BOH: Beyond the scope of practice

If you are confused, you are not alone!

By Dr Genna Levitch

"It is hard to convince an employer that a BOH therapist can be as profitable as a dentist... [but with an hourly rate, there] is an opportunity that allows scalability where a % commission does not..."

My youngest daughter, Rachel, used to help out in our practice as a steri nurse during her high school holidays. It must have left a lasting impression, as a few years after completing a design degree (the new family business), she announced she wanted to do dentistry. With no science in high school, the GAMSAT was not an option, although the undergraduate Bachelor of Oral Health degree was. In my mind, that seemed like a good path to take and what the heck, one out three children following in dad's footsteps is better than none. I remember thinking at the time, I only wish I hadn't sold my practice!

At Sydney Uni, the Dental Faculty runs the BOH degree and it combines both a Hygiene and Therapy degree in a packed three-year course. I know, as I spent too many weekends trying to remember what we were taught in the early 70's. Pharmacology and physiology had changed the most, but I was on firm ground when we started practising fillings on extracted teeth. A good friend had generously allowed us to use a spare surgery on Saturdays and father and daughter got to spend some quality teeth time together. This was fun, until the day came when concerned student said she needed to practice her block technique and would it be OK if she practised on me! What is a dad supposed to do? At least she got lucky on the 3rd attempt and I had slipped in the no-vaso local so I didn't dribble all the way home.

Figure 1. Graduating dentistry circa 1975.

Graduation day came around sooner than I had expected and it was hard to believe that my

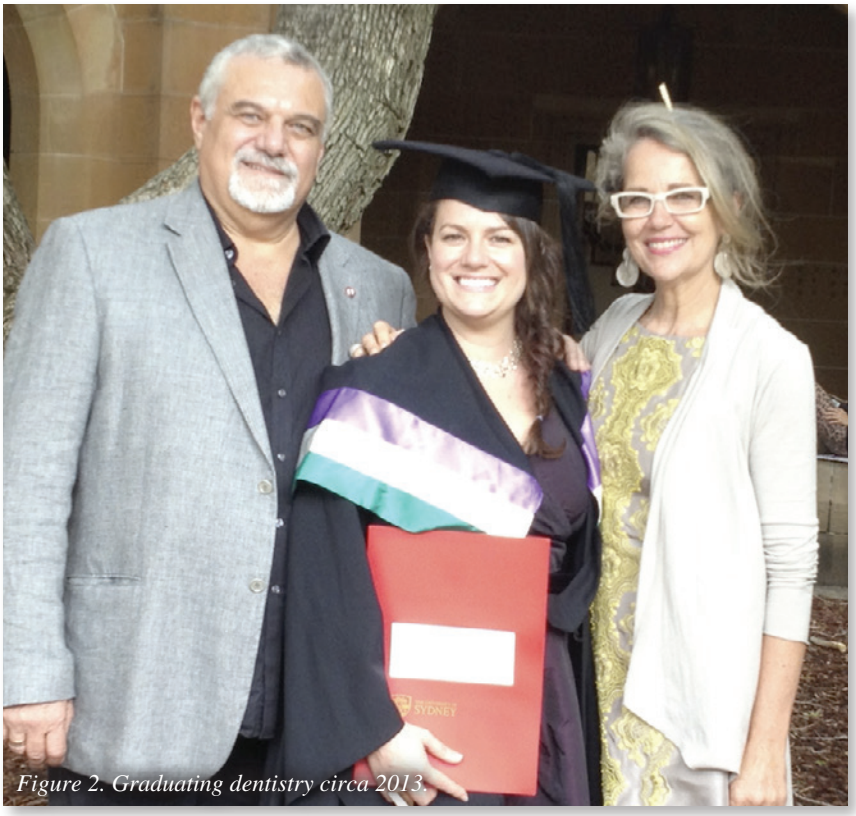

Figure 2. Graduating dentistry circa 2013.

daughter had been able to not only learn dentistry, but also absorb the notion of being and acting professionally, all in the time it took me to go to work and enjoy a few summers.

Graduation from the Sydney Uni Dental Faculty was a blast. We took photos under that same Jacaranda tree in the quad that I had 37 years ago. Look at the pics (Figures 1 and 2); we haven't aged a day, have we? My old study partner, Prof. Liz Martin, was happy to see me.

"What brings you here?" she queried.

When I introduced her to our graduate, she was surprised. "I guess I didn't have time to meet any of the BOH students," she confessed. Well the academic staff are under all sorts of pressure, I mused.

I probably wouldn't have thought much more of this casual encounter, or indeed be writing this article, had Rachel been happily plying her new trade on the unsuspecting teeth of the Australian public. However, this proved more difficult than I had even imagined.

The more I spoke to colleagues, the darker the possibilities of gainful employment for BOH graduates in NSW appeared to be. One dentist, who is also a Clinical Educator at the Uni, told my wife that he considered himself abreast of current events, but was completely unaware that BOH graduates could provide (limited) treatment to patients up to the age of 18. Another eastern suburbs dentist employed a BOH graduate, but only allowed her to do hygiene, as he was not sure how to manage a therapist or integrate one into the practice.

I spoke to an enthusiastic Prof. Peter Dennison, Head of the BOH program. He was incredibly proud of the grads and made three points very clear:

1. BOH graduates are superbly trained to treat children and young adults up to the age of 18yrs;
2. They have intense public health training, which equips them to change Oral Health attitudes and behaviours; and
3. They are trained to be team players, specialising in children's dentistry.

He added their time would come when the mooted Medicare Dental Scheme for Children starts in 2014. All good, but had he arranged a single meeting between BDent students and BOH students in three years? Ah... not as such, but it was certainly envisaged, it's just with the number of dental chairs available meant the two groups were either in clinic or in lectures, the next step would be to promote it to the profession... it certainly was on the agenda...

It seems incredible to me that BOH therapists, who are specifically trained to work in a dental team, were not even introduced to the BDent students during the 3-year course, let alone had the opportunity to do clinical work together. If there has been no undergraduate contact and no education of the profession, it seemed the chance of landing a job would be slim.

I should make the point here that, of all the degree courses universities offer these days, there are but a handful that don't subsequently offer diversity in employment opportunities. Many people study law for example, but few become lawyers; many study psychology, but few become psychologists; and so on and so forth. However, if you study dentistry and graduate as a dentist, an hygienist or an oral health, you are essentially limited to a single career path.

The role of dental therapists was originally in Public Health and School Dental Clinics. With legislative change, the more lucrative world of private practice has become a further option. However, whilst dental schools have stepped up to fill this potential need, is the "private" side of the profession prepared for these paradentals? At the very least, should there be at least an education campaign to educate the profession on what BOH therapists are qualified to do (Table 1) and how they can be integrated into a practice?

AHPRA has recently released a Draft Consultation Paper on the Scope of Practice and included in this a recommendation that the therapists' scope of practice be amended to allow:

1. Practice without direct supervision, but in a structured relationship with a dental practitioner i.e. similar to that of a dentist referring patients to specialist;
2. The lifting of restrictions on the age of the patient that a therapist can treat; and
3. Structured education programs that would allow a formal increase to the scope of practice.

The dental chat lines have started to hum with considerable angst as the possibility of change filters through. The angst is mainly in NSW. In the other states that have allowed therapists for many years, there are just more job ads pleading for therapists. What the dentists in VIC, SA and WA have learned is that a therapist is the ideal 'new patient' point of contact. A BOH hygienist/therapist can complete an exam, take radiographs, improve the oral hygiene and prepare a treatment plan; all

Table 1. Scope of Practice for an Oral Health Therapist

Dental Therapy (0-17yrs)
- Established procedures associated with chair side assisting and practice management;
- Oral health education;
- Comprehensive oral health examination and treatment planning;
- Taking of dental radiographs;
- Application and removal of rubber dam;
- Pre- and post-operative instruction;
- Irrigation of the mouth;
- Fluoride therapy, application of remineralising solutions and desensitising agents;
- Debridement to remove deposits from teeth;
- Taking of alginate impressions other than for the fabrication of prosthetic appliances;
- Application of fissure sealants and protections;
- Direct coronal restorations of primary and permanent teeth;
- Direct and indirect pulp capping;
- Pulpotomies in vital primary teeth, including stainless steel crowns;
- Administration of local anaesthesia only by infiltration and mandibular nerve block; and
- Forceps extraction of primary teeth under local anaesthesia.

Dental Hygiene (all ages)
- Established procedures associated with chair side assisting and practice management;
- Oral health education;
- Instruction in monitoring and recording of plaque control routines and periodontal disease;
- Prophylaxis;
- Polishing of restorations;
- Fluoride therapy, application of remineralising solutions and desensitising agents;
- Debridement to remove supragingival deposits from teeth;
- Debridement to remove subgingival deposits from teeth;
- Application and removal of rubber dam;
- Application of non-invasive fissure sealants and protections;
- Taking of alginate impressions other than for the fabrication of prosthetic appliances;
- Taking of diagnostic intraoral and extraoral photographic series;
- Removal of periodontal packs;
- Taking of dental radiographs;
- Orthodontic band sizing;
- Removal of orthodontic appliances including orthodontic cements and resins;
- Placement and removal of non-metallic separators and elastic modules; and
- Administration of local anaesthesia by infiltration and mandibular nerve block.

Table 2. Dental graduates in 2012

University	BDent/BDS/DDS	BOH	Total
University of Sydney	79	28	107
University of Newcastle (Hygienists)		56	56
Curtin University of Technology		36	36
The University of Melbourne	162	21	183
La Trobe University	76	18	94
The University of Adelaide	65	20	85
TAFE SA (Hygienists)		38	38
University of Queensland	47	19	66
James Cook University	54		54
Griffiths University	167	22	189
University of Western Aust.	67		67
Charles Sturt University	37	16	53
University of Otago	67	41	108
Auckland University of Technology		35	35
Immigration (ADC examined)	200		200
Total	1021	350	1371

the while allowing the dentist to get on with the more complex areas of dentistry. Better trained in hygiene and paedo than a new dental grad, less expensive and definately easier to manage, the dental therapist will fill a niche no less specific than an hygienist.

Orthodontists love therapists as they can be trained to do most of the routine ortho work, allowing an orthodontist to leverage their time and treat more patients. Cosmetic dentists use them all the time to prep. a patient and then after the clinical procedure, take impressions and place temporaries. General practitioners will incorporate them into their practice to treat children or to be the new patient/recall expert. Either way, given time, they will make a bigger impact on dentistry than hygienists.

But this comes at a difficult time as the dental job market has been flooded with dentists. The number of dental graduates from Universities in Australia and New Zealand combined with international students who passed the ADC exams to qualify to practice in Australia is over 1000 in 2012, as well as 350 BOH graduates (Table 2). This is to be compared to half this number only 7 years ago (and far fewer historically). With the number of dentist graduates looking for work, it is hard to convince an employer that a BOH therapist can be as profitable as a dentist, except that a BOH is typically employed on an hourly rate ($40/hr to $65/hr) rather than 40% commission. To a savvy dentist, this is an opportunity that allows scalability where a % commission does not.

As of August, Rachel is still looking for the right position; she has some part time work as a dental nurse, but otherwise she is considering moving interstate.

As Rachel's father, this is of course particularly distressing. From the view of the dental profession as a whole, however, it is indicative of a broader problem that will continue to have a significant impact on the practice of dentistry, now and for the future.

About the author

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