Edwina Birdseye
BOH, BScD (Hons)
ADOHTA SANT President
Mobile [redacted]

Dear whom it may concern,

Please find below my support for the proposed changes to the Scope of Practice review. As an oral health therapist working within a small rural private practice, I whole-heartedly support the changes recommended.

During my oral health career, I have witnessed the high rates of dental diseases within the rural Australian community and to my knowledge there are numerous existing oral health therapists, dental therapists and hygienists, including myself in various rural communities who providing essential care to address these unmet needs. However, with increasing rates of dental diseases the delivery of dental care requires improvements. Working within my small community practice, my dentist and I have a wonderful professional relationship where I am able to utilise my full current scope of practice. However, I am aware that many oral health therapists do not have such a wonderful opportunity. The removal of 'structured relationship' will enable all practitioners to work as a more cohesive team and foster horizontal leadership, reducing the traditional vertical hierarchy. This would enable a more supportive environment creating opportunities for improved communication, team work and positive wellbeing amongst practitioners. Efficient dental care delivering systems, such as triaging opportunities in hospitals, could also be installed and delivered by allied oral health practitioners.

During my professional career, I've had an opportunity to complete my Bachelor of Science in Dentistry (Hons – First Class) where I explored mother's self-confidence and its relation to young children's dental outcomes. My research, current evidence based research and my own experiences indicate that general anesthetics for children aged 0-5 years old are increasing and studies suggest such procedures are a detriment towards children's long term health. Opportunities could exist for allied oral health practitioners providing essential preventive care to young children and changing the scope of practice could enable alternative preventive pathways for dental care for children, especially rural or remote, such as early access to these practitioners through tele-dentistry. Removal of 'structured relationship' would enable oral health practitioners to expand their capabilities and reach, whilst still maintaining a communicative relationship with general dentists and specialists.

Changing the scope of practice will offer opportunities for improved provision of dental care within rural and remote locations, a priority area as indicated by the Australian National Oral Health Plan 2015-2025. Due to high dental demand for adults within our area, limited access and fluctuation of dentists within 200km, I am currently extending my scope of practice to provide simple restorative care and management to adult of all ages through the University of Adelaide. This additional provision of care has

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enabled essential day to day management of adult patients in areas including simple restorative or periodontal disease management, initial triaging or temporary opportunities for emergencies who are unable to see a dentist due to patient overload. I work extremely closely with my dentist and have a valued relationship where we trust each other's decisions and provide improved care to our patients through discussions. The proposed changes would enable us to continue our work, but may also provide additional opportunities including increasing the ability to provide care to close-by residential care centres.

The proposed changes would also allow for professional duties and responsibilities as a dental practitioner to be equal, enabling risks against individual practitioners (particularly dentists) to be reduced. An example would be AHPRA suggesting a dentist had exceeded their limit for a particular service in a certain time period, for example restorative item number 531. Changes proposed may create the opportunity for allied oral health practitioners to gain a provider number, therefore removing the current 'over servicing' picture of the dentist that is working within a structured relationship. This would spread the risk of dental provisions and provide a true picture of provider care, improving transparency within practice dental records and complimenting AHPRA obligations.

In unfortunate news I wish to highlight that I'm very disheartened to hear that a highly regarded dental professional body, such as the Australia Dental Association, would deliver a destructive message to their members. This message directly suggests that another dental professional would be incapable of understanding their own scope of practice, would not have the expertise to refer and suggest a university graduated academic would be not capable of providing good quality dental care to their patients. It is every individual practitioner's responsibility to provide the best care they can and team work and removing the requirements for 'independent practitioner' is the best option. Removing structured relationships would not make OHT's 'independent' as the ADA believes, but it would provide equality amongst dental professionals, remove vertical hierarchy and increase access to care for Australians in areas where it is needed most.

Thank you for taking the time to read my letter of support to the proposed changes. If you wish to discuss further, please do not hesitate to contact myself.

Kind Regards,
Edwina Birdseye
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President, ADOHTA SANT