



16th June 2013

Executive Officer
National Board of Australia
AHPRA
GPO Box 9958
Melbourne 3001

Dear Sir/Madam

RE: DBA Draft *Scope of practice registration standard and guidelines*

I am of the understanding that dental therapists were initially introduced into Australia to meet a specific need (the treatment of school-children) at a time when there was a shortage of dentists here.

They received a substantially lower level of training than dentists did, and the entry requirements into their course were considerably lower than those for a dental degree.

The cost of training was less than that of a dental degree, and their area of employment was to be within the Public Sector only, at a lower overall cost to the taxpayer than that of training and employing dentists.

There was no competition for employment between dental therapists and dentists.

As the ratio of dental manpower:population has increased, and the availability of work has decreased, the dynamics have changed.

In recent years there has been a push by dental therapists to enter the Private Sector (which they have done) and now to expand their duties, and to engage in independent practice.

This is not motivated by a public need, but rather by dental therapists serving their own interests, due to an oversupply generally, combined with a reluctance to work in areas of genuine need eg remote and under-privileged communities.

Allowing further expanded duties at the present time is not in the public interest by any definition, and should not be entertained. (Indeed, I believe there could be a valid argument for winding back on their current scope of practice.)

There will, of course, be some motivated and talented individuals who wish to further their careers, and to be able to provide treatment which is currently restricted to registered dentists. In order to do so there would be a need to up-skill completely, including obtaining credits for subjects which are required as the basic foundation of a dentist's training in Years 1 and 2 of a dental degree.

A recognised dental school is the appropriate channel for this. Short courses cannot provide the required complex details outside of a formal and structured degree course.

In summary, the best interests of the public are not being served by further expanding the scope of practice of a group of health care providers who were created as a compromise (in terms of qualifications) in order to address a dire need which no longer exists.

With regard to the specific questions raised by yourselves: I prefer to answer only the first one, as the remaining four appear to pre-suppose general support for the changes, which I oppose.

1. Do you agree that the revision to the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice? (Why or why not?)

No; I do not agree.

A major problem is the generalised use of the term "dental practitioner".

In discussions with people from a variety of backgrounds there is general consensus that when the term "medical practitioner" is used, there is an assumption that it refers to a doctor, and likewise "dental practitioner" refers to a dentist.

Indeed, when I typed "What is a dental practitioner?" into Google, the following link to an Australian Government website appeared:

<http://joboutlook.gov.au/pages/occupation.aspx?code=2523>

I have extracted the defined tasks and job titles from this page:-

Dental Practitioners

Tasks

This occupation may include associated occupations with varying tasks.

- diagnosing dental diseases using a range of methods such as radiographs, salivary tests and medical histories
- providing preventative oral health care such as periodontal treatments, fluoride applications and oral health promotion
- providing restorative oral care such as implants, complex crown and bridge restorations, and orthodontics, and repairing damaged and decayed teeth
- providing oral surgical treatments such as biopsy of tissue and prescription of medication
- performing routine orthodontic treatment
- restoring oral function with removable and fixed oral prostheses
- assisting in diagnosing general diseases having oral manifestations such as diabetes
- educating patients to take care of their mouth and teeth
- leading a dental team which may comprise Dental Hygienists, Dental Therapists, Dental Assistants and other Dental Specialists

Job Titles

- Dental Specialist
 - Dentist
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I believe that the information above is accurate, and representative of popular and common public opinion. The inclusion of non-dentists into the DBA's definition of "dental practitioners" is fundamentally confusing, and thus counterproductive if the aim of the Dental Board is to provide greater clarity.

In order to facilitate clarity, I believe the following points are essential:-

1. The term "dental practitioner" should either only be used when referring to dentists, or else avoided altogether in DBA documents. The use of specific descriptors is preferable when referring to different members of the dental workforce.
2. There should be uniformity throughout Australia in regard to the ages of patients that dental therapists can treat, and the maximum age should not exceed 18 years.
3. Scope of practice for auxiliary members of the dental workforce must be clearly defined, including listing procedures which may have caused some confusion in the past, and which are not considered appropriate for specific manpower groups.
4. Dental prosthetists also needed to be included in the team approach to patient management, particularly when dealing with partially dentate patients. It is totally inappropriate to be providing a patient with a partial denture if that patient has not had a thorough dental examination, diagnosis and treatment plan, which a prosthetist is not qualified to do.

In conclusion I would like to also register my concern that this issue appears to be politically driven by a small group of individuals who wish to extend their scope of practice beyond that for which they have been trained, and which is impossible to attain without obtaining a dental degree. This is not in the best interests of the public.

Yours sincerely,

Rob Sivertsen.