

Dear Sir/Madam

I am writing to express my concern with a number of proposed changes to the scope of practice for dental practitioners. I understand you may have received a large number of emails however as a recent graduate (graduate of the University of Sydney 2011, Bachelor of Dentistry), I feel that there are issues that I have come across that you should consider when deciding upon these changes.

The proposal to "remove supervision requirements in recognition of the team approach", and to "reduce the prescriptive nature of the standard". I find this proposal very distressing and feel this would be a great danger to public safety. The reason I feel this way is because when treating a patient for any condition, even if it is a very simple scale or restoration, it should never be looked upon as isolated treatment, and instead should be viewed in the scope of the entire dentition and health of the patient.

A great example of this would be the placing of a restoration, as it is much more than a "drill and fill approach". With every restoration placed you must consider the occlusal, periodontal, endodontic and restorative nature of the whole dentition, and a restoration should be placed only by professionals who have an in-depth knowledge and understanding of all these factors. This knowledge is only obtained by training in all these aspects and is only obtained by doing a complete dental degree. Just because you are able to drill and fill, I believe this does not give you the necessary skill to place a restoration! I have found with each restoration I place I am considering restorative options, (including simple, complex, inlays, onlays, crowns, bridges), any affects to the pulp or previous endodontic treatment and occlusion. Even if it is as simple as a straightforward scale and clean, I believe to provide the best care for patients the entire dentition needs to be considered with the above factors in order to provide safe and effective treatment for the patient as periodontal disease is not isolated, and endodontic, restorative and occlusal factors all can impact on periodontal health.

These are just two examples, however this approach should be considered for all aspects of dentistry.

For this reason I believe it is crucial for the dentist to be the supervisor of the dental team, and only delegate tasks to other members of the team after accurate diagnosis. Other members of the team do not have the knowledge or ability to treat or diagnose a patient on their own, and their role should be to treat only a certain part of the overall treatment plan which should be overseen by a fully qualified dentist. It is also this reason that other members of the team should not have their scope of practice increased, as this will inevitably lead to problems arising as people attempt treatments that they have not been properly trained or have the adequate knowledge to complete.

I also believe the definition of dentistry for the dentist is overly restrictive. The dental degree provides a core set of skills which allow further evaluation and integration of additional skills. Only after completing a degree which allows a strong and necessary foundation in all aspects of dentistry should self-regulation and integration of skill sets be allowed, and only the dental degree allows this foundation, thus giving us the capacity to do so. Dental therapists, hygienists, oral health therapists and prosthetists do not allow for this overall foundation and thus self-regulation and additional skill sets should not and cannot be allowed for these members of the dental team. If their degrees allowed for this strong foundation, their

degrees would be no longer be degrees only for specific areas of dentistry but would be a dentist degree!

In summary the dental board should reject the proposed changes.

Thank you for your time and please do not hesitate to contact me if you wish to discuss this matter further.

Yours sincerely,

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10th of June 2013