

Dr John Lockwood
Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

I write to express alarm over the Dental Board's proposed changes to the Scope of Practice Registration Standard.

I feel that the proposed changes can lead to increased risk for patients as well as reduction in the control and governance of health professionals. The changes will lead to more confusion for regulatory board and the general public.

- (1) The removal of reference to specific (accredited programs to extend the health professionals' scope of practice can lead to increased risk of harm to the public.
With no stringent program accreditation, programs of different quality will become available. Some of these programs may be inadequate for extension of scope of practice, however the health professional may believe otherwise. This can lead to increase risk to the public. As a regulatory body, I feel this is unwise, as this exposes not only the health professional to liability but also the regulatory body that was responsible of changing the current scope, despite recorded and well publicized opposition from peak bodies such as ADA and individual practitioners.

- (2) The removal of a clear "health professional structure between dentist and allied dental professionals" can also lead to exposed risk to these allied dental professionals. Without the need of a dentist to provide guidance, entities that employ allied dental professionals may impose these allied dental professionals to work in isolated or unsupported situations, that the allied dental professional may feel "under equipped", which in turn can lead to increased risk to the public. Again, litigation may rise and I feel that the regulatory body will also have to assume some risk and liability if they are to remove this health professional structure and relationship between dentist and allied dental professionals.
In my view, the proposed changes pose a significant risk to patients and undermine the foundations of the dental team.

I feel that any changes to scope of practice should be considered very carefully and very clear limits, guidelines should be proposed and open for comment before even considering any changes to scope of practice. I feel that any changes to the scope of practice by the dental board needs further reassessment and more careful evaluation. If the change is to proceed, I feel there is an increased risk to the public, increase risk of loss of respect with the dental profession when the public experiences a "negative event", plus increased liability for all involved as well as to the regulatory board that was responsible for these new changes to the Scope of Practice.

As a registered periodontist specialist, I have noted many events where the current arrangement is benefit to all involved. Loosing this arrangement, I feel will expose the public to unnecessary risk:

For example

Many patients have multiple medical conditions with multiple medications. I have lost count the number times where allied health professional has requested guidance if their treatment will affect the patient conditions. I feel that NO "short- term education program" will be detailed sufficiently to ensure the allied health professional is competent in recognising medical conditions and medication that may affect their treatment. I teach at the University of Melbourne and it takes the DDS program four years to become adequately competent to practice independently. Change the scope of allied health professionals, I feel will expose the public to unnecessary risk

I have also had to “step in” to treat allied health patients where the health professional feels that they are not competent (although they have been trained for this procedures). Eg. Debridement of deep subgingival pockets, maintenance of dental implants or even examinations of gingival tissue for any “variations of normal”.

I hope that the above examples can demonstrate the need to continue to retain our current structured professional relationship and to continue to keep our strict definitions of an “independent practitioner” to protect the public from unnecessary risk. I would strongly submit to the Dental Board to retain the current arrangement to ensure the public remains protected.

Regards,

Kevin Morris

Northern Periodontics & Implants, PO Box 4251, Balwyn East Vic 3103

