



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	Dezfuli, Sima	La, Natalie
Agrawal, Bharat	Du, Deborah	Lalla, Yastira
Aly, Belal	Farrelly, Monica	Lau, Kenneth
Anonymous x 2	Forrest, Alex	Lee, Paul
Attia, David	Fu, Dylan	Lee, Yujin
Baker, Michael	Gilkison, Lauren	Ling, Vanessa
Beers, Kaitlyn	Goh, Jia	Little, Gerald
Bonilla, Daniel	Griffin, Bobby	Liu, James
Casey, Matthew	Gunaridis, Polichronis	Manse, Emma
Chan, Sofia	Hall, Rachel	Marley, J
Chau, Anna	Hambali, Safinah	Martin
Chen, Angela	Hayes, Michael	McDermott, Michael
Chen, Pengcheng	Henseleit, Conrad	McDermott, Rebecca
Chen, Webert	Huang, Benson	Messmer, Sam
Chen, Xin	Hughes, Tony	Miranda, Mateus
Chen, Ziyin	Huynh, Richard	Mistry, Sonali
Cheng, An-Lun	Innes, Jonathan	Moon, Subin
Cheng, Yiu	Iyer, Sandhya	Morriswala, Nikhil
Cheregi, Beatrice	Jabbour, Les	Moule, Richard
Chin, Cheryl	Jin, William	Muller, Bruno
Chin, Shiuan	Jnguyenphamhh, Joseph	Muller, Marcel
Chuen, Sean Ho Kah	Johnson, Nigel	Naicker, Yeshanta
Chung, Kum	Killoran, Greg	Naik, Nymphia
Collins, Declan	Kim, Haneul	Nastasi, Samuel
Cook, Steven	Kim, Seul	Ngo, Mimi
Courtenay, Adrian	Kim, Thomas	Ngoo, Derek
Dellit, DA	Kotecha, Sajnee	Nguyen, Martin
Dent, Ashley	Kulkarni, Prashant	Nguyen, Nathan

Nguyen, Tam-Minh	Yeoh, Li
Parekh, Prshil	Yu, Lucy
Park, Ann	Zhang, Luke
Park, Gi-Yong	Zoan, William
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	

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