

**From:** [REDACTED]  
**To:** [dentalboardconsultation](#)  
**Subject:** Submission regarding the scope of Dentistry  
**Date:** Wednesday, 19 June 2013 3:16:41 PM

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Dear Sir/Madam

I am a medical practitioner registered in NSW, having graduated in 1985 from Sydney University and being in active practice since.

I welcome the opportunity to make this submission regarding the following document:

### ***Draft Scope of practice registration standard and guidelines***

and I note on page three of this document the statement

The key requirement of the standard is that all dental practitioners must only perform those dental procedures for which they have been formally educated and trained in programs of study approved by the National Board, and in which they are competent.

and I further note much the same statement repeated on page 5 of this document

The revised standard continues the requirements that dental practitioners must only perform those dental procedures for which they have been formally educated and trained in programs of study approved by the National Board, and in which they are competent.

But, in determining what exactly these procedures might be, I note on page 8 (bottom, section 3) the following statement regarding the ***status quo***

There is currently no guidelines published on scope of practice

And so it is necessary to find in this document a statement that defines the activities of the dental profession.

And in this regard it is pertinent to recall the etymology of the word "definition", derived from "define", from the Latin ***de finire*** which relates to the setting of limits, boundaries, and the like. Hence "finish" and "finite".

To define dental practice is to set its boundaries.

[http://www.etymonline.com/index.php?term=define&allowed\\_in\\_frame=0](http://www.etymonline.com/index.php?term=define&allowed_in_frame=0)

So it seems the purpose of this document, and of this consultation, and of the process in which we are now engaged, is to find and declare what it is that constitutes dentistry and where exactly the profession of dentistry finishes or ends in terms of its jurisdiction over human health and well-being.

Again on page twelve we find the following statement:

All registered dental practitioners are required to base their practice on the scope of practice requirements and definitions outlined in this standard.

and

1. Dental practitioners must only perform dental treatment:
  - a) for which they have been formally educated and trained in programs of study approved by the Board, and
  - b) in which they are competent.

So it seems clear that we should expect a limit to the practice of dentistry to be found in this document.

And so, on page 16-17, we find a definition of dentistry

Yet, **these words**, read literally, allow dentistry to be potentially unlimited

*"Definition of dentistry*

***The following range of activities are considered the practice of dentistry and cover the widest range of any procedures that a person educated in dentistry can carry out. Dentistry involves the prevention, diagnosis, advice, and treatment of any diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures (including but not limited to):***

*the correction of malpositions of the human teeth or jaws or associated structures; and*

*radiographic procedures and interpretation of radiographic images of the human teeth, jaws and associated structures; and*

*the prescription, administration and possession of drugs and poisons in accordance with relevant State and Territory authorisation; and*

*the construction or fitting or intra-oral adjustment of artificial teeth or corrective or restorative dental appliances; or provision of advice to any person for the purpose of fitting, inserting, adjusting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances; and*

*the prevention of oral disease and the promotion of oral health; and*

*the performance of any treatment on the human teeth, mouth or jaws or associated structures."*

**And here's the rub.**

**There is *no limit* here in this should-be-limiting definition.**

**The phrase "associated structures" ensures there is no boundary here placed on the practice of dentistry.**

**As such, dentistry remains undefined.**

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For example, as a matter of simple anatomy, there is no doubt that the palatine tonsil is a structure associated with the mouth. By this definition, the practice of dentistry would include the procedure known as tonsillectomy. Does this not follow?

The maxillary sinus is associated with the upper jaw. Does the dentist excise polyps from maxillary sinus?

Does the dentist excise a pharyngeal carcinoma, or perform a uvulopalatopharyngoplasty for obstructive sleep apnoea?

If the dentist treats any disease of the mouth, does the dentist repair cleft palate and cleft lip? Does the dentist excise SCCs from the lip, and complete the reconstructive repair?

The mouth is associated with the face. Does the dentist treat Bell's palsy? Parkinson's disease? Cerebrovascular accident affecting muscles of the facial nerve's distribution? Motor neurone disease? Tics?

Indeed, not one of these conditions would be treated by a dentist, unless the dentist was also a medical practitioner.

All these conditions are treated by medical practitioners, not dentists. Yet all might be considered part of the "territory" of the dentist by the "definition" here suggested.

A definition that, by omitting any reference to a limit to dentistry, does not actually **define**.

A definition that neglects to tell us what dentistry is *\*not\**, and therefore fails to adequately tell us what dentistry *\*is\**.

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**In order to fulfill the stated aims of this document, the definition of dentistry given hereto must include some actual anatomical boundary beyond which the dentist can be said to not have formal training to practice. The phrase "associated structures" is otherwise too loose to have any significance. Indeed, taken to its limits, with the gastrointestinal tract being an "associated structure" of the mouth, dentistry could include proctology in this definition.**

Unless dentists are trained to perform tonsillectomies, the anterior fauces is an anatomical limit to the domain of the practice of dentistry.

Unless dentists are trained to deal with all the neurological conditions that affect the muscles of the seventh cranial nerve (facial nerve), then the SMAS and the muscles of facial expression occupying this same anatomical layer reside outside the anatomical limit to the domain of the practice of dentistry.

And if the SMAS layer is not an "associated structure" within the scope of dentistry, then facial skin, being further removed from the teeth than the SMAS, can not be considered an "associated structure" either.

**And so treating the facial skin lies outside the scope of dentistry.**

**And for this document purporting to delineate the scope of dentistry is to have any meaning, the "off-limits" anatomical structures I have described here must be included in any such "definition".**

Yours sincerely

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