

19/06/13

[REDACTED]

Dear Sir or Madam:

I am writing in response to the proposed change to the DBA Draft Scope of practice registration standard and guidelines. These views expressed are my own personal views. I am in opposition to several of the proposed changes, being:

1. Dental therapist and oral health therapist working will less direct supervision from Dentists.
2. Removal of the age limitation for dental therapists and oral health therapists.
3. Increasing the scope of treatments provided by dental therapists and oral health therapist.
4. Effectively creating independent practice for dental therapists and oral health therapists.

I believe that the proposed changes will have a negative and potentially dangerous impact upon patient care and treatment outcomes.

Firstly, the changes are NOT required given the current and projected future surplus of dentists. At present, the dental workforce size is increasing as a consequence of high numbers of dental graduates and overseas trained dentists migrating to Australia. Increasing the scope of treatment offered by dental therapists and oral health therapists is not required as there are at present, and will be in the future, a sufficient number dentists available to treat disease burden.

If the proposed increase in the scope of practice for dental therapists and oral health therapists is to provide more 'available' treatment to an area of need, for example those with low socioeconomic status, this is will result in substandard treatment to this section of the population. At present, to gain registration as a Dental Therapist people can complete a one-year diploma in Dental Therapy offered by the University of Newcastle. I argue that it is simply NOT possible to become a) technically competent in the treatment of adults b) obtain the necessary treatment planning skills to treat adults c) obtain an understanding of the complexities of the treatment needs of an adult versus a child in 12 months of training. Dentistry is a 4-year postgraduate or 5-year undergraduate bachelor degree. Upon graduation many dentists are still mentored for several years by a senior clinician prior to becoming truly independent practitioners. It is ridiculous to expect that a graduate of a one-year diploma could feasibly independently treat adult patients with complex oral conditions.

It is proposed that continuing professional development would be provided to increase the scope of practice of dental therapists and oral health therapists. I argue that a short

CPD course in a specific treatment simply cannot offer the same level of education as a dental degree in the integration of multiple skill sets.

Furthermore, the proposed changes of scope to practice suggest that dental therapists, hygienists and oral health therapists will all be given the title 'Dental Practitioner'. This change will dilute the differentiation between the services offered by dentists, dental therapists, dental hygienists. Moreover, if all 'dental practitioners' can practice independently (i.e. set up their own practice), this may lead to confusion from members of the general public as to who is a dentist versus a dental therapist/oral health therapists. This will lead to substandard care, particularly if the supervision provided to dental therapists and oral health therapists by dentists is non prescriptive.

To conclude, the proposed changes to the scope of practice and registration for dental therapists and oral health therapists:

1. Does NOT address an area of need which cannot be met by the current surplus of Dentists
2. Will lead to potentially substandard care provided to adult patients by dental therapists and oral health therapists who are not adequately trained in the management of the complex oral conditions of adults
3. Will cause confusion as to the roles of a dentist, dental therapists and oral health therapists.
4. Most importantly is not in the best interest of the general public.

Sincerely,

Dr Orla Gannon BSc (Hons) PhD