16th June 2013

Executive Officer
National Board of Australia
AHPRA
GPO Box 9958
Melbourne 3001

Dear Sir/Madam,
I am writing in regard to the proposed changes to the Dental Board of Australia scope of practice registration standard. I believe there are a few problems with proposed changes, of which I believe the most fundamental to be public safety.

It has been proposed that an umbrella term of “Dental Practitioner” be employed to describe dentists, dental prosthetists, dental hygienists and dental therapists. There is a strong possibility that the general public will have difficulty in knowing who is a dentist and who is NOT a dentist. A family member of mine is an ophthalmologist and is regularly thought by his patients to be an orthoptist or an optometrist, so you can imagine the potential confusion for patients if we are all to be lumped under the same name.

It is important to distinguish between the different positions as we have remarkably different qualifications and areas of practice within the dental profession. Dentists spend a minimum of 5 – 7 years in tertiary education to be able to provide patients with the highest standard of care – including complex diagnoses and treatment planning, while the maximum education for an allied oral health care worker is 2 – 3 years, with some Australian universities now offering a 1-year course! To become a dental assistant you are not required to complete secondary education, one is only required to complete year 10 of secondary education. There are now courses at universities, such as RMIT in Melbourne, allowing dental assistants to be able to scale and clean and place restorations in patients. Essentially, you are allowing people who may not have completed high school to conduct invasive dental procedures on the general public, when we as dentists require 5 – 7 years of tertiary education!

Other changes proposed include increasing the patient age limit for therapists/hygienists and allowing them to work without the supervision of a dentist. Within the dental profession the dentist and allied oral health care workers already operate as a team, with their main goal being to provide the highest standard of care for their patients. The use of term ‘structured professional relationship’ in the proposed changes is not clear and will potentially allow the therapists/hygienists to practice independently. This will not aid in embracing teamwork, but will quite possibly hinder it! Also, dentists are essentially the ‘specialists’ of general practice dentistry. Anyone conducting dental procedures on the general public must be able to conduct these procedures to the standard of a dentist. How is this possible with their training ranging from 1 – 3 years? I find this absolutely preposterous and I believe, by allowing these changes, that you will be
putting the public at risk. To put this on a more personal level, how would you feel if your mother or child had an appointment with a “dental practitioner”, whom they believed was a dentist, but was not, and some thing went wrong?

There are other options available to increase access to oral health care, specifically public oral health care, of which I am sure you are well aware. I hope you will reconsider these proposed changes and put the safety of the general public ahead of this “quick-fix”, potentially dangerous, attempt to increase access to public oral health care.

Regards,

Aileen Rose Buckley Tyler
(DDS3 Melbourne Dental School, The University of Melbourne)