

Dr John Lockwood
Chairman, Dental Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

Re: Scope of Practice Public Consultation

I am writing as an Oral Health Therapist who works for an Aboriginal Medical Service in the Northern Territory with an age scope 0-18 years. Historically, my organization has provided free dental care to the aboriginal patients who utilize our medical service.

I want to commend and support the Dental Board's proposed changes to the Scope of Practice Registration Standard. I support the following changes:

1. Removal of reference to programs to extend scope
2. Clarify expectations around education, training and competence
3. Remove the requirement of a structured professional relationship
4. Implementation of provider numbers for oral health therapist, dental therapist and dental hygienist.

The proposed changes will significantly improve the delivery of oral health services to our patients. Many of our patients encounter barriers when accessing dental care from both public and private dental providers. The proposed changes would allow us to better service our patients within the organization.

Historically, my organization has supported, encouraged and enable me to work to the full scope of my training. Due to recent changes I no longer have access to a provider number for billing purposes. Lack of funding has restricted my ability to deliver dental services to our patients. My own provider number would facilitate access to Medicare money and increase the dental services I would be able to provide.

Australian social media forums highlight that not all oral health therapist, dental therapist and dental hygienist have the ability to work to the full scope of their training. I believe the removal of the structured professional relationship would help facilitate greater understanding and respect for the role oral health therapist, dental therapist and dental hygienist play in the prevention of oral disease.

The focus on team dentistry is a model that optimises the best care for patients whilst ensuring the safe and quality delivery of care. No dental practitioner should work independently and in isolation. As the sole dental practitioner working within my organisation I rely heavily on the professional relationships I have with other healthcare workers, both medical and dental. These relationships and collaboration around patient care extend beyond the legal contract which facilitates my "Structured Professional Relationship" to meet the Scope of Practice Registration Standard. I believe I speak for all dental practitioners when I say "the removal of the structured professional relationship will not stop collaboration in patient care as it facilitates best patient outcomes".

The statistics from the Dental Board of Australia: Annual Report Summary 2016/17, demonstrates the safe provision of care by Dental Hygienists, Dental Therapists, and Oral Health Therapists as the workforce who received very low numbers of notifications, and were of low risk.

I trust that this submission will further add to the sound rationale for these proposed changes. This will enhance the ideal that all consumers should receive dental care by the most appropriate dental practitioner at the right place at the right time.

Yours sincerely,
Jessica Hallewell
Oral Health Therapist

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