

To whom it may concern

I am writing to oppose the proposed changes to the scope of practice registration standard for dental practitioners. Please take my objection in a weighty manner as the changes will have an enormous effect in the provision of good quality dental treatment that the community deserves by well trained dentists, and puts added weight to tax payers to extend, alter and change university curricula to fit new standards which unfortunately will still fall short of the adequate foundational training of a dentist but yet will be allowed in the community practice dentistry without supervision.

My objections also include the following

- 1) The draft scope of practice does not balance the available workforce against the burden of oral disease. There is an expanding workforce of dentists to meet the needs of an adult population and an unmet need in child and adolescent oral health and prevention.
- 2) A change to the 'registration standard' places a requirement on university curricula to then ensure they match this standard. The length of courses may have to be increased to absorb extra curricula. The DBA has no place in requiring universities to change curricula, particularly when it is not specifically to address an area of need.
- 3) Correct diagnosis of adult patients requires a variety of skill sets which require 5-7 years to acquire through a dentist's degree. Without this complete skill set accurate diagnosis is not possible.
- 4) The definition of dentistry for a dentist is overly restrictive. A dentist degree provides a core skill set, which allows further evaluation and integration of additional skills. However, DT, OHT, DH and DP offer a restricted scope of practice and should have all of the elements of their scope of practice defined as their degrees do not provide the necessary foundation to allow for the addition of advanced skill sets.

Furthermore, if an all inclusive definition is adopted, the public will have difficulty differentiating between who is a dentist, and who is a "dental practitioner".

We need to ensure the term 'dentist' is not confused with, or equated to, other oral health professionals.

We will end up having a work force that will become highly concentrated in only those communities that can afford dentistry, rather than keeping a balance to address all age groups across the population. Please review the original intention of why therapists, hygienist and prosthetists were invented in the first place, which is to support dentists and dental specialists in optimising care as a team to our community, and not end up working in the conflict of interest to one another.

Thank you for hearing my partition.

Yours sincerely,

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