

Dear Sir/Madame,

thank you for the invitation to respond to the Board's proposed "Scope of Practice Registration Standard" released on 13 May 2013.

MY BACKGROUND:

I am a Dentist with 33 years experience (5 years in the RAAF, 5 years working for another Dentist, and 23 years running my own practice).

I have read the Board's 23 page Scope of practice document, as well as the ADA response (dated 13 May 2013), and the attached pro forma letter (some of which I agree with) that has been circulating amongst concerned Dental Students.

In addition, I have consulted peers on this issue and understand the trends in Dental Regulation over recent years.

Finally, I have a son who is currently studying dentistry, so I am still very motivated to care about the future of Dentistry in Australia.

My practice is based on delivering, primarily, a high level of care and affordable dentistry, in a semi-rural setting.

Based on all of the above, I hope you will take the time to consider my serious misgivings about the direction we are already well along, and the individual points I wish to raise.

OVERVIEW:

I see the current situation as being part of a lamentable society wide trend to change models of business and service that are often driven by ideology and powerful commercial interests, but are leaving us all, as a community, shaking our heads at how things are worse now. There is a sense of the "inevitable", of being powerless, and of giving in to these forces/trends.

Moves toward less regulation, more competition and increased advertising have generally led to poorer services and greater risk to the public in many industries. Much is promised, many reassurances are given, but little is gained.

I urge the Board to consider it's stated role "to protect the public safety and interests", and take decisive action (rather than passive acceptance spread over time) to halt our profession's slide toward a more chaotic state of affairs, which will inevitably place the public at risk.

Consider this theoretical scenario (before I proceed further):

A dental practice, owned by someone with no health care background dictating policy, fitting the "team Model", having a nominal dentist as team leader (perhaps one of many new graduates desperate for work, who have not benefited from experience and mentoring themselves), and a number of auxiliary dental providers under this "team leader". Would the public be considered safe in such a situation? Would any of the Board members be comfortable seeking treatment under such circumstances?

KEY POINTS:

The key point I wish to make is that the trend over the last 20 years in Dental Regulation and Auxillary providers, gives us no confidence that the review in 3 years time, by the Board, will not just give further ground in the direction of the Extended Scope and Independent Practice of Auxillaries. Thus the authors of the attached proforma letter are justified in their skepticism and concern.

The key factors adding to the need for the Board to come out with a decisive statement (about the future direction of dentistry) in order to halt this slide in standard, are:

1. The current realization of a massive over supply of dentists (beginning with large overseas intake) that has arisen from a policy experiment aimed at moving Dentists to the country areas.
2. Relaxation of ownership rules. People owning practices but having no health care concepts, or insurance companies with their own agendas (not with quality and safety as their primary goals). Inadequate Mentoring of young dentists IS OCCURRING under these new conditions.
3. Relaxation of advertising rules.
4. Too many types of Dental service providers, with increasing overlap of service provision.

Together, these factors are adding to make a "perfect storm" scenario imminent. The public will inevitably suffer – as always. The rhetoric rarely matches the reality. My personal experience is that some prosthetists are charging the public nearly double what I charge for Dentures (and I am paying a Lab to make them!). People will be desperate for work and over-servicing WILL happen.

I agree with the ADA position , in their response of 13 May 2013, except that I urge the Board to go further and go beyond merely “standardizing now” and “committing to a review in 3 years”.

If the Board holds a deliberate policy intention to proceed down the ideological path of providing “cheaper dental service providers”, then I earnestly ask it to reconsider.

If the Board is taking a more passive wait and see approach, then I must urge the Board to consider that this leaves uncertainty, fuels and encourages the forces for unwise change, and by inaction, will make it harder to step back from the brink later.

Please consider more decisive action now.

ANECDOTALLY:

I am aware of a small practice, owned by a dental nurse, employing a new graduate to work on their own with no mentoring or backup.

Another example is a practice owned by a business entrepreneur, employing young Dentists and auxillaries. I have had disgruntled patients coming from such a practice complaining of over use of item numbers, exhorbitant fees, and presenting dental complaint not dealt with (and a \$400 fee). Who is setting

The policies and standards in such places?

A further recent example is a prosthetist designing a Partial Chrome –Cobalt denture on a patient I have seen for many years. They independently have decided that 6 teeth needed major composite crown build ups and whilst they sent the patient to me for proper assessment, there was considerable pressure placed on me to comply with the treatment plan. The prosthetist had become emboldened with this option over a number of years and I had to visit their practice to explain the clinical problems with their preferred option, and to work out a better long term treatment for the patient. I know that they will continue to send patients to dentists who will do the work they ask for.

We have already gone too far. Please do not sit by and see the situation made even worse for the public.

CONCLUDING:

I urge the Board to limit expanded roles for Auxillaries and to definitively rule out independent practice for auxillaries in the future. This will give certainty and limit exploitation which would inevitably occur, as a result of the other changes that have occurred (such as ownership). Please close the door and be more prescriptive while it is still possible to safe-guard the public and maintain a clear provision of services.

I urge the Board to also reconsider treatment of people over 25 years by Auxillaries. There are far too many possible complications (such as pulpal exposure) during restorations for an independent auxillaries model to work. There are far too many dental graduates for there to be a need for auxillaries to work on adults. There is no evidence, as stated by the ADA submission, for a cost benefit to the public and we all know deep down that the public interest will suffer in terms of safety and overservicing.

You, the Board, can limit the turmoil already occurring in the dental industry.

As a minimum, I would have to support Option 1.

Thank you for your consideration.

Yours sincerely, Stephen Allsopp