

Dear Sir/ Madam;

I wish to make a submission to the Board with respect to the **Scope of Practice** issue for **Dental Therapists/Oral Health Therapists** and Dental Prosthetists presently under consideration.

At present I am a third year dental student. I have previously graduated as an Oral Health Therapist from the University of Queensland, and worked in that role in both the public and private sector prior to then commencing my dentistry studies.

I have had a chance to see the different curriculum that Dentistry requires versus the Bachelor of Oral Health (Oral Health Therapist) programme. As well, since beginning treating patients in the clinic as a dental student, I have had the opportunity to provide treatment to people of older age-groups than I could as a Therapist. I have therefore seen firsthand how more complex the treatment requirements are for patients older than eighteen years. This also involves a great deal more diagnostic understanding to treat the person adequately. It is these diagnostic skills which are essential in treating an adult person and these are not taught to Dental Therapy students. It is not just restoration of teeth - merely expanding the Dental Therapy or Oral Health Therapy courses to give the same “drill and fill” treatment to an older age cohort will not prepare these students properly as so many diagnostic fundamentals will be missing.

Prior to beginning treating patients in the student dental clinic in my dentistry degree, we carried out a full two years of theoretical studies, with subjects teaching pathology and systemic health considerations, especially those relating to a patient’s oral health. I do not believe that the training given to Dental Therapy students is adequate to understand medical conditions and their impact on the treatment of a patient. Many patients (particularly those over eighteen years) may be on several medications or have systemic disease issues that affect their treatment, and Dental Therapists do not have enough education in this area to be able to competently treat these patients independently of a Dentist. Diagnosing and treating adult patients requires five-seven years of university training through a Dental degree.

The workforce of dentists is already expanding to meet the needs of the adult population, therefore these proposed changes are not specifically addressing an area of need. If this process of expanding the age limitations for Therapists is combined with independent practice for the Therapist, then this threatens to establish a two-tier system where the overall oral health of the population is put at risk. I feel that the vast majority of my Therapist colleagues feel the same way.

In addition, one of the major areas of my training in the BOH course was Oral Health Promotion. Just as Dental students have a greater exposure to diagnostic skills teaching, so do Oral Health Therapist students have a greater exposure to Oral Health Promotion. This was supposed to be a fundamental and important role for the community. To reduce this with a greater emphasis on treatment provision seems to completely counteract the rationale for having Oral Health Therapists in the first place. This role fits so well with a dental team approach to oral health delivery that it seems a shame that this aspect will be reduced to a lesser status if Therapists can begin performing a greater amount of restorative treatment.

Finally, it is important to note that the original role of the Dental Therapist was created to address the oral health needs of school-aged children. As more Oral Health Therapists practice in private practice, I do not believe that this is reason enough to expand the Scope of Practice to treating adults, when Dentists are more highly trained in the particular diagnostic, medical, and overall restorative needs of all age groups.

Sincerely,

Annika Blomberg