

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: Scope of practice registration standard
Date: Saturday, 15 June 2013 10:04:00 PM

To the Dental Board of Australia

I feel compelled to respond to the proposed changes to the scope of practice registration standard. The primary objective being the protection of the public is contravened. There are several areas on concern that I have with this document.

1 There is no provision for Oral health therapists and Oral Therapists to be supervised by a dentist. The proposal that the Oral Health therapists and Oral Therapists could work in independent practice does nothing to protect the public. I cannot understand why this is being proposed as there is often a need for a dentist to complete a portion of the dental care. If there is no dentist present, how are complications with dental treatment to be managed? The Dental Board is charged with the safety of the public. Allowing Therapists to work alone is paramount to neglect by the Board. If a problem arises, who is responsible, and who will resolve the problem. A dentist, or dental specialist needs to be responsible, for a patients treatment, and needs to be available to help if complications arise.

How is the public supposed to know what treatment is to be performed by a therapist, and what is needed to be completed by a dentist. A thorough examination is required to determine what treatment is needed. Why would a dentist then refer this work to a therapist outside the practice to have the work completed where the dentist is no longer responsible. How can the Board believe this to be a responsible move.

2 The relaxation of guidelines around which a therapist can work is also disconcerting. The deciduous teeth, and young permanent teeth are at more risk to pulpal exposure due to the size of the pulp chamber relative to the crown. I am concerned that therapists can perform work on these teeth. To then be responsible for completing follow up work on the same teeth by being permitted to work on older patients will lead to more pulpal exposures, or loss of tooth structure. The definition Neglect is a "failure to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care." The people being neglected by the board are the youngest amongst us, and those less able to understand how their health is being put at risk.

3 The combination of the two changes is like having a second class dental practice opening for those less fortunate. Why is the board considering this move? Is there dealings with the corporates, and health funds to approve dental "sweat shops" staffed by minimal dentists, and multiple therapists. There is a difference between the Bachelor of Dental Science course, and the Certificate course completed by the therapists. The lines between the two are substantial, and while understood by the dental fraternity, are less clear to the public. The dental board is charged with protecting the public. Please don't compromise the public health by lowering the standards that dentists strive to improve through their own quest to improve their knowledge, and practice standards.

The board itself states that the dentist or specialist, need to be the head of the team. They also need to be responsible for treatment and to work together.

4 The definition of what treatments can be performed by Dentists, Dental Specialists, and Therapists are vague and confusing. The descriptive nature used is limiting and poorly defined. The descriptive nature either needs to be clarified, or completely removed. The evolution and progression of dentistry now blurs the border between dentistry and medicine. The board needs to decide what they are trying to achieve with the definition of what work can be performed, and rewrite the definition. There is nowhere where that the placement of implants

fits into the definition clearly.

5 The definition that dentists and dental specialists can only perform procedures taught through board approved courses will restrict dentists to doing procedures that were taught at undergraduate level for dentists, and is similarly restrictive for specialists. I graduated almost 30 years ago. There are procedures such as implants, and laser surgery that were not taught at that time. Through countless hours of study, I have undertaken to learn as much as I can to be able to integrate these procedures into my practice. Your definition now makes it an offence for me to continue performing these procedures. Your own aims noted in your draft are to make dentistry less restrictive, but you are imposing more restrictions.

6 Allowing prosthetists to work independently has confused the public to what each operator's guidelines are. There is a lot of confusion as to what a prosthetist can do at this point in time, and the prosthetists don't help their cause by working outside their guidelines as they so often do. The proposal to allow them to make sleep appliances, and implant retained dentures is not "Making the public safer" as is the charge of the dental board. Sleep appliances may actually restrict, or worsen a patient's sleep apnea. The belief that a technician to do this indicates that the board has no concept of what is actually involved in making such an appliance, and I suggest you contact a sleep specialist about this concept. If these proposed changes do go ahead, and patient does pass away due to an appliance complication, who is responsible? The board undertakes to make the public safer, but to allow a prosthetist to place these devices is contrary to that aim, and maybe liable to legal ramifications.

The placement of dentures retained by implants if not constructed and placed adequately could lead to the loss of the implants. How is having someone less qualified in doing a procedure actually helping the patient in these cases. The board is subjecting the patient to more surgery if a complication arises from these cases. Again, this is contrary to your charge of making the public safer. I believe that if you allow these changes, and a complication arises, the board may be found to be negligent in upholding their charge of protecting the public.

7 The notation at point 'C' in your final assessment that the Guidelines will support the public's understanding of the roles of the divisions of dental practitioners is wrong. I don't know a single patient that knows that the definitions exist, nor would they be interested in looking. Dentists have worked hard to develop the public's trust. The public expect the board to police what dentists and allied professionals can do. Is the board going to undertake to do a national education to teach the public what the guidelines state? Again, the board may well be accused of neglect if they feel that having definitions posted in an obscure website sufficient to allow the public to determine how their dental health best be treated.

8 Your notation in 'D' that there is no added cost to the registrants is wrong. Since the federal boards formation, there was little published about the definitions, and as the document now sits, most dentists are working illegally. If a frivolous claim is brought upon a dentist at this point in time, the dentist may be exposed to "working outside" their current educational guidelines. This matter needs to be rectified as soon as possible before a dentist, specialist, or allied health professional loses their livelihood.

9 Notation "E" is also wrong. The definitions are far from clear, and needs to be clarified as I have already mentioned.

The proposed changes need to be scrapped, and a new draft document must be considered urgently. The face of dentistry is changing with third party insurance companies taking charge of dental practices, and possibly managing patient's treatment by the way the practices are managed. At the very least, I would suggest the board look to the legality of lowering dental treatment standards in the view of their charge of protecting the public. If these changes proceed, is the board as a whole liable, or are individual members liable?

Sincerely
Russell McCloy B.D.Sc