From: [redacted]
To: dentalboardconsultation
Subject: Re ; Scope of Practice registration - submisssion
Date: Monday, 27 May 2013 5:01:25 PM
Attachments: Dental Board, Australia,Registration Standard May"13.doc

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The Chief Executive officer,
Dental Board of Australia.
Dear Sir or Madam,

In response to the draft documents, I offer the following for the Board's consideration.

Having worked in private practices in country towns in Australia and England, followed by a mobile practice among six NSW communities, each of about 2-3,000 citizens, as well as performing volunteer work in India, Nepal, Africa, Timor Leste and New Guinea, extending from a rural practice of fifty-odd years with one or two branch practices, I must comment on the problems a rigid approach to these new regulations may present.

Yours truly,

Gerald L Bartlett, B.D.S., B.A.

To: The Dental Board of Australia: Draft Practice Registration Standard.

I believe the late Professor Noel D Martin held the opinion that to serve rural Australia well in dentistry required a multi-skilled "Super-dentist", helping to limit the amount of travel for the widest range of procedures yet referring cases of greater complexity.

The present guidelines suggest a trend in the opposite direction. As a rural practitioner, solo for the most part, I am amazed to meet (not-so) recent graduates who have never constructed a complete denture, nor carried out laboratory processes for crowns and bridges beyond pouring (but not even trimming) a model.

In the larger cities, where there is the full, ever-increasing range of dental specialties – where once dentistry was itself regarded as a special study of the teeth and jaws – while it may be feasible for individual practitioners to form a 'team' by joining a group practice, solo operators are at a disadvantage even though they may refer patients for treatments outside their expertise…and out of their practices. Whether this is reciprocated depends upon several factors, not the least of which is the patient's right to choose by whom to be treated. Too little choice might even introduce a degree of corruption, which should be unacceptable.

On the other hand, in smaller centres, having to treat all-comers, the sole practitioner may feel compelled to expand skills well beyond primary

degree level and indeed nowadays will have Post-graduate hours to support the claim to some understanding, but not necessarily the highest proficiency which still requires experience. Whether such standard is adequate will be reflected in the variety of experience gained and the constant up-grading of that practitioner's education.

My concern is that if too much emphasis is placed upon legalistic requirements - with penalties to match, the remote practitioner will be so inclined to pursue the "safe" options as to produce less than the optimum result for the remote patients and compromise the longevity of their natural dentitions.

It is difficult enough to attract dentists to live in smaller communities, without condemning them to a lacklustre professional career governed by regulation, viz implied criticism for extending the envelope of their range of services.

Gerald L Bartlett B.D.S (Univ. Syd); B.A. (U.N.E.)