Public consultation on a proposed revised *Scope of practice registration standard and Guidelines for scope of practice*

September 2018

Australian Dental Association Queensland template submissions

The Dental Board of Australia’s (the Board) public consultation paper on a proposed revised *Scope of practice registration standard and Guidelines for scope of practice* opened for submissions on 22 March 2018 and closed on 14 May 2018.

The following submissions were based on template letters which were broadly similar to the sample provided at attachment A.

**List of Submissions**

- Abdullahi, Akram
- Agrawal, Bharat
- Aly, Belal
- Anonymous x 2
- Attia, David
- Baker, Michael
- Beers, Kaitlyn
- Bonilla, Daniel
- Casey, Matthew
- Chan, Sofia
- Chau, Anna
- Chen, Angela
- Chen, Pengcheng
- Chen, Webert
- Chen, Xin
- Chen, Ziyin
- Cheng, An-Lun
- Cheng, Yiu
- Cheregi, Beatrice
- Chin, Cheryl
- Chin, Shiuian
- Chuen, Sean Ho Kah
- Chung, Kum
- Collins, Declan
- Cook, Steven
- Courtenay, Adrian
- Delitt, DA
- Dent, Ashley
- Dezfuli, Sima
- Du, Deborah
- Farrelly, Monica
- Forrest, Alex
- Fu, Dylan
- Gohison, Lauren
- Goh, Jia
- Griffin, Bobby
- Gunaridis, Polichronis
- Hall, Rachel
- Hambali, Safinah
- Hayes, Michael
- Henseleit, Conrad
- Huang, Benson
- Hughes, Tony
- Huynh, Richard
- Innes, Jonathan
- Iyer, Sandhya
- Jabbour, Les
- Jin, William
- Jnguyenphamhh, Joseph
- Johnson, Nigel
- Killoran, Greg
- Kim, Haneul
- Kim, Seul
- Kim, Thomas
- Kotecha, Sajnee
- Kulkarni, Prashant
- La, Natalie
- Lalla, Yastira
- Lau, Kenneth
- Lee, Paul
- Lee, Yujin
- Ling, Vanessa
- Little, Gerald
- Liu, James
- Manse, Emma
- Marley, J
- Martin
- McDermott, Michael
- McDermott, Rebecca
- Messmer, Sam
- Miranda, Mateus
- Mistry, Sonali
- Moon, Subin
- Morriswala, Nikhil
- Moule, Richard
- Muller, Bruno
- Muller, Marcel
- Naicker, Yeshanta
- Naik, Nymphia
- Nastasi, Samuel
- Ngo, Mimi
- Ngo, Derek
- Nguyen, Martin
- Nguyen, Nathan
Nguyen, Tam-Minh  
Parekh, Prshil  
Park, Ann  
Park, Gi-Yong  
Park, Junyoung  
Peters, Nicholas  
Pham, Cindy  
Philp, Damien  
Phung, Nathan  
Poon, Lawrence  
Powell, Kerry-Anne  
Quigley, Niall  
Rana, Kavita  
Reid, Ralph  
Saivakumar, Kaviya  
Seeto, Jacinta  
Shorten, Nick  
Spencer, Mark  
Staples, Glenn  
Stipis, Alexandria  
Stuart, Jacqueline  
Sung, Charlie  
Tan, An Yan  
Tang, Johnson  
Tavazoei, Maziar  
Taylor, Tristan  
Ting, Jason  
Tong, Kathleen  
Tran, Kenny  
Tran, Viet  
Truong, Linh  
Valsan, Chinjoop  
Vasant, Mitesh  
Vu, Giang  
Wahidi, Alizafar  
Wainwright, Emma  
Wang, Lisa  
Wang, Wendy  
Willis, Keith  
Willis, Luke  
Wong, Joyce  
Wong, Peter  
Wong, Stephen  
Wu, Ivy  
Xiong, Kent  
Xun, Chua Zhe  
Yang, Jack Yuan  
Yang, James  
Yatheendran, Ajay  
Yeoh, Li  
Yu, Lucy  
Zhang, Luke  
Zoan, William
Dr John Lockwood  
Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

The AHPRA Service Charter states that: “We act in the interest of public health and safety”. The proposed changes involving the removal of the structured professional relationship between mid-level dental providers (dental hygienists, dental therapists and oral health therapists) and dentists are not in the interest of public health and safety, and they degrade the team concept that underpins dentistry.

“Dental disease is widespread and expensive to treat and impacts negatively on the quality of life and overall health of Australians”. “Oral Health therapists are needed, but not to mimic the role of the dentist” (Ford and Farah, 2012).

Public safety
Removing the requirement for a structured professional relationship with a dentist will not lead to less expensive or more accessible dental care for Australians, but instead will create public risk from mid-level providers who do not have the education and training to recognise and manage complex clinical situations, including patients with complex medical conditions. The mid-level provider categories exist largely to provide a health promotion and prevention focus, to decrease the preventable oral health burden. Expanding the range of treatments that they can perform, raising age limitations and removing the need for a structured professional relationship with a dentist goes against the team approach of providing the best possible care within the complexity of modern dentistry.

Allowing independent decision making and autonomous practice provisions will result in treatment planning that is not comprehensive. For practitioners to perform irreversible procedures on people of all ages, it is essential that the minimum qualification must be as a dentist. Any other outcome will create significant irreversible harm to the dental public.

Mid-level providers cannot simply extend their basic skill set to include advanced treatments on all age groups of patients. Even though they can perform the technical skill of restoring teeth in children, the treatment of adult patients relies more on complex diagnostic skills.

Public health
“What is critically needed is for the Health System (Dental Board of Australia) to recognise the importance of prevention of oral disease and allow OHTs to practise to their full current scope of practice” (Ford and Farah 2012).

Removing and/or redistributing the allied dental practitioner workforce away from an area of need (children) and oral health prevention would compromise equitable distribution of services to the population and effectively amounts to a neglect of duty by the Dental Board of Australia. Such action will significantly impact on vulnerable populations for decades to come.

The suggested changes jeopardise the current high standard of dental care that Australians enjoy. I urge the Dental Board of Australia to reject them.

Yours sincerely