

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: Scope of Practice registration standard submission
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Dr Bronwyn Ahern
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Ms Tanya Vogt
Executive officer
Dental Board of Australia
GPO Box 9958
Melbourne Vic 3001

Dear Ms Vogt,

Thank you for providing the opportunity to make a submission to the Dental Board's review of the Scope of Practice Registration Standard.

I graduated from Sydney University just over 25 years ago. In this time I have seen significant changes in the dental work place. I have worked both in the public and private sector as an employee and now as an owner of a small, semi rural, Qld private dental practice. I have employed dental hygienists and oral health therapists for about 10 years. They have significantly assisted me to provide a preventive care practice in an area desperate for preventive care.

The proposed changes to the Scope of Practice Registration Standard are of a great concern to me.

In response to your "feed back" questions:

1. The proposals will NOT provide greater clarity and certainty for practitioners to work within their scope of practice. There is nothing wrong with the existing definitions. They are very, very clear.

I suspect that the Dental Board has been misguided by HWA.

HWA's stated 3 core objectives (building capacity, boosting productivity, and improving distribution) are core objectives of any multinational business. Unfortunately dental health is fundamentally about people, not statistics. People just don't fit into business plans the way governments and bureaucrats would like them to.

Changing the current definitions will confuse the general public which has only just started to understand the allied practitioner's role in the existing dental team.

The 5 recommendations made by the HWA's report are plain dangerous.

- a.) Modern dental practices are team based practices. Unfortunately there has to be someone who is ultimately responsible for the team members. In a private business, it is

the owner of the business.

Autonomous decision making, without supervision, with the view to remove the bar on independent practice, is a licence for negligence and probable assault.

Every patient is different, every tooth is different, and every treatment is different. There is no stock, standard treatment. A practitioner needs to be able to adapt and change their treatment during the entire treatment process. This requires substantial experience and leadership. This is what a team is about.

The dentist needs to be the leader of the team because minimally, the 5 year degree provides an evidence based, scientific understanding of the clinical process. A therapist or hygienist's understanding of material science, physiology, biochemistry, histology and pathology, which are a core base for understanding and implementing clinical decisions in everyday dentistry, are not at the same level as a dentist's. The consequences of ill informed decisions can be catastrophic.

For example, in a trauma case involving a child, is a pulpectomy, a pulpotomy, a RCT the correct decision? Which material should you use? And when should you refer? An oral health therapist is not qualified to make these decisions and should not be placed in a position to do so.

If the hygienist or therapist wants to be the leader of the team, they would return to university and do the 5 year dental degree course and become a dentist.

b.) Clarifying the age restrictions for hygienists and therapists is a non sense. The existing document is very clear. I suspect the HWA really means that they want it LIFTED, not clarified.

If the HWA want the age restriction lifted, I would again recommend that the hygienist or therapist went back to university and did the full 5 year course to become dentists.

c.) and d.)

Developing a general description of dental practitioners that the public could understand is nonsense.

The existing description of dentist, hygienist, oral health therapist and prosthetist is pretty simple. The public are clear on who does what procedure; changing things now will not only muddy the waters but confuse the public even more.

Creating a general "dentist" label will elevate the allied therapists but create disharmony within the profession.

The public will not only be confused but shocked at the fractionalisation within the profession.

e.) Develop and implement a national communication strategy.

Surely we have that already! It's called the ADA, AHPRA and The Dental Board. How many more levels of communication, paper work, red tape and bureaucracy does HWA want? More importantly, who will be paying for this new level of bureaucracy? How can we justify this expense, when the existing structure is sound?

2. The introduction of guidelines does not support clarity for dental practitioners and the public.

The only thing these guidelines would do is create friction within the profession and confusion for the public.

4. I absolutely do not agree with extending the existing list of skills for hygienists and therapists.

I will not allow my therapists to restore permanent teeth on children now! It is way too easy to have a pulp exposure on even a small class 1 cavity on a permanent molar or upper central on a 10 year old child.

In private practice, who is ultimately responsible for this?

I am.

There are people attached to these teeth, and we have to be responsible for our actions and those of our staff. These recommendations seem to have forgotten this most basic and yet most important fact.

Consequently, in my practice, only fully qualified dentists restore permanent teeth.

There are no additional skills the National Board should consider.

Managing and monitoring the existing skill level should be the priority of the Board.

5. Finally, the proposal does NOT consider the need to protect the public.

The proposal is an outrageous, scandalous document that does not consider any of the needs of the unsuspecting public.

It is a vain glorious document aiming to elevate allied dental health workers into a role they are simply not qualified to do.

Should they wish to extend their professional duties, they can.

They simply need to do the 5 year dental degree course.

In summary,

I am very much in favour of the existing DBA Scope of Practice Standard remaining as is.

ALL the proposed changes are flawed and simply dangerous for the public.

Yours sincerely,

Bronwyn Ahern BDS