

Feedback regarding preferred proposal outlined for the revision of standard

1. I do not believe the revision to the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice. This is because the term “supervision” has been removed. The term “supervision” is necessary to define a role for which hygienist/therapists were trained.
2. I do not believe that any clarity is gained from the suggested updates of definitions. There is still a huge degree of ambiguity. The term “supervision” is necessary because it is a limiting factor to prevent misconstruing the definition. In 2b The definition of “structured professional relationship” should not be amended as it implies that hygienists may consult patients independently, whereas it should be that the dentist refers to hygienist. This is because the dentist is trained to work independently and comprehensively assess dental health. Without having the dentist as primary health provider, the risk of missing disease and less educated evaluation and determination of problems will be detrimental to public health.

By enforcing the change in 2c, the hygienist/therapist will be will be entitled to practice within a structured professional relationship. Direct supervision is very much necessary, as the “structured professional relationship” is not location specific. Hygienists and therapists are trained with the backup of dentists on-site in the case of emergency, and consultation for general treatment.

The public may seek treatment initially from hygienists/therapists who are not trained adequately to comprehensively assess dental needs and form comprehensive treatment plans.

3. More specificity is required. Location specific clauses are required making an on-site dentist necessary in the treatment of patients.
More specific guidelines of “formal education” are required. Without this, the training with is inadequate or insufficient will put patients at risk. Most training of the dental health professional is obtained in dental school and practice should be limited to this.
4. I believe that discussing scope of practice should be very specific. Having vague definitions of “formal education” and continuing education will result in insufficient training and putting patients at risk. I believe that most formal education currently available in the form of courses is inadequate as a form of training. This is because further experience is always necessary after these courses, which can only be gained through a mentor-student relationship. Postgraduate university degrees allows such training and should be recognised as formal training, though I believe most courses available to not provide training to this standard.

I believe the amendments to scope of practice allow for interpretation which will encourage treatments by practitioners who are insufficiently skilled.

5. Regulation of the profession is important, and a team approach is warranted. I do not believe that the public can be protected if they are seen by a hygienist/therapist without consultation with dentist. Though the dentist and hygienist/therapist relationship is teamwork, the dentist has the expertise and the training to comprehensively treatment plan patients and must always examine the patient initially.
Patients will be at risk of hygienists begin consulting patients working in “structured Professional relationships” because dentist supervision is not guaranteed. Many dental issues will be overlooked, and focus of treatment will be placed in areas of which hygienists/therapists are trained while overlooking areas the practitioners are not trained in.