

**From:** [REDACTED]  
**To:** [dentalboardconsultation](#)  
**Subject:** Fw: Scope of Practice Guidfelines.  
**Date:** Wednesday, 19 June 2013 6:11:46 PM

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**Subject:** Scope of Practice Guidfelines.

Dear Sir/Madam,

I write briefly regarding the proposals regarding scope of practice registration standard and draft guidelines.

There are a number of concerns to me in the draft proposals, not the least being the redefinition of the term "dental practitioner". As far as I am concerned, and talking to my colleagues, as far as they are concerned, a dental practitioner refers to a registered dentist or dental specialist who carries on the practice of dentistry. Unfortunately a new definition has now been invented to muddy the waters and includes dental auxiliaries such as hygienists, therapists, or oral health practitioners. If you wanted to define an overall definition of them, then auxiliary dental practitioner would be an appropriate term. To refer to these auxiliaries as dental practitioners is misleading at the very least, and could be described as deliberately deceptive.

Dental practitioners are able to practise all or any part of dentistry, whereas auxiliaries such as hygienists, therapists and oral health practitioners are trained and allowed to practise, under supervision, restricted amounts or part only of the field of dentistry.

To redefine these limited practitioners and include them under an umbrella category along with dentists, appears to be deliberately deceptive and aimed at confusing the public as to the ability and training of these limited practitioners. As to the proposal to allow these limited practitioners to practise without supervision, this would appear to be one of the most regressive decisions made, if it occurs, in recent times in regard to the dental health of the Australian people. Furthermore, in regard to future training of therapists and oral health practitioners in post fluoride dentistry, one has to seriously question the need to train them at all. There are very small amounts of caries seen in children brought up in fluoridated communities and the absurd suggestion that therapists and oral health practitioners be allowed to perform restorative treatment on adults appear to be due to the lack of work available for these practitioners to do on children. The money used to train and pay these auxiliaries would be far better spent ensuring that every community in Australia had access to a fluoridated water supply. The failed New Zealand School Dental Nurse programme showed how futile it was using semi trained auxiliaries to attempt to treat the backlog of carious teeth in children. The ultimate result of this misguided decision was to lower the overall standard of dental care to New Zealanders to such a level that their teeth were amongst the worst in the world.

To further add to the problems with manpower in Australia, the size of the dental workforce is increasing at a rate which will ensure that there will be a surplus of trained dentists in the community and many will be without work or part time work only. It is clearly apparent to anyone in the dental workforce at the moment

that most dentist's busy-ness is significantly down on previous years, and spending money on new dental schools and faculties to train auxiliaries, and opening the floodgates to overseas trained professionals, is a total misguided direction of scarce resources.

Yours sincerely,  
Dr G John Berne

