

To whom it may concern,

This email addresses my concern regarding the changes about the registration standard which DBA has proposed.

It has been brought to my attention that the scope of practice, supervision requirements and demographic of patients that dental auxiliary staff are able to treat will be dramatically altered. Now, these proposed changes affect my profession as a future dentist assuming that I complete my Bachelor of Oral Health in Dental Science degree. I am against the proposed change not only because it fuels the competition I will face when seeking a job but also, the logic behind the reason to broadening the scope of practice is unreasonable and lacks common sense (which I assume one would acquire as being in the more elite group of people in society).

To keep this email short and succinct, I would like to highlight these points which I personally find, actually makes a lot of sense.

1) The draft scope of practice does not balance the available workforce against the burden of oral disease. There is an expanding workforce of dentists to meet the needs of an adult population and an unmet need in child and adolescent oral health and prevention.

In short, by letting dental therapists treat patients of all ages, the chances of a child getting professional help is significantly decreased as the adult:children ratio is significantly increased. Good oral hygiene habits start when kids are still young and is willing to learn. Aged patients are more reluctant to change their OH habits because, well, old habits die hard.

2) A change to the 'registration standard' places a requirement on university curricula to then ensure they match this standard. The length of courses may have to be increased to absorb extra curricula. The DBA has no place in requiring universities to change curricula, particularly when it is not specifically to address an area of need.

Long story short, just because there is an area that is in need of some dental professional attention, doesn't mean you have to go through the whole effort to change the practice scope of a dental hygienist/technician JUST so they can accommodate for those people. The solution to dentist shortages won't be solved just by changing the "rules" so dental therapists can be "less restricted" in their line of work and take over the dentist's job. How can someone be allowed to operate when they have only been trained with the skills of half that of a dentist? Yes, maybe a dental therapist has more experience than a fresh graduate but hey, if that person is so good, they can enrol in dentistry and go through another 5 years of tertiary education.

The way I see it, you have a team of tradies who are working together to build a house. Just because there is a shortage of sparkies, does not mean you give the chippies the privilege to line and wire the house. If you were a builder with common sense, you hire more electricians and not be frugal just because you want to save the money to hire another person.

This analogy might not make sense, but the way I see it, just because someone in the team can't pull their weight, doesn't mean you give someone else permission to "help" them with their job. If the purpose of altering the scope whereby dental therapists can see patients of all ages is due to a shortage of dentists and dental treatment being offered, the solution is to invest more money in training dentists and promote the need of oral health attention in rural

communities. If funding is the problem because of lack of government support, or the bickering politics within the organisation itself, then God help this country. And help us all.

3) Correct diagnosis of adult patients requires a variety of skill sets which require 5-7 years to acquire through a dentist's degree. Without this complete skill set accurate diagnosis is not possible.

Experience is essential to acquiring life-saving skills.

Just because a nurse has been in the field for 35 odd long years and have seen every procedure a doctor has performed, does not give her the right to operate and cut open a patient. I mean, would you let someone cut you open on the table when you've learnt that they have "seen this done a thousand times" but in fact, they have no knowledge of what structure they are cutting and what they are even doing?

4) The definition of dentistry for a dentist is overly restrictive. A dentist degree provides a core skill set, which allows further evaluation and integration of additional skills. However, DT, OHT, DH and DP offer a restricted scope of practice and should have all of the elements of their scope of practice defined as their degrees do not provide the necessary foundation to allow for the addition of advanced skill sets.

In saying so, I think it's pretty self-explanatory about what my opinion is on this matter.

If the scope of practice do get altered in favour of everyone in the dental field apart from dentists, then please notify me because I might as well tell my fellow younger friends who are trying so hard to apply for dentistry to apply for dental technician/dental therapy because for earning relatively the same amount of money, you spend less time studying and get more out of it than the people before them.

Regards,

A fellow dental student and member of ADA