

Dear Sir/Madam,

My name is Keith Willis and I am a graduate from the University of Queensland ([B.D.Sc](#)). As a dentist, after reading the proposed changes for Scope of Practice for therapists and hygienists, I will naturally oppose the idea but I will give you my own reasons why.

In short, the changes proposed will allow and encourage a decrease in quality of dentistry. We as dental practitioners have trained 5 full years to diagnose and provide treatment for endodontics. How is this relevant you ask? Well, to answer that question, I will ask a question of my own. How does a oral therapist or hygienist know if a tooth needs "just a filling" or "an RCT" if they have no training in one of these major disciplines? You must know both how an RCT works and how a filling works, to know which one is required in which situations. This is just one point (as you will see below).

I have no doubt that an oral therapist or hygienist can restore a tooth to a good functional quality. In fact, I believe they are an essential and important part of a dental team, where they often have skills in areas which dentists do not have. However, they too, do not have some of the skills which general dental practitioners have spent 5 years of intense training gaining especially in the world of diagnosis (and to be honest, many of us still graduate feeling a little nervous with certain parts of dentistry after going through 5 years!!). My mentor once said to a group of us while I was in training in Darwin, "Any Grade 10 person can pick up a drill and you can teach them how to make a good cavity prep, but what you guys go to dental school for is to learn to diagnose". Without formal training, how will a therapist know what is required for a myriad of adult conditions including: cracked tooth, aggressive and chronic perio, dentinal hypersensitivity, a bruxer, severe wear (attrition, abrasion, erosion, and abfraction), periapical abscess, parafunction, sinusitis, TMJ disorders, myofascial pain, neuralgia, burning mouth syndrome (just to name a few from the top of my head), which can all appear like toothache from caries?

There will come a time in the future where the solution to every solution to the eyes of a therapist is a filling because of their lack of understanding and training in diagnoses and also limitations in what they can or can't do. You may find many cases of retreatment required as therapists complete their filling, find out the diagnoses is wrong, and a patient is referred to a dentist to get the "real issue"sorted. This is inefficient. Let's be honest; the public will see a therapist as a "cheaper dentist" (no matter what sort of spiel and education we try to provide the public that a hygienist is not a dentist) and they will go to therapists thinking they can have all their treatment done for a lower fee and there will be MANY situations where a therapist will try to do something they cannot because they too want to retain patients. Why not get it right the first time by not giving the public an option of going to the wrong health practitioner?

Another issue: if hygienists or therapists are allowed to practice independently, what will be the problems here (assuming they can diagnose caries)? For starters, patients will attend at a hygienist or therapist, have their teeth checked for decay, and leaving having a false sense of security that they have had a comprehensive oral examination (item number: 011). But have they had a comprehensive exam? Some conditions (in addition to the list above, some of which are deadly!) need to be checked for like oral SCC, fungal infections, odontogenic

and non-odontogenic cysts and tumours etc. Sure, many hygienists can say to their patients that they need to go to a dentist to get a check-up for many other conditions (apart from caries), but will the patients go? Of course not. Isn't the point of an examination to prevent early detected oral conditions from progressing (not just caries)? To improve the education of oral health to EVERYONE, we must not be so narrow minded in producing practitioners who only "drill-and-fill".

I hope I have raised some further relevant issues (which I am sure have been raised before). I apologise for any offence to any parties, which I do not mean. Please do not hesitate to contact me via email for any further correspondence. **You will unfortunately not get many responses for this consultation as it has been inadvertently timed to clash with University examination dates, of which many students are too busy studying for up to 8 consecutive exams and have shut themselves off from the social media world.**

Yours sincerely,

Keith Willis
AHPRA registration: