To whom it may concern,

As the role of the Board is to protect the public’s interest, I assume any legislative changes regarding the scope of practice would be made to improve outcomes for patients, rather than for dental therapists and hygienists. One would also have thought all groups of patients are catered for with the current oversupply of dentists in Australia.

The closer I am getting towards the end of my dental career, the more I understand the saying, “you don’t know what you don’t know”. Of course a dental therapist are able to make a diagnosis of decay, gum disease and crowding. In most private practices the therapists take x rays before the dentist even have a chance to give an opinion, possibly because the legislation has been vague in terms of what their scope of practice constitutes of, or maybe due to the impossibility for legislative bodies to control greedy practice owners. Furthermore, qualifications from different universities vary and one day courses could mean a ticket to proceed.

However, who will be the gatekeeper to make sure that no harm is done due to a lack of knowledge about pathology whilst screening for abnormalities. What about unknowingly changing vertical dimensions and affecting growth or the TMJ because of a lack of orthodontic and occlusal training. What will such a person do in a case of an adverse outcome during extractions or administration of Local anaesthetic with minimal training in medical emergencies and minimal knowledge of pharmaceuticals and physiology.

There is only one way to know what our limitations are, and unfortunately it is through making mistakes. Knowledge and experience will equip practitioners to handle adverse outcomes. The brunt will be carried by the patients if a change in legislation is not only very specific, but also sensible in terms of the scope of practice for all dental practitioners. I trust that the board will make the right decision regarding this matter.

Lisa

Sent from my iPad