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Executive Officer
National Board of Australia
AHPRA
GPO Box 9958
MELBOURNE VIC 3001

Dear Sir/Madam

RE: Dental Board of Australia - Draft Scope of Practice

I have studied the recent draft and must seriously doubt the merits of these proposed changes.

The proposal to support the team approach to dental care amuses me. Dentistry has always been performed via team work and always will be. To now suggest otherwise is being deliberately provocative and divisive.

On page 10 of your document you ask for feedback, specifically:

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?

2. Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public?

When all sectors of the industry are termed "dental practitioners" how can the general public possibly know to which practitioners they should visit for any particular procedure? This is the antithesis of "clarity". This confusion will certainly do harm to the public. The first principle for treating any patient is "do no harm".

The page 19 table elicits more concerns.

In this age of trying to minimise radiation exposure, to allow the ordering and/or provisioning of CBCT/oral radiology by all is deeply worrying. No one other than dentists/dental specialists should have access to CBCT's and general oral radiology only on the order of the team leader, namely the dentist or dental specialist.

To allow implant overdentures, occlusal splints, immediate dentures and sleep disorder appliances trivialises these procedures in the extreme. It really underestimates the complexity in diagnosis and management.

For those of us who have been practising for decades, we well remember the extension of dental technicians to dental prosthetists. In Queensland this was in the early 1980s. Pushing the envelope and agitating for change in dental regulations was only to legitimise those that were already practising beyond their level. I see the same happening now. If this current proposal is approved now, just what will be requested in five or ten years time?

In the same vein and well before any further review of regulations, "limited" orthodontic treatment by hygienists, therapists and OHT's, will soon become something in excess of "limited" and "simple" restorations will become complex.

Does anyone think this will not happen? Human nature says it will again, just as in the past. In the public eye, where will the clarity be then? Where are the checks and balances?

The proposed changes to the scope of practice (for which no sound case has been made) will lead to a fragmentation of the dental profession. The adoption of a "mechanistic" approach to therapies underestimates their complexities and belittles my qualifications and experience, which I find demeaning. It will disrupt rather than enhance the long established team approach to dentistry. It will create confusion in the public mind which in itself is harm.

The board cannot make changes that increase the potential harm to the public.

This proposal should be rejected.

Yours Faithfully,

Dr John Devlin