the topical application of sealants, fluoride solutions and medicaments,
- (d) the removal of dental calculus not involving surgical techniques requiring incisions,
- (e) the application of topical anaesthetics,
- (f) the giving of supraperiosteal or mandibular nerve block injections of local anaesthetics not involving, in either case, any other regional, intra-osseous or intra-ligamental anaesthesia,
- (g) the extraction of primary or permanent teeth not involving either surgical techniques or incisions,
- (h) the pulp capping of primary or permanent teeth and the pulpotomy of deciduous teeth,
- (i) the restoration of primary or permanent teeth, excluding any indirect procedure,
- (j) dental radiography for dental examination,
- (k) the taking of study model impressions and their pouring up at the written request of a dentist,
- (l) dental health education, including dietary counselling for dental purposes,
- (m) the giving of pre-operative and post-operative instruction.

## **DENTAL PRACTICE REGULATION 2004 as amended November 2007- REG 7A**

### **Oral health therapists and their activities-section 19**

- (1) For the purposes of [section 19](#) (1) (c) of [the Act](#), oral health therapists are prescribed as a class of dental auxiliary.
- (2) For the purposes of [section 19](#) (3) of [the Act](#), the following activities are, to the extent that the activities constitute restricted dental practices, prescribed as authorised activities for oral health therapists:
  - (a) the assessment of oral health conditions (excluding dental examination and treatment planning) and the recording of periodontal disease,

**Note:** Dental examination and treatment planning involving dental treatment of children under 18 years of age is prescribed as an authorised activity in paragraph (l) (i) below.

- (b) the irrigation of the mouth,
- (c) the insertion and removal of surgical packs,
- (d) the application and removal of rubber dams,
- (e) the cleaning and polishing of teeth and restorations,

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- (f) simple prophylaxis,
- (g) the topical application of sealants, fluoride solutions and medicaments,
- (h) the removal of dental calculus not involving surgical techniques requiring incisions,
- (i) root planing,
- (j) the application of topical anaesthetics,
- (k) the giving of supraperiosteal or mandibular nerve block injections of local anaesthetics not involving, in either case, any other regional, intra-osseous or intra-ligamental anaesthesia,
- (l) any of the following activities involving dental treatment of children who are under the age of 18 years:
  - (i) dental examination and treatment planning,
  - (ii) the extraction of primary teeth not involving either surgical techniques or incisions,
  - (iii) the pulp capping of primary or permanent teeth and the pulpotomy of deciduous teeth,
  - (iv) the restoration of primary or permanent teeth, excluding any indirect procedure,
- (m) the removal of sutures,
- (n) the selection of orthodontic bands,
- (o) the removal of orthodontic archwires, bands and attachments,
- (p) dental radiography for dental examination,
- (q) the taking of study model impressions and their pouring up at the written request of a dentist,
- (r) dental health education, including dietary counselling for dental purposes,
- (s) the giving of pre-operative and post-operative instruction.

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## Appendix 2: Guidelines for Care, NSW

The purpose of collecting the following information is to recognise the clinical competence of the Dental Therapist, Dental Hygienist or Oral Health Therapist, to acknowledge areas in which the Dental Therapist, Dental Hygienist or Oral Health Therapist is excelling and to identify any clinical practice development needs.

**Table 1** lists **core areas of clinical practice** in which Dental Therapists have been trained, as referred to in the *Practice Oversight Guidelines (APPENDIX 1)*. These are also applicable to oral health therapists practicing dental therapy.

**Table 1.1** lists **additional areas of competency** for Dental Therapists, where there is evidence of undertaking complex treatments or delivering services in complex settings or to reflect a consistently high level of professionalism. These are also applicable to oral health therapists practicing dental therapy.

**Table 2** lists **core areas of clinical practice** in which Dental Hygienists have been trained, as referred to in the *Practice Oversight Guidelines*. These are also applicable to oral health therapists practicing dental hygiene.

**Table 2.1** lists **additional areas of competency** for Dental Hygienists, where there is evidence of undertaking complex treatments or delivering services in complex settings or to reflect a consistently high level of professionalism. These are also applicable to oral health therapists practicing dental hygiene.

For each area of clinical practice one of three ratings can be selected:

1. The Dental Care Provider *requires additional support* in the area.
2. The Dental Care Provider is *competent* in the area, or
3. The Dental Care Provider is *excellent* in the area.

Rating decisions will be based on the cases presented by the Dental Therapist, Dental Hygienist or Oral Health Therapist and on ensuing discussions with the Dentist during Practice Oversight.

An overall rating will be awarded in the Practice Oversight Outcomes Form **(APPENDIX 3)**.

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**Table 1.1 Dental Therapist/Oral Health Therapist guidelines for care (Compulsory fields)**

<p><b>Dental Examination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Cleaning and polishing of teeth and restorations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Topical application of sealants, medicaments and preventive coatings</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Removal of dental calculus</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Mandibular block anaesthesia/infiltration anaesthesia</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Extraction of primary/permanent teeth</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

## **Pulp capping of primary/permanent teeth**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

## **Pulpotomy of primary teeth**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

## **Radiography**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

## **Taking of impressions (if relevant)**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

**Table 1.2 Dental Therapist/Oral Health Therapist level of professionalism**  
*(The following list is not exclusive, merely a guide. Free text fields have been added if required)*

<p><b>Determination of care delivery for children with special needs, in consultation with a multidisciplinary team</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Provision of oral hygiene and dietary advice for children with special needs, in consultation with a multidisciplinary team</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Management of complex preventive treatment, including patients at high risk of dental caries and those undergoing orthodontic treatment</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Maintaining professional conduct and participating in a collegial and cooperative manner with peers and other health professionals</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Accessing scientific publications in an attempt to remain current with clinical practice</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

**Consistently interacting with patients and the public in a professional manner**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

*Participating in, or leading, oral health promotion projects*

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

*[free text]*

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

*[free text]*

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

**Overall Rating**

The dental therapist/oral health therapist demonstrates an overall level of professionalism in all areas in which he/she has been assessed which is:

- Requiring additional support
- Competent
- Consistently high

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

**Table 2.1 Dental Hygienist/Oral Health Therapist guidelines for care (Compulsory fields)**

<p><b>Irrigation of the mouth</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Insertion and removal of surgical packs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Application and removal of rubber dam</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Polishing of restorations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Simple prophylaxis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Topical application of sealants, fluoride solutions and medicaments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires additional support</li> <li><input type="checkbox"/> Competent</li> <li><input type="checkbox"/> Excellent</li> </ul> <p><b>Strengths/Developments Needed:</b></p>

*Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW*

**Dental radiography for dental examination**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

**Taking of simple impressions for study casts**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

**Mandibular block anaesthesia/infiltration anaesthesia**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

**Table 2.2: Dental Hygienist/Oral Health Therapist level of professionalism**  
*(The following list is not exclusive, merely a guide. Free text fields have been added if required)*

<p><b>Consultation with oversighting dentist in the care delivery for clients, especially those with special needs</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Provision of oral hygiene advice and development of preventive care plans for clients</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Management of complex preventive treatment, including patients at high risk of dental caries and those undergoing orthodontic treatment</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Maintaining professional conduct and participating in a collegial and cooperative manner with peers and other health professionals</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>
<p><b>Accessing scientific publications in an attempt to remain current with clinical practice</b></p> <p><input type="checkbox"/> Requires additional support  <input type="checkbox"/> Competent  <input type="checkbox"/> Excellent</p> <p><b>Strengths/Developments Needed:</b></p>

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

**Consistently interacting with patients and the public in a professional manner**

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

*Participating in, or leading, oral health promotion projects*

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

*[free text]*

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

*[free text]*

- Requires additional support
- Competent
- Excellent

**Strengths/Developments Needed:**

**Overall Rating**

The dental hygienist/oral health therapist demonstrates an overall level of professionalism in all areas in which he/she has been assessed which is:

- Requiring additional support
- Competent
- Consistently high

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

### Appendix 3: Practice Oversight Outcomes Form, NSW

Practice Oversight may only be delegated to a registered Dentist with sufficient time and experience in Dentistry to enable them to properly provide Practice Oversight to a Dental Therapist, Dental Hygienist or Oral Health Therapist at the local level. This form should be completed by the Practice Oversight Dentist in collaboration with the Dental Therapist, Dental Hygienist or Oral Health Therapist at the time of the Practice Oversight meeting. Initial discussion and feedback will take place at this meeting. The Practice Oversight Dentist will deliver a written summary report (**APPENDIX 4**) within 2 weeks following practice oversight. The report will detail area for commendation, issues requiring actions and timeframes, and level of oversight recommended.

1. According to the Practice Oversight Guidelines in the public sector a Dentist should be available at all times for:
  - Advice and consultation in relation to authorised Dental Therapist, Dental Hygienist or Oral Health Therapist activities; and
  - Referral in relation to other matters or matters falling outside the competence of individual Dental Therapists, Dental Hygienists and Oral Health Therapists.

Has this been the case, in the past twelve months?

Yes

No

Comments: .....

2. Note any contact to discuss Practice Oversight that has occurred since the last formal session: .....  
 Comments: .....

3. Discussion and documentation of case presentations and guidelines for care:

Discussion item (Based on case presentations)	Comments (e.g. treatment planning, materials used, advice given)

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4. Discussion and documentation of complex cases requiring consultation with and/or referral to a Dentist, such as conditions requiring antibiotic cover, trauma, serious medical condition, children with special needs, complex treatment including orthodontics, unusual pathology, adverse reaction to treatment performed, and any condition that would require a treatment plan to be modified or where standard treatment is contra-indicated:

Discussion item	Comments (e.g. advice given, feedback received following referral, client outcomes)

5. Discussion and documentation of professional development and continuing education opportunities undertaken by the Dental Therapist, Dental Hygienist or Oral Health Therapist in the past 12 months/since previous Practice Oversight session, and areas of interest for the next Oversight period:

Professional development opportunities	Comments (e.g. Benefits derived, suggestions)

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6. Discussion and documentation of new technological developments and their impact on staff development requirements etc:

Technological development	Comments (e.g. Relevance, uses, training required)

7. Specific areas of Dental Therapist, Dental Hygienist or Oral Health Therapist expertise interest:

Area of expertise	Comments (e.g. Are they being utilised? How can they be better utilised?)

8. Please list agreed on strategies and/or suggestions for improving the team approach to the provision of Oral Health Services:

Strategy/suggestion	Action to be taken by Dentist/Dental Therapist, Dental Hygienist or Oral Health Therapist	By when

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

## Appendix 4: Practice Oversight Summary Report

*To be completed by the Practice Oversight Dentist and delivered to the Dental Therapist, Dental Hygienist or Oral Health Therapist within two weeks following Practice Oversight*

Summary of issues requiring actions and timeframes and rationale for level of oversight awarded, including:

- Reason(s) for commendation and/or concern, if any;
- Where to obtain relevant information to further develop competency;
- Links to any relevant policy/procedure; and
- Information on when to meet to discuss, who may be involved, and mechanisms for appeal.

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### Level of Oversight required:

- Direct Oversight: Requires on-site support.** This occurs mostly with students but may also be required for Dental Therapists, Dental Hygienists and Oral Health Therapists returning to the profession after an extended absence.
- Bi-annual Oversight: Requires additional support.** This occurs on initial employment in the Public Sector dental workforce.
- Annual Oversight: Competent.** The Dental Therapist, Dental Hygienist or Oral Health Therapist has been assessed as competent under the Guidelines for Care.
- Triennial Oversight: Excellent.** The Dental Therapist, Dental Hygienist or Oral Health Therapist has been assessed as excellent under the Guidelines for Care.

### Oversight Dentist

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Staff member

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*A copy of this summary is to be provided to the Practice Oversight recipient. The Practice Oversight Dentist is to hold the original in confidential storage and refer to it when preparing for the next scheduled Practice Oversight session.*

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**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

## **Appendix 5: Review Framework for Practice Oversight in NSW**

The aim of the Review Framework for Practice Oversight is to produce outcomes that are fair, equitable, and in accord with sound people management practices, while at the same time having regard for the Area Health Service's efficiency and the maintenance of good employer/employee relations.

The review objectives are to:

- Achieve a common understanding of the Practice Oversight review process;
- Enable staff to obtain information about relevant processes when they need it;
- Encourage managers to provide reasons for decisions that affect employees; and
- Encourage open and honest communication between staff and management.

These objectives are achieved in a number of ways, including:

- The development of principles-based procedures which clearly set out the process for dealing with issues affecting employees involved in Practice Oversight;
- The availability of the procedures on the NSW Health and COHS intranet sites, to enable staff to access required information as and when they need it from their desktops;
- Establishing work practices that prompt managers to supply reasons for decisions affecting individual employees; and
- Provision of specific information to employees, at appropriate times, about available review mechanisms.

### **Summary of Practice Oversight Process**

1. Practice Oversight is conducted by interview and case presentation according to policy procedure.
2. The Practice Oversight Dentist completes the *Guidelines for Care Form (APPENDIX 2)* and the *Practice Oversight Outcomes Form (APPENDIX 3)* in collaboration with the Dental Therapist, Dental Hygienist or Oral Health Therapist at the time of the Practice Oversight meeting. Initial discussion and feedback takes place at this meeting.
3. The Practice Oversight Dentist delivers a written *Summary Report (APPENDIX 4)* if required detailing issues requiring actions and timeframes, including level of oversight required, and noting areas for commendation to the Dental Therapist, Dental Hygienist or Oral Health Therapist within 2 weeks following practice oversight.
4. The report clearly lists:
  - Reason(s) for commendation and/or concern, if any;
  - Where to obtain relevant information to further develop competency;
  - Links to any relevant policy/procedure; and
  - Information on when to meet to discuss, who may be involved, and mechanisms for appeal.
5. Appropriate action is taken to address issues identified during Practice Oversight and in the written report (if any) within 3 months.

### **Conflict Resolution**

If a conflict occurs between the Practice Oversight Dentist, the Dental Therapist, Dental Hygienist or Oral Health Therapist, the following levels of mediation will be followed:

1. The Practice Oversight parties meet again and there is resolution of all issues and agreement on actions to be taken;
2. The matter is not resolved within 3 months and is referred to the Clinical Director of Dental Services or an appropriate Senior Clinical Manager for mediation and arbitration;
3. There is still no resolution between parties and the matter is escalated to the Area Health Service grievance process.

**Title: Practice Oversight of Dental Therapists, Dental Hygienists and Oral Health Therapists in NSW**

## Appendix 6: NSW Practice Oversight Evaluation Form

*The purpose of this evaluation is to gain valuable feedback from participating Dentists, Dental Therapists, Dental Hygienists and Oral Health Therapists on the Practice Oversight Policy Directive and its implementation at an Area Health Service level. Please tick a box for each question and make appropriate comments.*

**Designation:**    Dentist    Dental Therapist    Dental Hygienist    Oral Health Therapist

Area Health Service: .....

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1. Did you find the Practice Oversight Policy Directive clear and easy to follow?

Yes    No

Comments:

.....  
.....  
.....

2. Has your participation in this process assisted in the development of professional relationships in your workplace?

Yes    No

Comments:

.....  
.....  
.....

3. Did your participation in this process provide you with new information and/or ideas that you could use in your work?

Yes    No

Comments:

.....  
.....  
.....

4. Is there anything you would like to see included and/or changed in this process?

Yes    No

Comments:

.....  
.....  
.....

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5. Do you have any other comments and/or suggestions that may inform future modifications and improvements to the Practice Oversight Policy Directive?

Yes     No

Comments:

.....  
.....  
.....

6. Please comment on the time it took to complete the Practice Oversight process.

Comments:

.....  
.....  
.....

7. Please comment on your level of satisfaction with how the process was implemented at an Area Health Service level.

Comments:

.....  
.....  
.....

**Thank you for your time.  
Experiences gained by using this policy will lead to modifications and improvements that will be recognised in future revisions of the document.**

**Please forward your completed evaluation form to**

**Senior Policy Analyst  
Centre for Oral Health Strategy NSW  
PO Box 533  
Wentworthville NSW 2145**

**Fax: 8821 4302**