From: [redacted]
To: dentalboardconsultation
Subject: Feed back on planned change of legislation
Date: Sunday, 26 May 2013 10:52:46 PM

Dear Dental Board members

After hearing of this news recently, I have taken the time to read the planned changes and it is of no surprise that I find the drafted changes conflicting in nature and highly irresponsible. The proposed changes states that "to allow dental therapist and hygienist to practice freely under the scope of their training". Yet that very statement conflicts with the "removal of age restrictions for dental therapist."

Currently in most part of Australia, dental therapist are trained to treat children and CHILDREN ONLY and are train to WORK UNDER THE SUPERVISION OF THE DENTIST OR DENTAL SPECIALIST. This makes the removal of age restriction and independent practice IRRESPONSIBLE AND DANGEROUS not to mention self-conflicting with the guidelines. Hygienist on the other hand can work on adults but are not trained to perform anything other than simple descaling procedures and again are trained to work UNDER SUPERVISION as there are any number of DENTAL INFECTIONS AND TUMOURS which even experience dentist find difficult to diagnose.

As a locally trained graduate of 10 years' experience, I have witnessed the steady decline of our profession with the influx of overseas trained dentist and universities lowering the bar in entry levels to the course. However, at least these people have had the proper exposure to the different aspects of dentistry. To allow someone who has NEVER BEEN FORMALLY TRAINED to treat certain situations can only result in in either people "learning on the job" or substandard work. This lowering of the bar also makes a mockery of the recent COMPULSARY CONTINUING EDUCATION imposed upon dentists where we are required to complete 20 hours of additional post graduate training above and beyond our university training per year. So on one hand, you are going to let people who were never trained for the job to start doing things they have never done before, on the other hand you are telling people who were trained for the job that they are not good enough with just their university training. How does APHRA plan to justify that?

If the government is keen on putting downward pressure on the cost of dental work, then it should be aware that in the last 5 years, there is a growing number of dental graduates and overseas qualified dentist. The most recent surveys shows that there are currently close to 20% unemployed new dental graduate seeking work so the argument of a "work force shortage" or to put downward pressure on cost cannot be sustained. Another industry wide survey has shown dental fees has gone up less than 2% on average in the last few years and certainly below that of CPI.

The simple fact of the matter is I have **worked extensively with therapists and hygienists** for a period of several years and have a very high regard for what they are trained to do. When they do what they are trained to do, they are excellent, however, the broadening of scope of practice when they are in no way trained to do so in the professional training is highly irresponsible and can only result in people getting hurt. Are you seriously waiting for the first DENTAL VERSION of Dr Patel who famously defended his position by saying "they told me to keep going so I thought I was doing a good job???".

In conclusion, I too believe dentistry in its current setup can be unaffordable for the disadvantaged, that is why I involve myself with charities which provide free dental treatment for those who can least afford it. I do believe a practical way of reducing the cost of treatment is a “denticare” style program where like the NDIS, we can put it to the public whether they believe it’s a cause that everyone is willing to chip in for. Just like there are bulk billing doctors, I am sure there will be a good flock of bulk billing dentists willing to bulk bill those who can least afford it. However, a co-payment should be mandatory even if its token otherwise we may end up with systems similar to the “NHS” in the UK where they have become world famous for substandard work.

At the end of the day, there is no “perfect system” to fix the problem but to LOWER THE BAR so that we get SUBSTANDARD TREATMENT IS DEFINITELY NOT THE SOLUTION.

Sincerely

Dr Lam