Dear Sir/Madam

**Dental Board of Australia - Draft Scope of practice registration standard and guidelines**

The AHPRA Service Charter states that: “We act in the interest of public health and safety”. The proposed changes to the scope of practice are not in the interest of public health and safety.

“Dental disease is widespread and expensive to treat and impacts negatively on the quality of life and overall health of Australians.” “Oral Health therapists are needed, but not to mimic the role of the dentist”. (Ford and Farah, 2012)

**Public safety**

Expanding the scope of practice for Oral Health therapists (OHT), Dental therapists (DT) apparently in the hope of providing cheaper or more accessible dental care to Australians is fraught with danger to the patients and our profession. These practitioner categories exist largely to provide an educative role in decreasing the preventable oral health burden. Expanding the range of treatments that they can perform or raising age limitations dilutes their true purpose. Allowing independent decision making and autonomous practice provisions will result in flawed treatment planning.

DT and OHT cannot simply extend their basic paediatric skill set to the treatment of adult patients. Simply extending these skills without being able to offer and provide alternatives is denying the full range of options to their patients. Even though they can perform the technical skill of restoring teeth on children, treatment of adult patients relies more on complex diagnostic skills.

A dental practitioner must be able to gather and evaluate diagnostic evidence to arrive at what, most times, includes a range of treatment options. For example a sore tooth may be treated by

1. Occlusal adjustment
2. Access to relaxation therapy
3. a desensitising procedure or series of procedures
4. modification of oral hygiene and dietary practices
5. a restoration – direct or indirect
6. root canal treatment and crowning
7. extraction of the tooth – simple or surgical -- and advice whether or not to replace the lost tooth
8. embarkation onto a path to effect optimal replacement of the lost tooth with orthodontic treatment a bridge, denture, implant supported prosthesis, combinations of these or perhaps in time, with a natural tooth as the technology may become available to close extraction space.

An OHT or DT is trained in few of these treatment modes; perhaps 3. and 4. only. A dentist is trained to use all these modes and to change path for the patient’s benefit as treatment proceeds.

For practitioners to perform irreversible procedures on people of all ages, a degree as a dentist must be the minimum qualification. Any other outcome will create significant irreversible harm to the dental public.

**Public health**

“What is critically needed is for the Health System (Dental Board of Australia) to recognise the importance of prevention of oral disease and allow OHTs to practise to their full current scope of practice” (Ford and Farah 2012).
Removing and/or redistributing the OHT/DT workforce away from an area of need (children) and oral health prevention would compromise equitable distribution of services to the population and effectively amount to a neglect of duty by the Dental Board of Australia. Such action will significantly impact on vulnerable populations for decades to come. This directly contravenes Australia’s National Oral Health Plan 2004-2013.

There is a predicted increase in the number of dentists by approximately 25% in the next three years. The Dental Board of Australia must question whether its plan to relax the current scope of practice standard for DT/OHT is necessary when the available number of dentists is increasing so rapidly.

I am of the opinion that the suggested changes to the existing Scope of Practice will jeopardise the current high standard of dental care that Australians enjoy. I would ask that the Dental Board of Australia reject these changes.

Yours faithfully

John Blake - Dentist

Dated 3rd June 2013