

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: RE: Scope of Practice & Registration Standards
Date: Wednesday, 19 June 2013 12:20:47 AM

To whom it may concern,

Whilst I can understand a revision to the current Scope of Practice (SoP) Registration Standard in the interests of protecting the public, I am greatly concerned the proposed changes go against this intention. In their current form, the changes will not only endanger the public, but also limit the future progression of dentistry in Australia.

I have three main issues of concern.

1. The requirement listed as point 2. in the SoP and under point 1. Description of the dental profession in the accompanying Guidelines document: "Dental practitioners must only perform dental treatment for which they have been formally educated and trained in programs of study approved by the Board".

If this current wording is retained, the majority of dentistry done today would become impossible under legislation. Immediately, all advanced procedures would become un-insurable and against regulations. This wording does not respect the problem that there is nearly no board approved continuing education. Additionally, the wording ignores the fact most medical procedures, which includes dentistry, is taught by other doctors in the clinical setting. There is absolutely no room to allow this extremely important passing of information.

Even more concerning is there is no grandfather clause for practitioners who already have experience. This leads to several problems. Firstly, it means there will remain no legitimate trainers due to the lack of grandfather clause. Secondly, it means patients will be denied treatments simply because of insurance reasons. Thirdly, it ignores the significant issues of rural patients who have no option to visit the few and limited specialists in Australia.

In light of this, I urge the DBA to seriously consider amending point 2 of the SoP and point 1. of the Guidelines to read:

"Dental Practitioners must only perform dental treatment:

- a) for which they have been educated and trained through either Approved Programs (formal education programs); Programs to extend scope; CPD Programs (in line with the CPD Registration Standard and Guidelines); or training through practitioners with experience in what is being taught, or
- b) in which they are experienced and competent"

2. The "Definition of Dentistry" as defined in the Guidelines document.

I do not believe it is useful or necessary for the DBA to attempt to define the practice of dentistry and it is my understanding that it is not within the remit of the DBA under the National Law to in any way attempt to control, define or specify which specific procedures, materials and techniques form the practice of dentistry.

However, should the DBA see the need to include a definition of dentistry in the SoP and Guidelines, I feel that this needs to be further refined from its current form which is far too specific and prescriptive. I urge the DBA to consider that if a definition is included, it is amended as follows:

While I believe the most appropriate direction would be to remove a definition of dentistry entirely, if such a definition must be retained I urge the DBA to consider that it ought to be generic and inclusive in nature, for example:

“Dentistry involves the evaluation, diagnosis, prevention, management, advice and/or treatment (nonsurgical, surgical or other procedures) of diseases, disorders, deficiencies, deformities, lesions and/or other conditions (including for the purposes of improving aesthetic appearance) of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a registered dental practitioner; within the scope of his/her education, training and experience; and in accordance with the ethics of the profession and applicable law.”

Such a broad and inclusive definition is required so as to be consistent with the view of dentistry being both a science and an art and an understanding that dentistry is an evolving profession. As the profession evolves, so will the complexity and scope of procedures dental practitioners perform and any definition of dentistry needs to be broad enough to accommodate these modern developments.

3. The general extension to scope of practice for Oral Health therapists and Dental Therapists (Therapy)

This is the most concerning for public safety. At present, all work must be done under the supervision of a dentist, who ultimately takes all legal and ethical responsibility for all work done. The proposal allows for extension to not only practice without supervision, but also on adults.

Immediately, you are taking someone who is trained with the intention of being supervised and allowing them to do work they are not trained for and without supervision. This can hardly be considered ethical for the general public.

Much of the extra years spent studying dentistry is to allow a large scope of knowledge for the unexpected. Therapy does not train you to recognize the unusual, as there is not enough time in training. Currently, this void is filled by supervision and limitations on scope of practice to children, who generally have less unexpected issues. It is my genuine concern that these changes will endanger the public by allowing cancers, pathologies, and infections to be unrecognized. Additionally, anyone who has tried to fix work that was planned incorrectly from the start can attest that if the diagnosis is wrong to begin with, it can prevent the proper treatment from ever again being done.

Allowing this extension to scope means there will be no difference from travelling to cheap third world countries and getting dentistry done there, as both situations see patients being given treatment by under-qualified individuals. There is more than teeth to this issue. The training for drug interaction management, anaphylaxis to dental products, and long-term planning are aspects important to the public that can simply not be taught in a short program such as Therapy.

On the one side is the intention to make dentistry more accessible, and the other is public safety. These changes go too far removed from public safety and will severely damage the reputation of dentistry.

Please don't let us go down the path of the USA, where rampant under-regulation and has resulted in significant drops in faith by the public in the dental industry.

Sincerely,

Dr Andrew Thorpe

