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To: [dentalboardconsultation](mailto:dentalboardconsultation@ahpra.gov.au)
Subject: Re: Dental Board of Australia Draft Scope Of Practice Registration Standard, draft Guidelines published: 8 May 2013 "the draft document"
Date: Tuesday, 18 June 2013 1:24:43 PM

Australian Dental Practice Board

Re: Dental Board of Australia Draft Scope Of Practice Registration Standard, draft Guidelines published: 8 May 2013 "the draft document"

Dear Executive Board

Please reference these comments in relation to this Draft paper released for public consultation on 8th May 2013 to be received by 19th June 2013 at dentalboardconsultation@ahpra.gov.au . These comments are in the form of an open submission.

Items for comment relate to the following areas of the Boards Statement of assessment against AHPRA's procedures for development of registration standards and COAG principles for best practice regulation (the draft document pages 21 to 23)

The draft document is ambiguous in its description towards various levels of practitioners defined by the Dental Board of Australia. It is a requirement of the board as defined on 22 April 2010 (The key standard) that:

All Dental practitioners must only perform those Dental procedures for which they have formally been trained in programs of study approved by the National Board, and in which they are competent"

The Scope of practice review is stated to be a review of the standard for all divisions of dental practitioners (page 3 of 23 line 21)

The five divisions defined the draft document are, Dental Prosthodontists, Dental Hygienists, Dental Therapists Oral Health Therapists and Dentists. Page 15 of 23
The definition "Dental Practitioners" includes all divisions. This definition is not the traditional definition of Dental Practitioner, which is a definition for Dentist only, and can be interpreted by the Profession and the public as meaning a Dentist. This is a cause for confusion, and the term "Dental Practitioner" should be removed unless it means a Dentist.

Dentists are required to follow the "key standard" for scope of practice as currently defined.

Dentists are defined as follows

"Dentists work as independent practitioners and may practice all parts of Dentistry. They provide assessment, diagnosis and, treatment; management and preventive services to patients of all ages, the education requirement for a recent graduated dentist to be registered are a minimum four year full time formal education program". Page 15 of 23

This indicates that a formal training to be a dentist meets the test of being “formally educated and trained in programs of study approved by the board” and by definition allows all aspects of Dental practice to be carried out within the definition of Dentistry, as long as the test of competence is met. The test of competence is defined on page 15.

Dentists are therefore able to practice dentistry “and cover the widest range of any procedures that a person educated in Dentistry can carry out” as defined on page 16 of 23 under the heading “definition of Dentistry”.

The definition of competence specifically lies in the definition as follows from page 15

The Board expects that the level and specific nature of the dental care provided will depend on:

- What is required for the safety and well being of the patient
- The treatment being provided and
- The type of practice and the education, experience and competence of team members

Dental practitioners must use sound professional judgment to assess their own (and other colleagues) scope of practice and work and must only work within their areas of education, training and competence. Each individual dental practitioner is responsible for the decisions, treatment advice that they provide page 15 of 23

The inclusion of Dentists as “dental practitioners” defining them within the Scope of practice guidelines is confusing and is not necessary. The qualification to become a dentist which involves 5-7 years of study. The university qualification indicates to the public and to the board that the recipient is capable of being able to utilize a specific skill set based on knowledge, diagnostic process and scientific method in order to appropriately treat the body in what can be irreversible treatments with systemic and whole body health consequences beyond the teeth and jaws.

This is not generally understood by the lay public who have limited understanding of what the Dentist does related to systemic health.

Furthermore has the skill set to continually assess and decision make on the appropriateness or otherwise of new and differing techniques in Dentistry and related Medical fields through a practicing lifetime of Professional discipline and proven academic rigor. Dentists are uniquely situated to overview and manage patients care from a dental and related medical perspective and liaise with other health practitioners outside of the field of dentistry for the overall benefit of patients.

All other practitioners in the field of Dentistry, other than Dentists and Dental specialists are not educated with the overall skill set to be able approach the diagnosis and treatment to protect the best interest their patients. Nor do they have the knowledge set to be able to offer other alternatives and manage expected risks of the alternatives. Their Education is prescriptive and limited due to the nature of the requirement for them to work to the prescription of the Dentist in the provision of Dental services. Prosthodontists construct, appliances and constructions such as crowns for the treatment for the teeth, which affects not only the teeth but facial structures, joints, muscles and the nervous system that controls them. The provision of all such appliances is as a Dental treatment with medical consequences. Accountability only remains with the Dentist if the Dentist is the direct to patient service provider.

Dissolution of the practice of Dentistry further through layers of non Dentist practitioners with levels of independent practice but unclear accountability, who have inadequate

knowledge and understanding for patients needs and outcomes is to disrespect the right for safety and accountability that the public should expect from the Dental Board of Australia.

For these reasons it is inappropriate for the board to allow independent practice for Dental practitioners other than Dentists.

Prosthodontists under the new guidelines are suggested able to construct nightguards and sleep appliances. Nightguards are constructed for teeth wear and orofacial pain. Prosthodontists are not trained for the diagnosis, followup for efficacy and treatment of these conditions. This is a dentist's role. Adverse consequences for inappropriate treatments including Temporomandibular Joint dysfunction and unintended alterations of the bite and pain are unintended consequences of this treatment and should not be allowed to be provided by non Dentists.

Dental Sleep medicine is an emerging field of Dental practice, and Dental related care is currently provided by Dentists specifically after the diagnosis of Obstructive sleep apnea or Sleep Disordered Breathing is obtained from a Medical Practitioner, usually a Sleep Physician. The consequences of untreated sleep disorders include increased mortality and morbidity and increased risk of motor vehicle accidents.

People with untreated sleep issues can lose their motor vehicle licenses. Snoring and sleep appliances are variably effective in the treatment of these medical disorders. It is documented that oral appliances including nightguards and sleep appliances can make the sleep or airway condition worse. This can have adverse and serious consequences to the individual and increases risk to society with regards to motor vehicle accident risk alone. The suggestion by this scope document that Prosthodontists can construct and fit sleep appliances as independent practitioners increases the risk to the public. Prosthodontists do not have the level of training required to safely manage Sleep appliances or nightguards.

The proposal that Dental hygienists, Dental therapists, Oral Health Therapists can offer Limited Orthodontic Treatments is flawed. Orthodontic treatment is often driven by aesthetic concerns due to teeth being not straight. Nevertheless a crowded set of teeth has been created by the balance of occlusal and muscular forces on the teeth in function and aberrant function reaching equilibrium. Correcting any tooth positioning problem requires a thorough and strict diagnostic protocol for a safe and predictable outcome. involving high level of assessment and a very high level of diagnostic skill, including x ray assessment, cephalometrics, muscle and hard tissue evaluation, assessment of dental and training of such practitioners who are not Dentists. The consequence of limited treatment is that the outcome is always unstable and a compromise for the patient that can have long term affects, and involves long term followup and construction by the practitioner. Consequences of incorrect and inappropriate orthodontic treatment including TMJ dysfunction, head pain, neck and back problems and unintended adverse affects to airway and whole body musculoskeletal dysfunction. Orthodontic treatments may have an irreversible component especially if teeth are lost. The likelihood of relapse and failure of treatment is high. No definition of what is meant by "limited treatment" is suggested by the board, direct and absolute control of the diagnostic and treatment process by Dentists is essential for correct orthodontic treatments to be carried out, even inadvisably called "limited treatments". The public will be exposed to considerable risk if such an expansion for scope is approved.

The Scope of practice document does not identify that the nature of current dentistry relates to a team approach in management with other Health Practitioners, specifically but not exhaustively: Sleep Physicians, Cardiologists, Ear Nose and Throat surgeons, Neurologists, Physiotherapists, Nutritionists and General Medical Practitioners. Liaison with such practitioners outside the field of Dentistry offers an overall better health

outcome for patients.

This scope of practice document of team management within the field of dental practice ignores the health benefits for the community beyond direct provision of dental services. The suggestion of allowing independent Dental Practitioners who are not Dentists will further compromise the overall outcomes for patient health due to lack of understanding of related health issues by lesser qualified Dental Practitioners.

The document indicates that the proposed changes for expanded scope will become active on 1 January 2014. The Board has not prescribed the nature or even the availability of Board defined programs of study. A significant risk factor for the community is that proposed changes in the Scope of Practice Registration Standard to be legislated without due consideration of the nature of proposed education and the efficacy of such education being defined.

Special education and Continuing education and scientific seminars and programs set by dental organizations like the AACP for the Members and other Health practitioners, serves to increase competence and qualifications out of the definition of "board approved programs of study". Nevertheless they and serve the needs of the community to practice to increase education, develop experience and competence to the direct benefit of the community.

The draft paper indicates:

"The national board has not specified an approval process for courses or course providers who provide CPD" (19 of 23)

Currently the scope of education for Dentists remains defined within current practices of Dentistry. The intention of the board remains unclear. Concerns exist as to the intention of the Board to alter scope for Dentists, and formal education as defined by the Board based on alternative interpretation of this Draft document.

Summary

The board is unclear about scope and education for Dental practitioners that are Dentists. Definitions for scope should be for practitioners who are not Dentists

The term "Dental practitioner" should be removed unless it means Dentist

The board should not allow independent practice for Practitioners who are not Dentists.

The Dental Board should not change the current standard and continue with Option 1 (5 of 23)

Expanded scope for non Dentists in practicing Dentistry is not in the public interest beyond current definitions.

Yours Sincerely

Scott Robertson Bdsc

Dated 18/6/2013