

11th May 2018

Dr John Lockwood  
Chairman, Dental Board of Australia

## **Re: Scope of Practice Public Consultation**

I write to express my concerns regarding the Dental Board's proposed changes to the Scope of Practice Registration Standard.

Currently, the structured professional relationship allows various oral health providers to work in a complementary manner in providing comprehensive treatment for the patient. The role of auxiliary oral health providers (dental hygienists, dental therapists and oral health therapists) have been successful in providing oral health promotion, oral health prevention, basic oral health treatment and maintenance of oral health after comprehensive treatment by a dentist.

The proposed changes for removal of the structured professional relationship between dentists and auxiliary oral health providers (dental hygienists, dental therapists and oral health therapists) will undermine the effectiveness of their current role and erodes the foundations of the dental team and team based approach to care. The proposed changes also pose a safety risk to the community.

The fundamental difference between the different oral health providers (dentists, dental hygienists, dental therapists and oral health therapists) relates to differences in education and qualifications. This ranges from those that have completed a two year diploma at TAFE through to those that have completed up to 8 years undergraduate and postgraduate university training. With their current level of training, auxiliary oral health providers (dental hygienists, dental therapists and oral health therapists) do not have the education and training to independently recognise and manage complex clinical situations, including patients with complex medical conditions. The classic quote of "you don't know what you don't know" is applicable in this situation. This gap in knowledge cannot be overcome by ongoing CPD. If auxiliary oral health providers wish to practice independently and perform procedures equivalent to those of a dentist, then a structured training program to provide the minimum equivalent to a dental degree is required.

Another concern is that the Dental Board proposes to remove reference to specific programs that allow extended scope of practice and also remove the prescriptive terminology around education, training and competence. The Dental Board proposes to pass this responsibility to the dental professional through attendance of continuing professional development (CPD) courses. CPD is an important component of professional practice and should be utilised to consolidate an existing scope of practice but should not be relied on to increase the scope of practice. CPD courses must be appropriate and of a high quality and currently, there are concerns about the quality some CPD that is provided. Unfortunately, CPD courses are not regulated and there are many courses advertised that overpromise and underdeliver, usually by companies with a interest in selling a particular product.

These two factors above increases the risk of the public. The proposed changes have been considered in isolation and neglect to consider the broader context. Any changes to

Scope of practice must also consider the legal limits to practice and the minimum competency set of all dental practitioners.

The risk to the community can be prevented by maintaining a structured professional relationship between members of the dental team with reduced levels of training and members of the dental team that have greater levels of training. I support the positions of the Australian Dental Association (ADA) and the Australian and New Zealand Academy of Periodontists (ANZAP) in their submissions. Retention of the structured professional relationship and retention of the current requirements of 'independent practitioner' will ensure quality dental care is provided safely to the Australian public. I strongly support maintaining the status quo (Option One) as laid out in the consultation.

Kind Regards,

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