From: Lee Wareham [redacted]
Sent: Thursday, 10 May 2018 8:57 AM
To: dentalboardconsultation <dentalboardconsultation@ahpra.gov.au>
Subject: To Chairman of Dental Board of Australia, re: Scope of Practice Public Consultation

Dear Dr John Lockwood,

Re: Scope of Practice Public Consultation

I am writing to express my distress and concern over the Dental Board's proposal to change the Scope of Practice Registration Standard.

The idea that hygienists and dental therapists are able to work independently basically reduces the scope of practice of a dentist and other dental specialists to little more than dental mechanics. If one is able to clean, prepare and fill cavities, what else then will be required to be governed under the registration with the Dental Board? The amount of training to attain a dental degree will become superfluous, as the public will perceive that others can do dental treatment without an overseeing dentist.

It is obvious that the notion of such proposed changes is short-sighted and ill-conceived. By allowing the auxiliaries to practice independently means there is no real accountability legally over misdiagnosis and incorrect treatment. This is a thoughtless act of opening a Pandora's box without any tangible planning for the future.

Allowing allied dental practitioners to practice independently will not serve the public by driving the price down. However, it will predictably see allied dental practitioners being employed by large companies and corporations for cheaper labour.

I support ADA in its submission in opposition to the Dental Board in proposing to remove the requirements for a structured professional relationship and to allow auxiliaries to practice independently.

I have worked with a hygienist for many years. She is very good in simple procedures such as scaling and prophylaxis. It would be unfair to let her shoulder the weight of even the taking of radiographs for diagnostic purposes, let alone possess the skills to practice independently. In one example, she possessed a vague idea about the reasoning behind a basic PA radiograph for a particular patient. She was only worried about getting the apices within view. In truth, the symptoms of that patient required a further view of the surrounding tissues which could only be viewed with an OPG radiograph. However, with her limited training , she thought she would do take a PA only, which would be insufficient for diagnosis. The trouble was not lacking in her training as a hygienist. It is dangerous to assume that 3 years of part time training is sufficient to place such responsibility in her hands, for her to work independently.

In other instances, I have to re-take most of the radiographs taken as hygienists do not understand the reasons behind those radiographs and hence do not capture an appropriate image.

After I have worked with a few hygienist I have learnt that it is safer to let them do basic scaling, prophylaxis and fluoridation only. I have learnt not to put too much on them and to do the rest myself. This way, we can all sleep better at night.

One of the hygienists in my practice has complained that the training she has been given was insufficient as they did not get to work with patients in most cases, until the very end of their training. This was especially true when trained in taking radiographs, as they worked mostly with mannekins. The reasoning given to her at university was that they would be under the supervision of dentists.

We have to strive to retain a workplace structure that has been effective for so long and protect safety and quality of treatments for all patients.

I implore you to maintain the status quo (Option One) as laid out in the consultation.

Regards,
Dr Lee Wareham
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