

Submission to the DBA re the Draft SoPRSaG

1. Do you agree that the revision to the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice? (Why or why not?)

No I do not believe it will provide greater clarity and certainty.

The first key change the National Board proposes is, page 5:-

1 Support the team approach to dental care

Include the requirement for a team approach to dental care, which has benefits for dental practitioners and the public, in the standard.

Isn't that exactly what we have at the moment?

What is recommended however is entirely different. The first of five recommendations on page 3 proposes to:-

'Adjust the standard to reflect team based practice with autonomous decision making and without supervision requirements for review within five years, with a view to remove the bar on independent practice. [My underscores.]

This proposal severely undermines the concept of a *team*.

In particular, to describe *autonomous decision making* as compatible with *team based practice* seems bizarre.

Dental practitioners are currently; to use a football analogy; the Captain of the team. If the team has supervision removed [Clause 2 , page 5] , and it is planned the team members will shortly become independent, where is the team then?

For example, looking in more detail at the **Option 2** suggestion of 'Support the team approach to dental care',

Proposed key changes to the standard

1. Support the team approach to dental care

Current

Is not in the current standard

Because team members work under the direction of a Dentist. How is the public going to benefit from a change in this relationship?

Proposed change

Insert additional point under *Requirements*:
All dental practitioners are members of the dental team who work together within their particular areas of competence, to provide the best Possible care for their patients.

In what aspect of patient care are They not doing this now?

Rationale for proposed change

- Dental practitioners working together as a team are positive for the profession and public.

We do this under the present jurisdiction.

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Better reflects actual current work practices.

'Current work practices' have the Dentist shouldering the ultimate responsibility for patient care. Creating new independent categories of Dental Practitioner fragments this role and is the antithesis of 'actual current work practices'.

- There is support in the HWA report and feedback from stakeholders to reflect a team based approach.

Great, then we should go for **Option 1**

2. Are there additional factors which could be included in the guidelines to support the standard?

No there are not.

The appropriate action is to adopt **Option 1**

3. Do you agree with the list of skills in the guidelines relating to programs to extend scope? Are there additional skills which the National Board should consider adding to the list?

No I do not.

See below.

Registration numbers by division by state/territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Grand Total
Dental Hygienist	42	365	8	126	234	17	178	285	12	1,267
Dental Hygienist and Dental Prosthetist		1		1						2
Dental Hygienist and Dental Prosthetist and Dental Therapist		1					1			2
Dental Hygienist and Dental Therapist	10	60	7	169	67	1	135	51	1	501
Dental Hygienist and Dentist	1									1
Dental Prosthetist	14	416	5	224	53	50	335	88	4	1189
Dental Therapist	16	236	18	209	97	52	173	333	1	1,135
Dental Therapist and Dentist		1								1
Dentist	270	4,885	98	2,840	1,120	206	3,622	1,551	298	14,890
Oral Health Therapist	9	207	5	291	91	5	162	10	1	781
Grand Total	362	6,172	141	3,860	1,662	331	4,606	2,318	317	19,769

For those who want it, there is already a mechanism by which people can expand their scope of practice. Scan the Registration table above, and you will find six dental personnel with multiple primary qualifications. These are clearly defined categories, with acknowledged historical recognition and respect. Can the same be said for what will flow from – page 4:- ... a mid-tiered approval program process for education programs which [expand] scope in some areas. ?

4. Do you agree with the list of skills in the guidelines relating to programs to extend scope? Are there additional skills which the National Board should consider adding to the list?

No I do not agree with any of the suggested extensions. To deal with just one directed at Dental Therapists and Oral Health Therapists

Simple restorations for adults

The following assists in determining what constitutes a simple direct tooth restoration as opposed to one which requires the attention of a dentist:

- includes no more than four surfaces

Replacing a class 1 amalgam and losing an undiagnosable cracked cusp or more, is a frequent occurrence. What then, given the restrictions of the second point below, is our expanded practitioner to do, temporise and refer?

- does not include cusps or require pins or complex retentive features
- does not involve the pulp when assessed radiographically .

A radiograph is a two dimensional view of a three dimensional situation. Misleading radiographs are an everyday occurrence. To assume pulpal integrity on the basis of a radiograph is fraught with danger.

- is one that is easily accessed and simple to isolate at the gingival margin
- is not placed in an endodontically treated tooth, and
- where the tooth requiring simple restoration is immediately adjacent to a dental prosthesis (fixed or removable) consideration must be given to the complexity of the interface between the restoration and the adjacent fixed or removable prosthesis and referral made when necessary.

This last category is a farcical restriction given the far more serious issues outlined above.

Please leave operative dentistry in adults to the people trained over five years to cope with the many unforeseeable consequences of operative dentistry. At present, registration [in Queensland] charges a dentist with the vicarious responsibility for any ancillary dental practitioners, working in his / her practice. The unforeseen can then be coped with should it occur.

5. Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)

Option 2 does not protect the public from practitioners who by the nature of the registration standards suggested, will continually run into situations which will require referral. Nor does it make the case for licencing these practitioners. For whose benefit other than the wish of some to have an expanded scope of practice is this change intended? Nor does the proposed change reflect the current situation in the majority of States.

This last point is outlined below in an analysis of **Option 1**.

Option 1 – no change to the standard

The current standard was drafted to cover the range of arrangements in place in states and territories prior to the start of the National Scheme and to allow an individual's scope of practice prior to the National Scheme to continue under the National Law.

For the majority of states and territories prior to the National Scheme, regulatory or other frameworks for the dental hygiene, dental therapy and oral health therapy divisions required supervision. As supervision ~~was~~ [is] a requirement of practice in these states and territories, consideration of independent practice ~~was~~ [is] not necessary.

So far so good. However the DBA goes on to point out:-

In Victoria and Tasmania there was not a requirement for supervision specifically; rather there was a requirement for a structured professional relationship or a formal agreement with a dentist who provided clinical support/guidance when needed, which had to be documented.

So to accommodate an anomaly that potentially existed prior to the creation of the DBA, for 2.6% of the dental workforce [OHT's and DT's in Tas. and Vic.], the Dental Board's preferred option, [option 2], is to extend this minority situation into every State.

I am at a loss to see why regulation has to go the way of the exception rather than the rule.

Yours Sincerely,

Richard Bell

A black rectangular redaction box covering the signature of Richard Bell.A black rectangular redaction box covering contact information, likely a phone number or email address.