

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: Scope of practice registration standard Response
Date: Wednesday, 19 June 2013 2:54:06 PM

Dear Sir/Madame,

I am writing to express concern over the proposed changes to the scope of practice based on the HWA scope of practice review of 2011.

A fundamental of good policy decision is good research however it is clear the HWA made no attempt to present a honest representation of the current dental workforce and projections of future graduates.

Further the representation and sampling methods are suspect, the majority of "stories" used to support their data do not come from experts but from people in the community who have very little idea of the skills and training required to perform dental examinations.

Also although the report aims to address a hypothetical shortage it ignores the fact that the dental workforce has undergone significant change with many graduates having to take on part time work or who are unable to find work.

Rather than address the true problem which is incentives the HWA and various OHT supported organisations seek expanded scope and the expansion of programs to allow them to undertake extra duties without supervision.

Dental practice is an invasive and difficult profession which requires experience and diagnostic skills, understanding of human anatomy and physiology that cannot simply be tacked on with a series of workshops and CPD programs.

I would argue those who seek to lower the bar of dental practice believe they have somehow been dealt with unfairly in their working relationships however the safety of the public and provision of high quality care should not be jeopardised to allow a lesser trained professional undertake unsupervised practice.

Some have complained that provider numbers have been available to massage therapists and as such it is illogical to believe they should not be afforded the same rights. This logic ignores the fact that dentistry is not a massage, it involves treatment planning, surgical procedures, and a far greater level of training in diagnostics than the general public understand.

I do not mean to insult others outside the dental field or dental hygienists and OHT's as they form an integral part of the dental team, however weighting the opinion of a group who are lesser trained, and the public who have almost no knowledge of dental practice is not an effective way to evaluate scope changes.

The lack of forethought and systematic research signals to me a political motive to undermine the profession without understanding the fundamentals of public oral health and health policy.

Experts are there for a reason as they have intimate knowledge of what is required and have studied the epidemiology, incidence and pathogenesis of disease, these people should be the ones being consulted.

It is a false economy to believe by public oral health can be dealt with by market principles of supply and demand as health is not a commodity which can be

bought and sold. Chronic disease needs to be prevented with promotion of healthy lifestyles such as improved diet and hygiene practices, however the general public believe fillings are the answer to their problems.

Once a filling is placed it undergoes a repeat restorative cycle, the skill or lack of skill of the operator can accelerate the process of decay with poor workmanship and a failure to place responsibility on the patient to keep their disease under control as once a cavity is exposed they are a patient for life.

In summary I reject the proposal by the Dental Board of Australia to extend the scope of oral health therapists, hygienists and prosthodontists and the proposal to allow unsupervised practice for the aforementioned reasons.

Thank you for allowing me the opportunity to respond to this issue,

David Yong

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